



**PATIENT**

Squawker Walker  
Rising

**PRESENTING CLINICAL SIGNS**

~6mm Lesion removed from 'left upper gum line' by rDVM. Reported to have a resorptive lesion of the 'upper right premolar'. Biopsy of lesion from gum line was sent to pathologist who diagnosed it as a salivary adenocarcinoma. Requested CT to attempt to find extent of tumor and if removal/debulking is possible/likely.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Palpable LN enlargement of left submandibular node. Visible swelling of gingiva on lingual surface of left molar.

**COMPUTED TOMOGRAPHY OF THE SKULL**

**BREED**

DSH

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

FS

Triadan 103, 108, 109 are absent. A retained fragment of the root of triadan 103 is seen within the alveolar crest.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

**AGE**

10 Years

In the ventral aspect of the left orbit, level with the left zygomatic salivary gland, caudal to the alveolar process of the left maxillary bone, a uniform soft tissue attenuating and post contrast peripherally accentuated contrast enhancing lesion is visible, measuring 10 x 10 x 8 mm in size.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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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 lateral of the left mandibular lymph nodes is prominent and rounded with a mild heterogeneous contrast enhancement pattern.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Gover

- History of salivary adenocarcinoma, likely originating from the left zygomatic salivary gland
- Lymphadenopathy left mandibular lymph node
- Absent triadan 103, 108, 109

**INVOICE**

54175

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass/swelling in the region of the left zygomatic salivary gland is fitting the history of adenocarcinoma with likely metastatic spread to a mandibular lymph node. Complete surgical excision of the mass of the left zygomatic gland can be tried, the chances of radiation therapy might be discussed with oncologist alternatively.

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9-20-22

If surgery is performed, excision of the affected mandibular lymph node should be considered as well.



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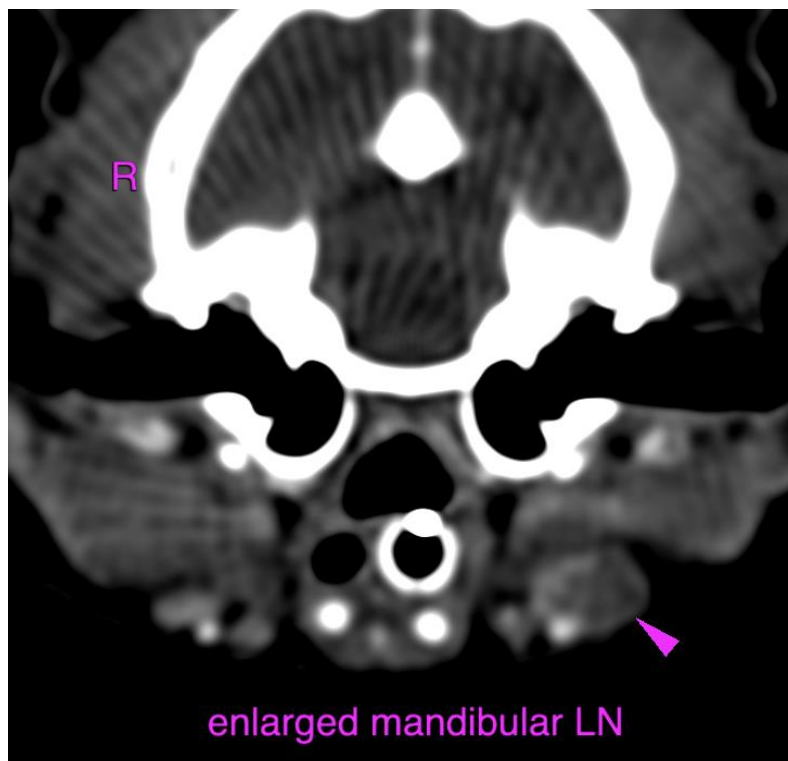
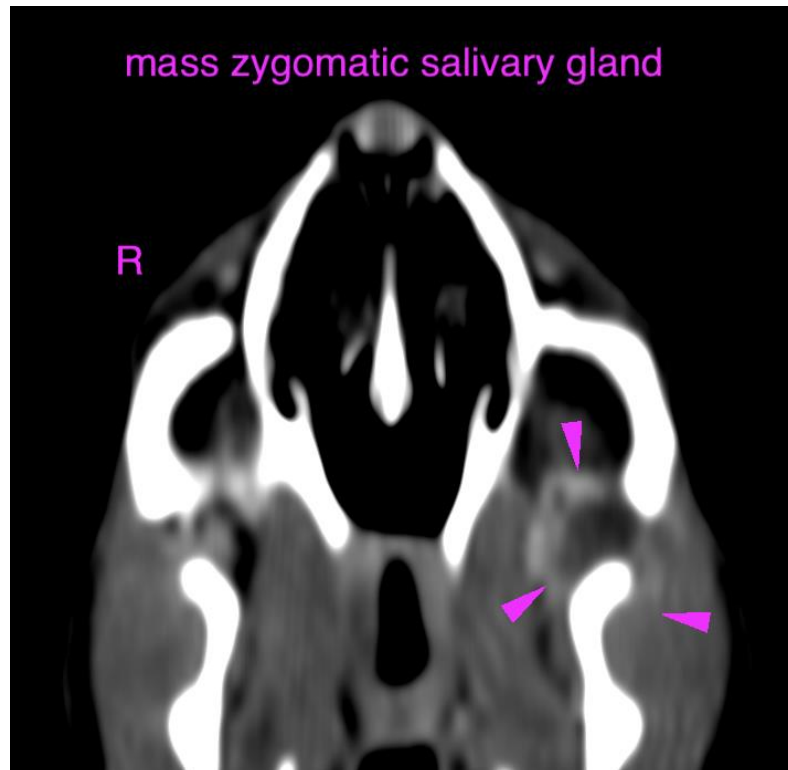
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Feline

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