



PATIENT PRESENTING CLINICAL SIGNS

Tobias Carroll About 1 month ago had some diarrhea and then noticed weight loss. Has nasal discharge and a history of chronic raspy breathing. A severe anemia was noted. There has also been hair loss. Was put on antibiotics and steroids. Ultrasound shows significant intestinal gas and ascites (fluid is straw colored).

SPECIES On intubation a large left tonsillar mass was noted (debulked and biopsied post CT) and a large glob of mucous was removed from the nasopharynx. Obtained GI biopsies.

Feline Abnormal PE/Chem/CBC/UA Results: HCT 21.6%, pcv 20%, creatinine 0.4 mg/dl, glob 5.3 g/dL

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

DSH

COMPUTED TOMOGRAPHIC FINDINGS

SEX

The body condition score is 2/9.

MN

Skull

Multiple teeth are absent.

AGE

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The nasopharynx is obliterated by foamy soft tissue material.

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Protruding from the region of the left tonsil into the pharynx, a cauliflower like, soft tissue attenuating and mild irregular contrast enhancing mass is appreciated – deviating the soft palate at the same level dorsally. The pharyngeal soft tissue mass is measuring 1.9 x 1.0 x 2.8 cm. The right tonsil is prominent and presents focal punctuate mineralization.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

The left tympanic bulla is filled with non-contrast enhancing soft tissue material. The osseous lining of the left tympanic bulla is thickened. The right tympanic bulla contains a very small amount of fluid attenuating material.

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

Dr. Runde

The medial retropharyngeal lymph nodes are prominent and have a mild heterogeneous contrast enhancement pattern.

Thorax

INVOICE

The bony and surrounding soft tissue structures are within normal limits.

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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.

DATE

6-28-23

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.



PATIENT The lung parenchyma presents the expected architecture and attenuation behavior.

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

SPECIES Abdomen

Feline The serosal detail is decreased due to the lack of peritoneal fat.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

BREED The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DSH In the quadrate liver lobe, a well-defined parenchymal filling defect is seen.

SEX The gastrointestinal tract is generalized moderately distended by gas.

MN The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- AGE** 11
- Left tonsillar soft tissue mass with secondary obstruction of the nasopharynx
 - Enlargement right tonsil
 - Lymphadenopathy medial retropharyngeal lymph nodes
 - Emaciation
 - Generalized significant gas pattern gastrointestinal tract
 - Bilateral otitis media, L>>R
 - Multiple absent teeth
 - No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Northeast Veterinary Referral Hospital

The left tonsillar mass is consistent with primary neoplastic transformation such as round cell tumor or squamous cell carcinoma. FNA sampling of the medial retropharyngeal lymph nodes can be performed to differentiate between metastatic disease and reactive hyperplasia. The mass has already been debulked including sampling for histopathology for further differentiation and results are pending.

REFERRING VET

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The thoracic study is negative for metastatic disease.

The CT study of the abdomen yields a decreased diagnostic value, due to lack of peritoneal fat and generalized gas distention of the gastrointestinal tract. The latter can be a sequela to the upper airway obstruction.

