



PATIENT

PRESENTING CLINICAL SIGNS

Miss Maya Themann

Miss Maya presented 3 weeks ago for pawing her mouth, drooling, weight loss (1.5 lbs), and halitosis. A mass was discovered over the ventral tongue. The mass was excised as much as they could about 10 days ago. Oral squamous cell carcinoma was diagnosed. Miss Maya presents for further evaluation and staging for radiation. She has an appetite but seems uncomfortable/painful so the owner is giving her mirtazapine and sometimes has to syringe feed. Previous diagnosis: Squamous cell carcinoma Location of CT scan: Whole Body Mass (behaviors): Came on quickly but unsure about additional growth before removal. Current medication: Buprenorphine and mirtazapine Appetite and activity level: Still not eating well but tried eating some dry food this morning. She is lethargic today. Energy level fluctuates.

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Jamie Bean

INVOICE

52979

DATE

7-18-22

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The left aspect of the tongue zone with a heterogeneous contrast enhancement pattern, extending caudally up to the level of absent triadan 309.

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.

The left medial retropharyngeal lymph node is mildly prominent.

Thorax

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

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.

The cardiovascular structures including the pulmonary vasculature are within normal limits.



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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

BREED

DLH

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. A very mild amount of mineral attenuating material is associated with the renal pelvis of the right kidney. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

SEX

SF

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

AGE

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of incompletely excised squamous cell carcinoma left ventral aspect of the tongue
- Mild lymphadenopathy left medial retropharyngeal lymph node
- Multiple absent teeth
- Structural normal thorax, no evidence of pulmonary metastatic disease
- Structural normal abdomen

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Jamie Bean

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The mild prominent left medial retropharyngeal lymph node is equivocal for reactive hyperplasia – preceding surgical intervention – or metastatic spread. Recommend complementing workup by FNA sampling of the respective lymph node.

The thorax and abdomen are negative for metastatic disease.

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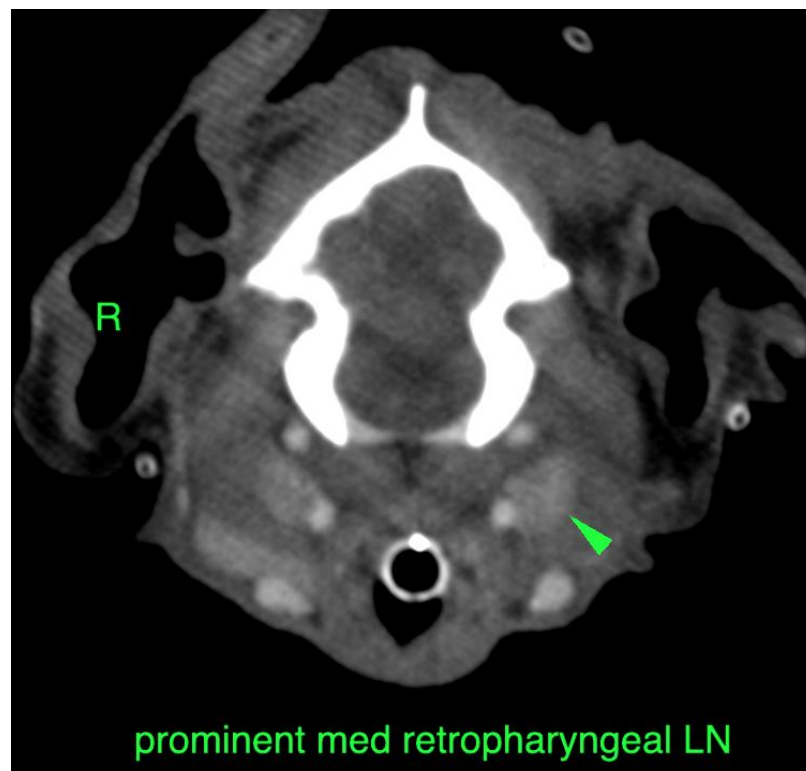
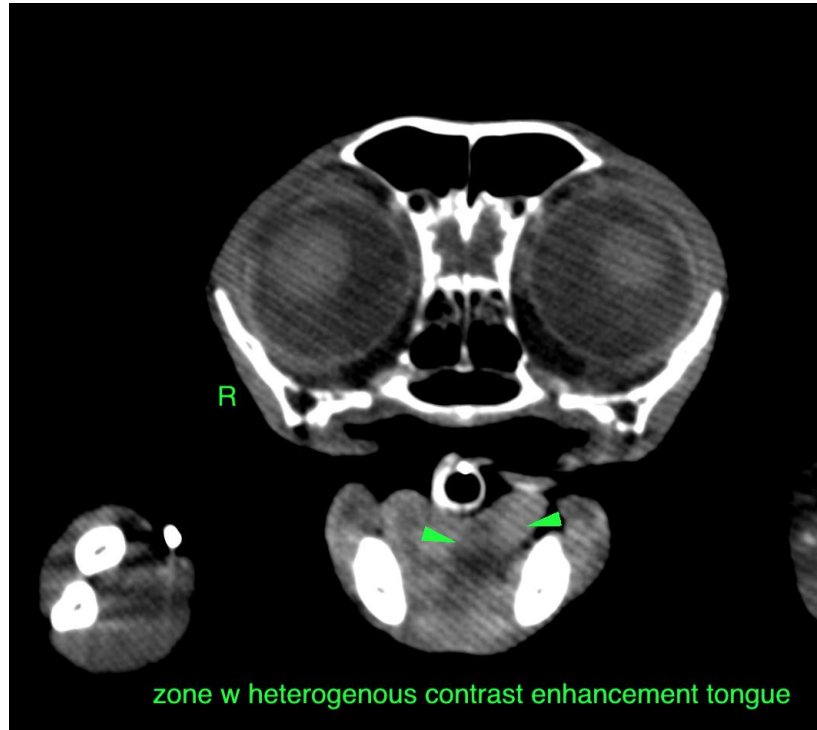
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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