



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Odin O'Neill **PRESENTING CLINICAL SIGNS** History: Off balance, firm swelling left side of head, behind ear. Rads show large mineralized mass caudal to left mandible. Suspicious for osteochondrosarcoma (based on recurring consult)  
Abnormal PE/Chem/CBC/UA Results: Glob - 5.6, neutrophils -12,300

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** DSH The tooth elements 106 & 206 are absent.

**SEX**

Neutered Male

Attached to the left aspect of the occipital bone, left temporal bone, including the tympanic bulla and left parietal bone a large cauliflower like ossifying mass is visible measuring approximately 3.8 x 2.9 x 3.2 cm in size. The associated osseous structures present aggressive osteolytic lesions with multifocal perforations of the cranial fossa and immature periosteal new bone formation. The left external ear canal is distorted and compressed by the mass effect. In the rostral aspect the mass is extending up to the level of the zygomatic process of the left temporal bone. Post contrast administration the mass presents a heterogeneous contrast enhancing ill-defined penumbra with mild bulging into the caudal fossa cranii. The sphenoid bone presents with permeative osteolytic lesions. The pharynx is mild to moderately compressed by the medial expansion of the mass.

**AGE**

9 Years

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

Both tympanic bulla are filled with non-contrast enhancing soft tissue material, the osseous lining is mildly thickened and irregular.

The right ocular bulb is absent and the osseous lining of the right orbit is distorted with a significant reduced volume.

**HOSPITAL NAME**

Animal Care Center

In both nasal cavities advanced destruction of the nasal conchal and turbinate structures is visible (empty nose) and the frontal sinuses show moderate to marked hyperostosis.

The left medial retropharyngeal lymph node is prominent, uniform soft tissue attenuating and heterogeneous contrast enhancement.

**REFERRING VET**

Dr. Hallihan

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

12496

**DATE**

8/10/21

- Polyostotic aggressive primary osteoproliferative mass left caudolateral aspect of the skull with involvement of the skull base and perforation of the cranial fossa
- Lymphadenopathy left medial retropharyngeal lymph node
- Secondary compression of the left external ear canal
- Chronic destructive rhinitis with hyperostosis of the frontal sinuses
- Absent right ocular bulb and distorted osseous margins of the right orbit
- Bilateral chronic otitis media



**PATIENT** • Absent triadan 106 & 206

Odin O'Neill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Feline

The ossifying mass at the left aspect of the skull is supporting the diagnosis of osteochondrosarcoma with advanced destruction of the calvarium at the same level. There are no feasible treatment options and management is limited to palliative options. Due to the extend of the mass and involvement of multiple critical anatomica structures the long term prognosis is infaust.

**BREED**

DSH

The enlarged left medial retropharyngeal lymph node is concerning for metastatic spread.

The nasal changes are consistent with chronic rhinosinusitis – primary viral with bacterial superinfection is likely, although mycotic infection is a differential as well.

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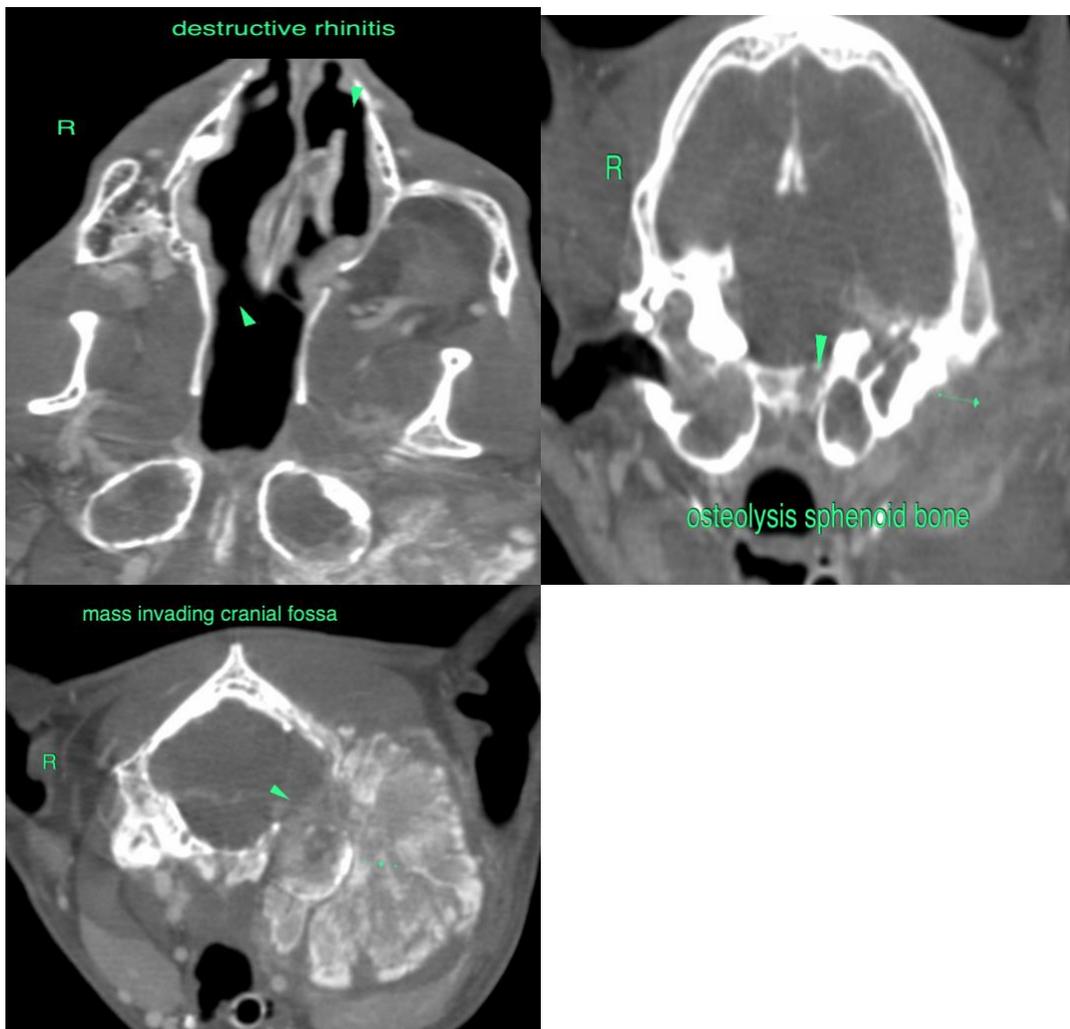
Dr. Hallihan

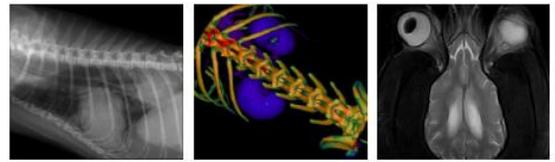
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Feline

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

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DSH

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