



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jack Denholm Presented to dentist due to chronic Left suborbital fluid dense swelling non responsive to antibiotics or extraction of the left maxillary 4th premolar. Regional biopsy inconsistent with neoplasia. Cervical Mass: 1 x 1 x 1 cm oval semi firm mass dorsoventral cervical region adjacent to the larynx. ctive treatment plan to extend Jacks life. Tooth Resorption: Coronal Tooth Resorption right maxillary fourth premolar, right mandibular third premolar (108, 407). Advanced Tooth resorption (TR5) left mandibular third premolar (307). Missing Right and left maxillary second premolars, first molars, left maxillary fourth premolar (106, 109, 206, 208, 209).

SPECIES Feline

BREED COMPUTED TOMOGRAPHY OF THE SKULL AND NECK

BREED Burmese A high resolution pre- and post-contrast CT study of the skull and neck are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX Neutered Male Multiple teeth are absent. The alveolar process of the right maxillary bone presents expansile osteolytic lesion; post contrast administration the zones of osteolysis are filled with moderate contrast enhancing soft tissue material.

AGE 13 Years In the subcutaneous tissue at the lateral aspect of the rostral segment of the left zygomatic process/alveolar process of the left maxillary bone, an ill-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing mass measuring 2.2 x 1.3 x 3.7 cm in size. The left zygomatic bone presents moth eaten osteolytic lesions.

In the subcutaneous tissue dorsal to the left ocular bulb, a heterogeneous contrast enhancing mass, measuring 1.2 x 0.7 x 2.1 cm is appreciated.

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI 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.

HOSPITAL NAME Mobile Pet Imaging 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.

REFERRING VET Meaux The left mandibular lymph nodes and the left medial retropharyngeal lymph node are prominent.

The osseous and soft tissue structures of the neck present without additional abnormalities.

INVOICE 52449 In the pictured parts of the cranial thorax, a moderate amount of fluid attenuating, gravity dependent material is appreciated. The lung lobes are retracted from the thoracic wall.

The left deep cervical lymph node is enlarged and rounded.

DATE COMPUTED TOMOGRAPHIC DIAGNOSIS

- DATE** 6-14-22
- Expansile osteolytic lesion right maxillary bone
 - Soft tissue mass left buccal region with polyostotic aggressive osteolytic lesions
 - Subcutaneous mass dorsal to left ocular bulb/upper eyelid



- PATIENT**
- Lymphadenopathy left mandibular, left medial retropharyngeal lymph node and left deep cervical lymph node
- Jack Denholm
- Moderate pleural effusion
 - Multiple absent teeth

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SEX

Neutered Male

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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REFERRING VET

Meaux

INVOICE

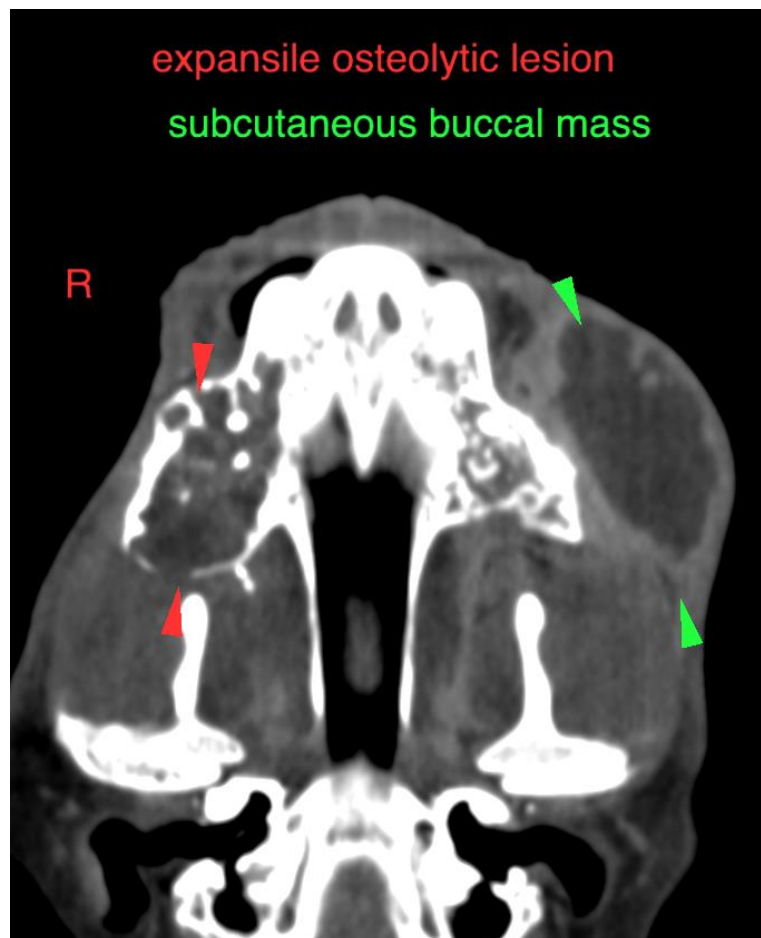
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is highly concerning for disseminated neoplastic disease with a lesion in the alveolar process of the right maxillary bone, subcutaneous mass left buccal region with polyostotic osteolytic lesions of the associated osseous structures, likely metastatic spread to the tributary lymph nodes and possible paraneoplastic pleural effusion. Differentials include squamous cell carcinoma, fibrosarcoma, myxosarcoma, other. Recommend tapping the pleural effusion as well as FNA sampling of the mass lesions – including the enlarged lymph nodes along the skull.





