



**PATIENT PRESENTING CLINICAL SIGNS**

**Lois Redtfeldt**  
 Lois was referred by Dr. Schorling (ophthalmologist) after she examined Lois on 4/25/22. She found that the right eye is being pushed forward by something behind it and could not determine the cause on orbital ultrasound. Lois had been clawed and hit in the face (right eye affected) by her housemate cat about 2 months prior to that visit. Her eye was ulcerated by the injury and seemed to heal with topical ointment therapy. She has been recently treated with prednisone 2.5mg once daily for asthma and was treated with a course of clavamox with no improvement of her right sided orbital disease.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
 Veterinary Specialty  
 Center

**REFERRING VET**

Kim Winters

**INVOICE**

51886

**DATE**

5-3-22

**COMPUTED TOMOGRAPHY OF THE SKULL**

A high resolution pre- and post-contrast CT study of the skull is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 101, 102, 108, 109 and 201 are absent.

The right maxillary bone, rostral two thirds of the right zygomatic arch perpendicular plate of the right palatine bone, right hamulus of the pterygoid bone, sphenoid bone and ventral aspect of the right temporal bone present advanced permeative osteolytic lesions with an associated heterogeneous contrast enhancing soft tissue mass. The soft tissue mass is mildly protruding into the right nasal cavity and contrast enhancing tissue can be appreciated level with the right temporal bone within the cranial fossa.

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 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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive osteolytic lesion multiple bones of the right viscerocranium with perforation of the cranial fossa and the nasal cavity
- Absent teeth 101, 102, 108, 109 and 201

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings of the CT study are consistent with biologically aggressive neoplastic disease, affecting multiple bones of the neuro- and viscerocranium with perforation of the cranial fossa. Differentials include fibrosarcoma, squamous cell carcinoma, adenocarcinoma, other. FNA sampling from the right zygomatic arch/maxillary bone can be used as advanced diagnostic test. Due to the extent, of the lytic lesions, involving the base of the skull, therapy options are limited to palliative management.



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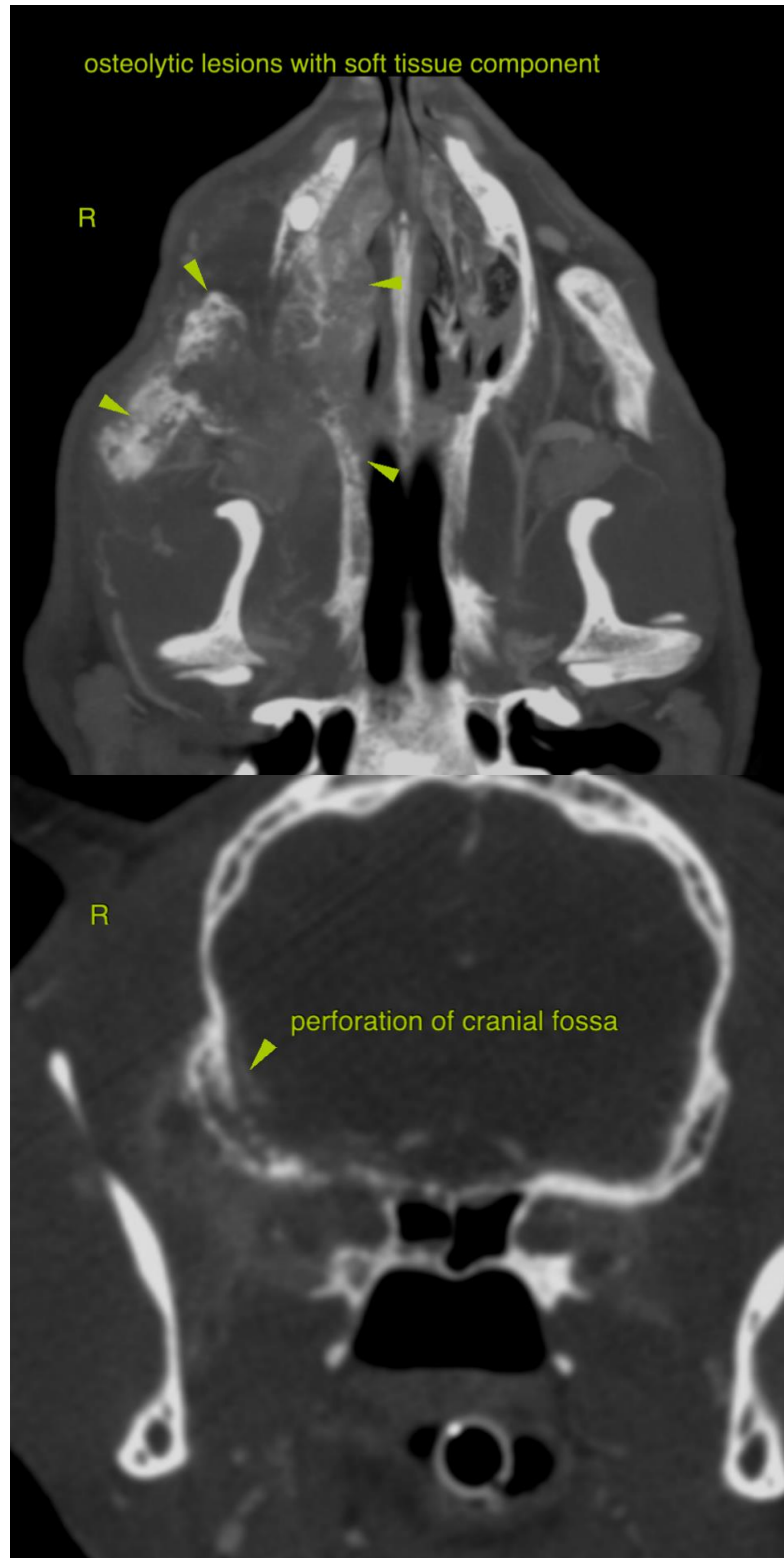
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### SPECIES

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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.

### BREED

DSH

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.

### SEX

FS

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

### AGE

7 Years

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