



PATIENT PRESENTING CLINICAL SIGNS

Buddy Wilkerson
SPECIES History: Buddy presented with a 2-3 month history of sneezing, ocular discharge, then nasal discharge and lethargy. Swelling was noticed near the right maxilla. A mass was found during dental cleaning. Several teeth were extracted and the mass was biopsied. The histopathology 5/20/22 reports oral squamous cell carcinoma. Previous diagnosis: None Nasal discharge: Unilateral (right sided), mostly clear but sometimes mucoid or bloody. Congested, snoring: No Breathing through nose: Mostly through nose but he will sometimes open mouth breath. Able to sleep: Yes Therapies tried and response: Convenia injection 5/16/22 - no significant response. Has also had gabapentin, tramadol, and Onsior after his dental. Current medication: None Appetite and activity level: Good
BREED appetite, energy levels still decreased. Not acting like himself.

DSH Abnormal PE/Chem/CBC/UA Results: PE: ****General Appearance:**** Quiet, alert and responsive; right face is swollen ****Oral Cavity:**** Abnormal; mucous membranes pink: Many missing teeth right upper arcade, remaining teeth are very loose; swelling for hard palate ****Nasal Cavity:**** Abnormal:

SEX Reduced airflow right nostril, dried discharge around right nostril Lab: Blood work is dated 5/19/22. CBC - PCV = 35.0%, WBC = 8810, neutrophils = 6310, lymphocytes = 2300, monocytes = 50.

Neutered Male Platelets = 213,000. Chemistry - Creatinine = 2.0, glucose = 207, all else normal. Urinalysis - not provided. Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open and clean. There is no evidence of nasopharyngeal masses, foreign bodies or discharge. Choanae appear normal bilaterally. Nasal passageways are imaged bilaterally using a 2.7 mm 0-degree scope without flushing. Afrin is instilled in nasal cavities bilaterally. Dorsal, middle, ventral and common nasal passageways are imaged. The ventral passageway is imaged to the level of the nasopharynx. Yellow tinged chunky mucopurulent discharge fills the right nasal passageways. A small amount of mass/granulation tissue is visible in the lateral aspect of the right ventral passageway. Nasal mucosa is smooth and pink. Turbinates are not thickened. There is no mass tissue occluding right sided nasal passageways.

AGE
 10 Years

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

HOSPITAL NAME

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

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COMPUTED TOMOGRAPHIC FINDINGS

REFERRING VET Skull

Dr. Corey Nebeker Triadan 104, 106 and 107 are absent.

INVOICE

16022

Centered on the alveolar process of the right maxillary bone, including the right palatine bone, a uniform soft tissue attenuating and heterogeneous contrast enhancing soft tissue mass is seen. Advanced permeative osteolysis of the right maxillary bone and right & left palatine bone is appreciated. Osteolysis of the incisive bone rostrally and the right zygomatic bone caudally is appreciated. The right nasal cavity is partially obliterated by the maxillary soft tissue mass. Caudally the mass is protruding into the ventral aspect of the right orbit.

DATE

6/9/22



PATIENT	Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.
Buddy Wilkerson	
SPECIES	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.
Feline	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.
BREED	The lateral of the right mandibular lymph nodes is mildly enlarged.
DSH	Thorax
SEX	The bony and surrounding soft tissue structures are within normal limits.
Neutered Male	The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.
AGE	The cardiovascular structures including the pulmonary vasculature are within normal limits.
10 Years	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.
INTERPRETED BY	The lung parenchyma presents the expected architecture and attenuation behavior.
Sebastian Schaub, DVM Dr. med. vet. DipECVDI	Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.
HOSPITAL NAME	Abdomen
VetMed Consultants	The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.
REFERRING VET	Both kidneys present mild irregular margins and a heterogeneous contrast enhancement pattern of the renal cortex.
Dr. Corey Nebeker	The adrenal glands are within normal limits for size, shape and organ architecture.
INVOICE	Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.
16022	Level with the hepatic hilus, the portal vein presents a central intraluminal filling defect, extending into the right lateral right medial and left intrahepatic branches of the portal vein – occupying approximately up to 75% of the cross-sectional area of the portal vein.
DATE	
6/9/22	



PATIENT

Buddy Wilkerson Along the cranial surface of the wall of the gallbladder, strong contrast enhancement is appreciated. The pancreas is prominent and presents a mild undulating surface and heterogeneous contrast enhancement pattern.