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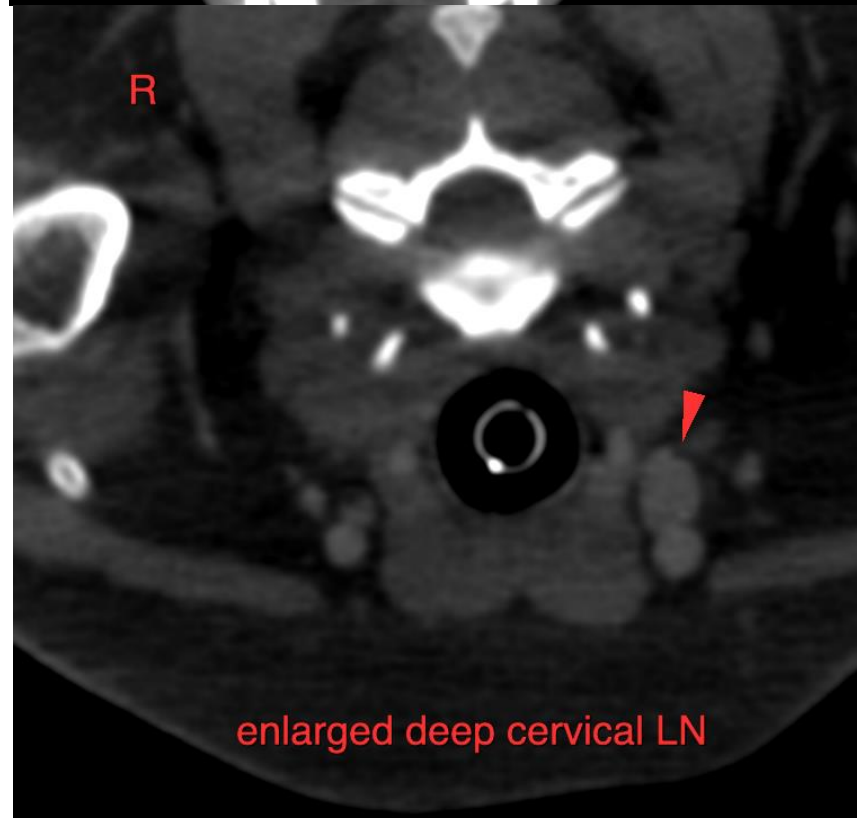
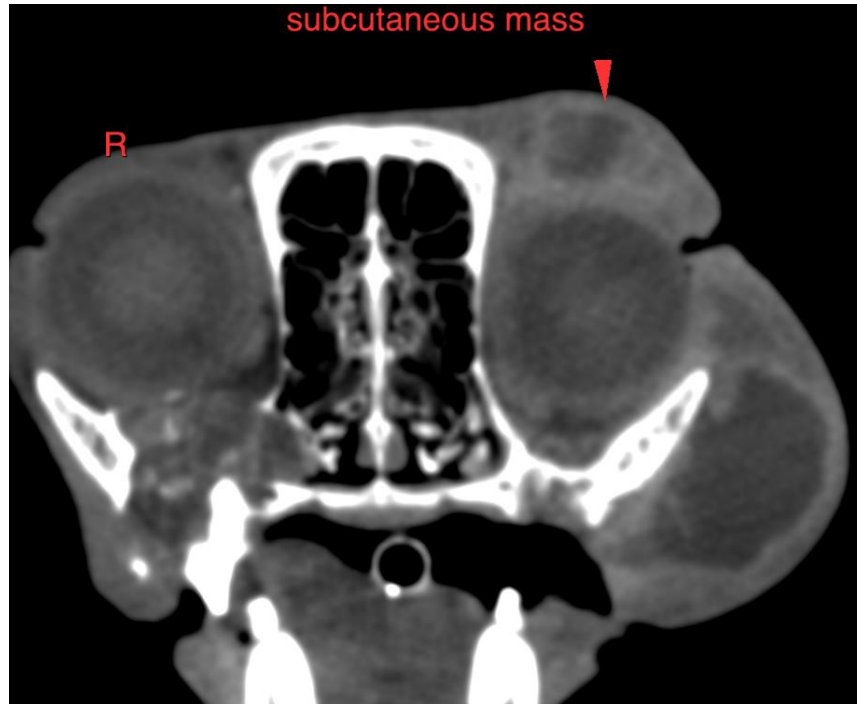
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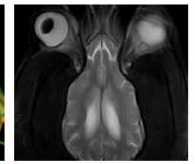
