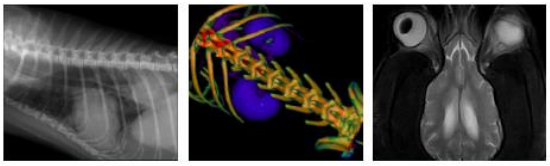

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1-800-838-4268 info@sonopath.com

PATIENT

Rafi LaDuke

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. J. Pepen

INVOICE

52551

DATE

6-21-22

PRESENTING CLINICAL SIGNS

Horners Syndrome right side

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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.

At the mediocranial aspect of the right medial retropharyngeal lymph node, an ill-defined uniform soft tissue attenuating and heterogeneous contrast enhancing ovoid shaped mass is appreciated, measuring approximately 11 x 20 x 9 mm in size; the mass is merging with the medial retropharyngeal lymph node in the lateral aspect. The heterogeneous contrast enhancing right sided retropharyngeal mass is extending up to the level of the right jugular foramen, potentially involving the stylomastoid foramen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right retropharyngeal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a right sided retropharyngeal mass, possibly originating from the right medial retropharyngeal lymph node, highly concerning for neoplastic disease such as lymphosarcoma or carcinoma. The mass is extending craniodorsally up to the level of the jugular foramen and region of the stylomastoid foramen – being a potential source for the Horner's syndrome. Ultrasound guided FNA sampling is strongly recommended as advanced minimally invasive diagnostic tool.

Consider thoracic radiographic to rule out thoracic pathology as source for the Horner's syndrome as well.

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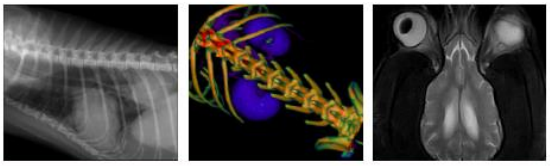

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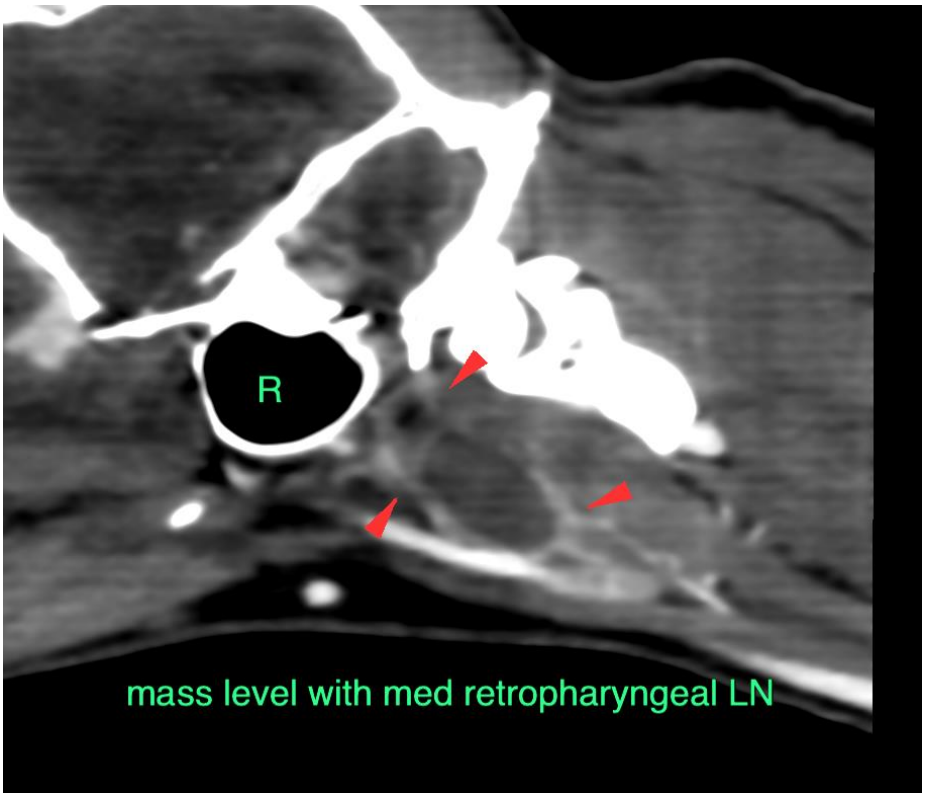

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com