



PATIENT PRESENTING CLINICAL SIGNS

Lulu Blaine History: Anorexia, Severe Periodontal Disease, cannot open mouth completely (can open about 1 cm). Recurrent presentation. Molar (208) removed in dental, but pain and anorexia returned. Suspected Retrobulbar Abscess/mass. Current Meds: Convenia, Clavamox, Mirtazepine 08/24/2023 -

SPECIES Patient was doing well up until now - anorexia came back and owner noted she heard an audible clicking sound coming from the patient's oral cavity - radiographs were obtained and lytic lesions of the zygomatic arch were appreciated - discussed options hospitalizing patient on right antibiotics since owner cannot medicate vs head CT to rule out neoplasia vs others - also discussed humane euthanasia - owner elected head CT.

BREED

DSH Abnormal PE/Chem/CBC/UA Results: Last labs about 1 month ago, showed neutrophilia, high BUN, normal creatinine, otherwise normal.

SEX

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

COMPUTED TOMOGRAPHIC FINDINGS

AGE

16

Multiple teeth are absent.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Centered on the alveolar process of the left maxillary bone, rostral half of the left zygomatic arch and the caudal aspect of the horizontal plate of the left palatine bone, an ill-defined, soft tissue mass with a heterogeneous contrast enhancement pattern is seen. The respective osseous structures present advanced aggressive osteolysis and immature periosteal new bone formation. The mass is protruding into the left nasal cavity and the nasopharynx. The soft tissue mass is bulging into the left orbital cavity, deviating the left ocular bulb dorsally and rostrally. The left linguofacial vein crossing the mass, presents segmental intraluminal filling defects.

HOSPITAL NAME

Holy Family VH

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.

REFERRING VET

Dr. O'Connor

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.

INVOICE

24053

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

8/25/23



PATIENT

Lulu Blaine

- Biologically aggressive soft tissue mass centered on the Igeolar process of the left maxillary bone, rostral half of the left zygomatic are and the caudal aspect of the horizontal plate of the left palatine bone
- Secondary polyostotic aggressive osteolysis of the associated osseous structures
- Secondary left sided exophthalmos
- Small thrombi formation left linguofacial vein
- Multiple absent teeth

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

The CT study is consistent with a biologically aggressive soft tissue neoplasm with secondary aggressive osteolysis of the associated osseous structures and left sided exophthalmos. Differentials include squamous cell carcinoma, fibrosarcoma, melanoma, adenocarcinoma, other. FNA sampling/biopsy can be used for further differentiation. Unfortunately, treatment options are limited to palliative management of the patient.

SEX

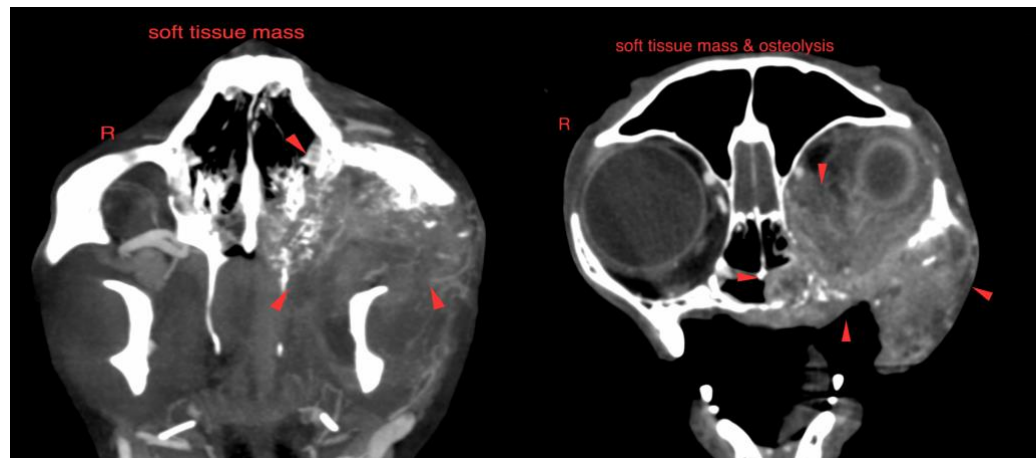
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. O'Connor

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
info@sonopath.com

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