SPECIES

Feline The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Feline

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED

DSH

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive soft tissue neoplasia centered on the right aspect of the craniofacial bones with polyostotic aggressive osteolytic lesions of the right maxillary bone, right palatine bone, right zygomatic bone and incisive bone
- Mild lymphadenopathy right mandibular lymph node
- Absent triadan 104, 106 and 107
- Suspect portal vein thrombosis without signs of portal hypertension
- Prominent pancreas with irregular margins
- Possible mural thickening gallbladder wall
- Chronic nephropathy
- No evidence of pulmonary metastatic disease

SEX

Neutered Male

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The mass centered on the right aspect of the viscerocranium is fitting the history of squamous cell carcinoma with secondary extensive osteolytic lesions of the associated osseous structures. The prominent right mandibular lymph nodes is equivocal for metastatic disease versus reactive hyperplasia – FNA sampling can be used for further differentiation.

HOSPITAL NAME

VetMed Consultants

The filling defect of the portal vein and its intrahepatic branches indicates portal vein thrombosis – in combination with the prominent pancreas, pancreatitis is a potential underlying cause. Other potentials include hyperadrenocorticism/iatrogenic by steroid administration, paraneoplastic, hypercoagulable state (e.g. renal disease, hepatic disease). Ultrasound might be used to confirm the diagnosis.

REFERRING VET

Dr. Corey Nebeker

The prominent contrast enhancing gallbladder wall is suggestive for cholecystitis.

INVOICE

16022

DATE

6/9/22



PATIENT

Buddy Wilkerson

SPECIES

Feline

BREED

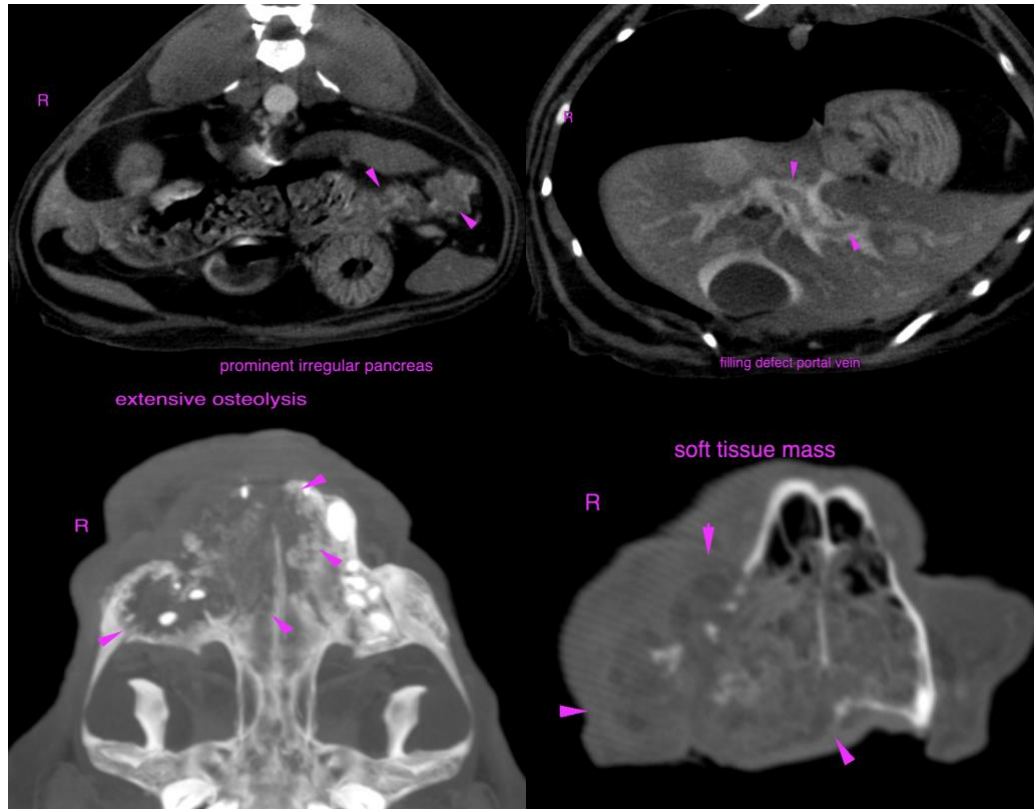
DSH

SEX

Neutered Male

AGE

10 Years



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

VetMed Consultants

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

REFERRING VET

Dr. Corey Nebeker

INVOICE

16022

DATE

6/9/22