



PATIENT

Uno Halterman

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7Y

WEIGHT

5.47kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Jonathan Blakely DVM

INVOICE

74467

DATE

4-6-26

PRESENTING CLINICAL SIGNS

- pea sized lump noted from O in 2003 on cheek
- it has gradually gotten bigger
- RDVM had to drain it this year and preformed an FnA
- Mass is substantially growing. Now the size of a golf ball
- Rule out Salavary Tumor

Abnormal PE/Chem/CBC/UA Results: All BW within normal limits

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A pre- and post-contrast CT study of the skull and thorax in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 106, 109, 206 and 209 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

In the subcutaneous tissue of the right submandibular region/ventrolateral aspect of the right external ear canal, a well-defined, central fluid attenuating mass that is demarcated by a contrast enhancing capsule is appreciated; measuring 6.0 x 3.8 x 5.8 cm. The fluid attenuating mass is blending with the right mandibular salivary gland, that is deviated ventrally.

Thorax

The proximal segment of the 11th left rib is widened and multiple metal attenuating stippling are appreciated in the surrounding musculature.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.



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In the medial aspect of the left caudal lung lobe, a metal attenuating bullet fragment is noted. The lung parenchyma presents the expected architecture and attenuation behavior.

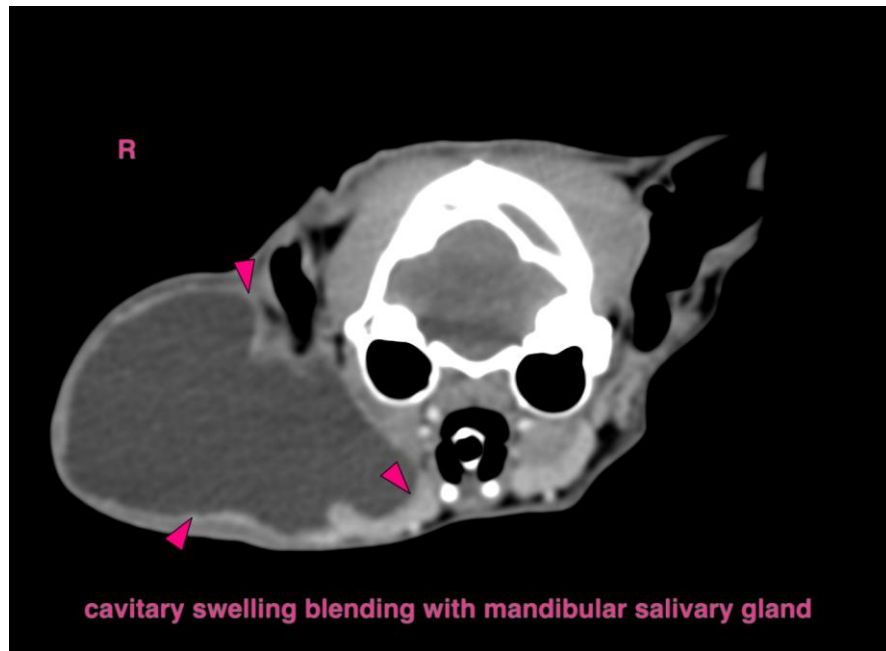
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large thin walled cavitory mass right submandibular region/lateral aspect right external ear canal
- History of gunshot injury with bullet fragment in the left caudal lung lobe and remodeling of the 11th left rib
- Absent triadan 106, 109, 206 and 209
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated cavitory mass is contact with the right mandibular salivary gland and the odds for sialoceles formation are very high. Theoretically a cystic neoplasm is a differential (e.g. carcinoma), but due to the chronic history I consider this less likely here. Surgical management appears feasible.





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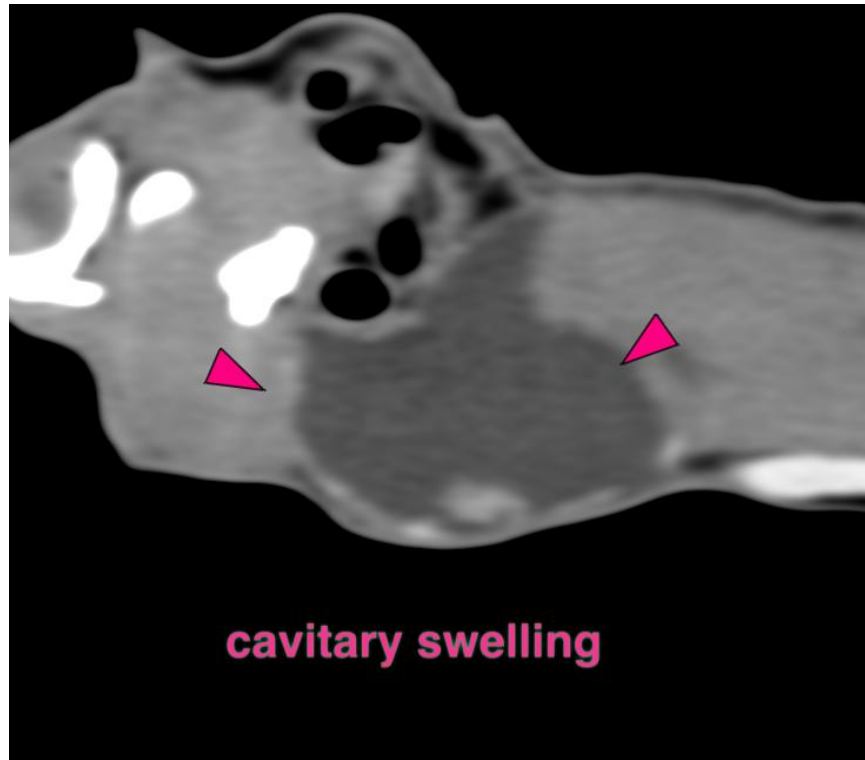
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com