



PATIENT

Smokey Schuessler

PRESENTING CLINICAL SIGNS

Chronic hx of nasal congestion (strider). hypercalcemia.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

SPECIES

A high resolution plain CT study of the skull, thorax and abdomen is provided for review.

Feline

COMPUTED TOMOGRAPHIC FINDINGS

Skull

BREED

Multiple teeth are absent.

DSH

Mild atrophy of the right nasal conchal structures is appreciated. There is a left sided uniform soft tissue attenuating mural laryngeal mass, occupying approximately 60% of the cross-sectional area of the larynx at the same level.

SEX

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

FS

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.

AGE

14 Years

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

INTERPRETED BY

Thorax

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the subcutaneous tissue at the lateral aspect of the left scapula, multiple small gas inclusions are visible

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.

HOSPITAL NAME

Animal Surgical
Center

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

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.

REFERRING VET

All Creatures
Veterinary Services

The right middle lung lobe and the caudal part of the left cranial lung lobe presents zones with dystelectasis of the lung parenchyma. The cranial lung lobes bilaterally present multiple bronchial segments with a mild tree-in-bud pattern. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

INVOICE

54345

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

Abdomen

DATE

9-28-22

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 mild amount of mineral attenuating material is associated with the left renal pelvis.

**PATIENT**

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

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

SPECIES

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

Feline

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

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

BREED**COMPUTED TOMOGRAPHIC DIAGNOSIS**

DSH

- Left sided mural laryngeal mass with upper airway obstruction
- Tree-in-bud pattern cranial lung lobes bilaterally
- Dystelectasis of the lung
- Mild conchal atrophy
- Multiple absent teeth
- Mild left sided nephrolithiasis without signs of obstruction
- Spondylosis deformans

SEX

FS

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural laryngeal mass is highly concerning for neoplastic transformation with round cell tumor, melanoma or squamous cell carcinoma being most common this location. Granuloma is a consideration as well. If not done so yet, recommend FNA sampling for further definition.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The tree in bud pattern of the lung is likely a sequela to preceding bronchitis with bronchial mucous plugging. A potential can be bronchogenic carcinoma, but the odds are low.

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REFERRING VET

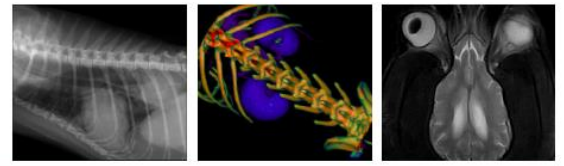
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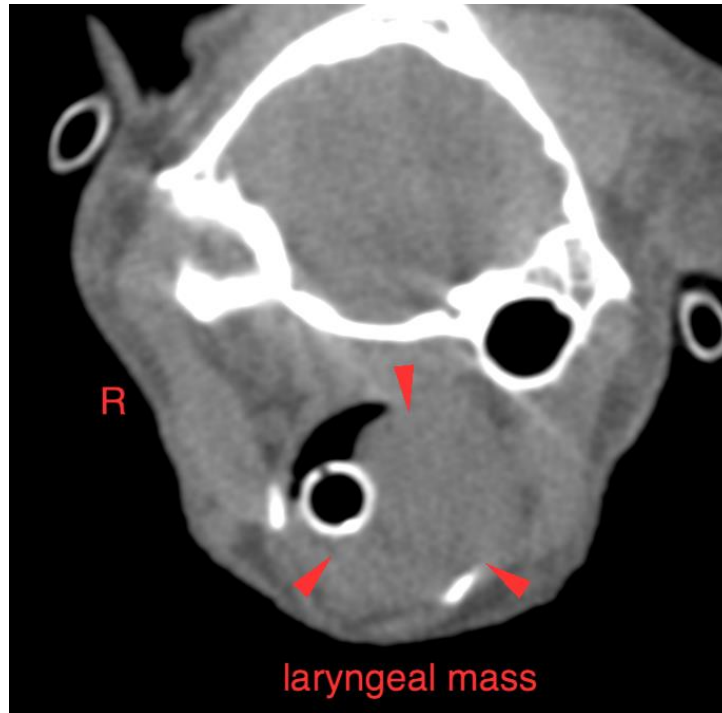
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

DSH

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
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