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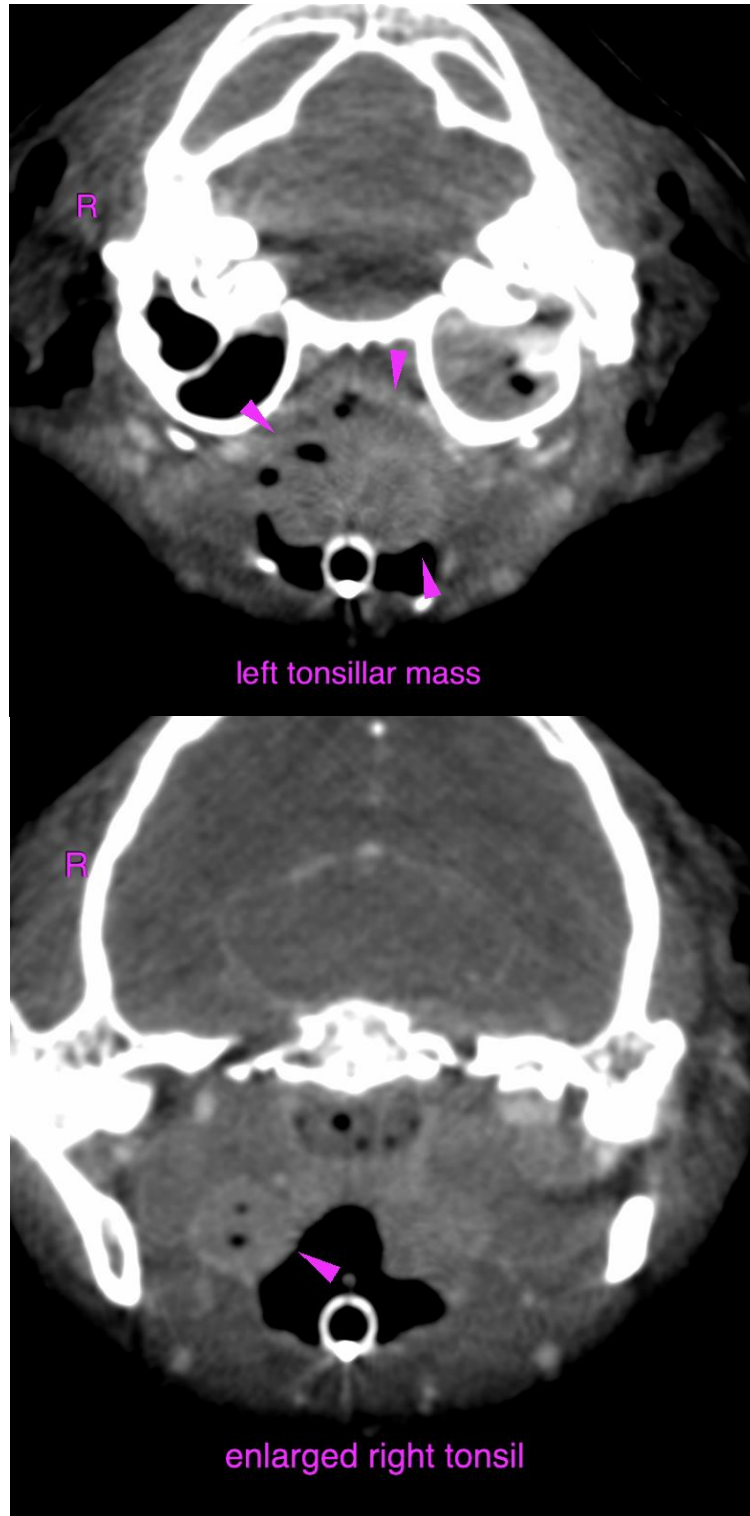
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PATIENT

Tobias Carroll

SPECIES

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DSH

SEX

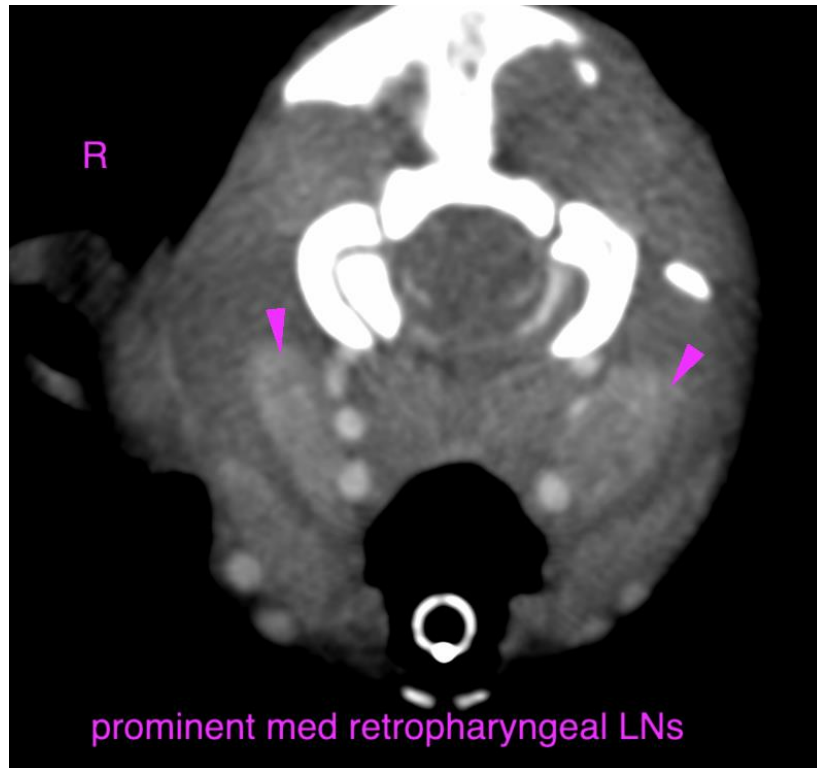
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

REFERRING VET

Dr. Runde

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