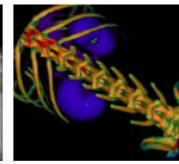
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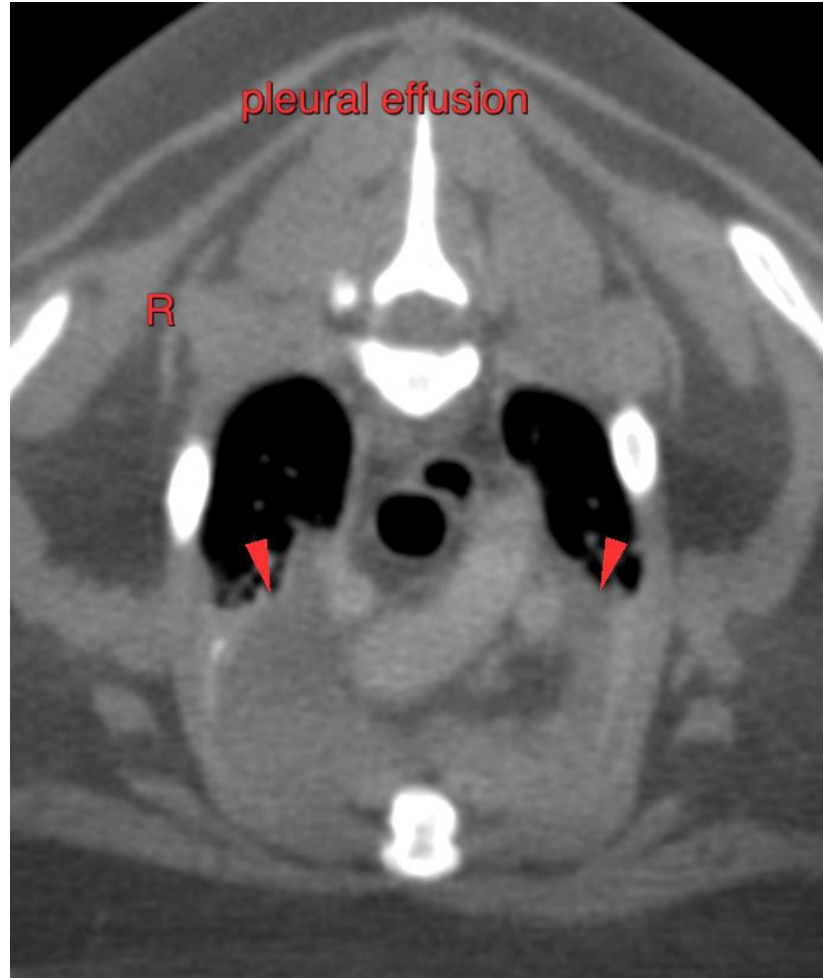
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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