



PATIENT PRESENTING CLINICAL SIGNS

Haar Smith
SPECIES Feline
BREED DSH

Haar presented on 8/2/22 for 1 month of weight loss and hypersalivation. He has always been a 10 pound cat and he was adopted as a kitten so his age is certain. A dental cleaning was performed and two minor extractions were performed. Radiographs and blood work were non-specific. The owners report that the hypersalivation started within a few hours of trying a new canned food, however they have not given it since then. An abdominal ultrasound on 8/8 showed diffuse moderate GI gas that was considered to be clinically significant. Today the owner reports that Haar's initial clinical signs were acute in onset. Overall he is drooling less, but his mouth hangs open all the time while he is awake and his tongue hangs out slightly. He is hungry and tries to eat but he consistently drops his kibble. They also feed him pate consistency chicken but a lot of what he takes in ends up in the water bowl. He is an indoor only cat. He was adopted at about 1 year of age in Illinois.

SEX MC
AGE 5 Years

Abnormal PE/Chem/CBC/UA Results: Radiographs of the thorax and abdomen are unremarkable. Blood work is dated 8/2/22. CBC - PCV = 44%, WBC = 10,680, normal differential. Chemistry - Glob = 5.6, all else is normal. T4 = 1.2. UA - not reported. GI panel - normal PLI, TLI, cobalamin, folate. QAR. BCS of 2.5/9 with diffuse muscle wasting. Mucus membranes are pink. H/L - Regular, no murmur with strong and synchronous pulses. ABD - Soft and compliant to palpation. PLNs - not palpably enlarged. Significant brown staining to the fur on both sides of the face, the chest and both forelimbs. Mouth hangs open constantly. Normal movement of the jaw with no pain. Tongue movement present and subjectively normal when watching Haar groom himself.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 308, 309, 401, 403 are absent. The alveolar bone of triadan 308&309 presents signs of mild osteomyelitis.

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 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.

Thorax

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INVOICE

53968

DATE

9-6-22

**PATIENT**

Haar Smith

The left teres major muscle presents post contrast diffuse moderate increased contrast enhancement.

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.

SPECIES

Feline

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.

BREED

DSH

The lung parenchyma presents the expected architecture and attenuation behavior.

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

SEX

MC

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple absent teeth
- Mild chronic osseous remodeling alveolar bone level absent triadan 308&309
- Increased contrast enhancement left teres major muscle

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study of the skull and thorax presents without specific abnormalities. There is evidence of mild osseous remodeling of the left mandible level with absent triadan 308&309 compatible with preceding osteomyelitis – at this point there is no sign for active osteomyelitis. Rule out feline gingiva-stomatitis complex as cause for the presenting clinical signs as well as mucosal lesions of the mucosal lining of the oral cavity.

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In case of strong suspicion for parenchymal changes of the CNS, consider complementing workup by a CSF tap.

The increased contrast enhancement of the left teres major muscle can indicate myositis, the clinical relevance is unclear due to the lack of lameness – theoretically diffuse neoplastic invasion such as round cell tumor is a consideration, but I would expect contrast enhancing lesions in other muscle bellies as well. Anyway, consider FNA sampling of the left teres major muscle.

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mild remodeling left mandible

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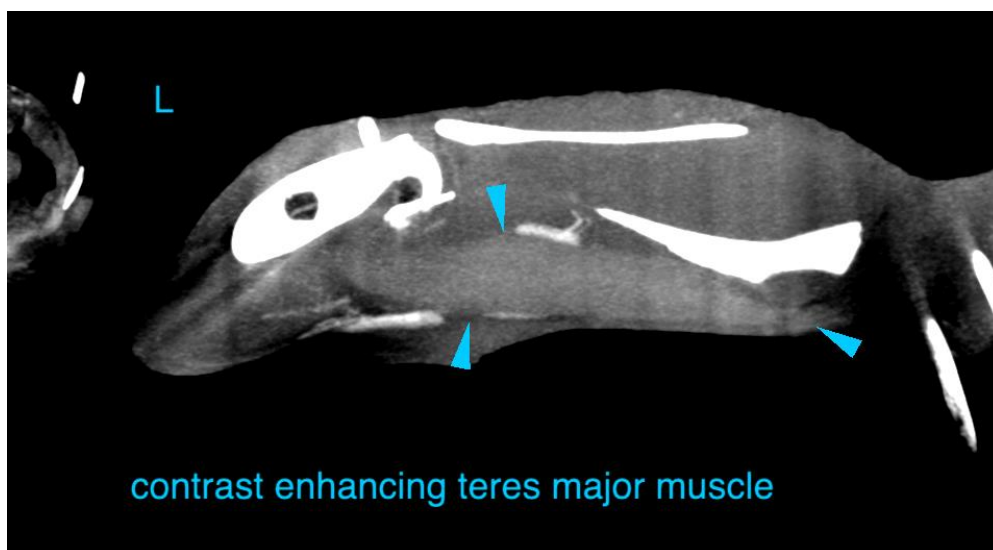
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contrast enhancing teres major muscle



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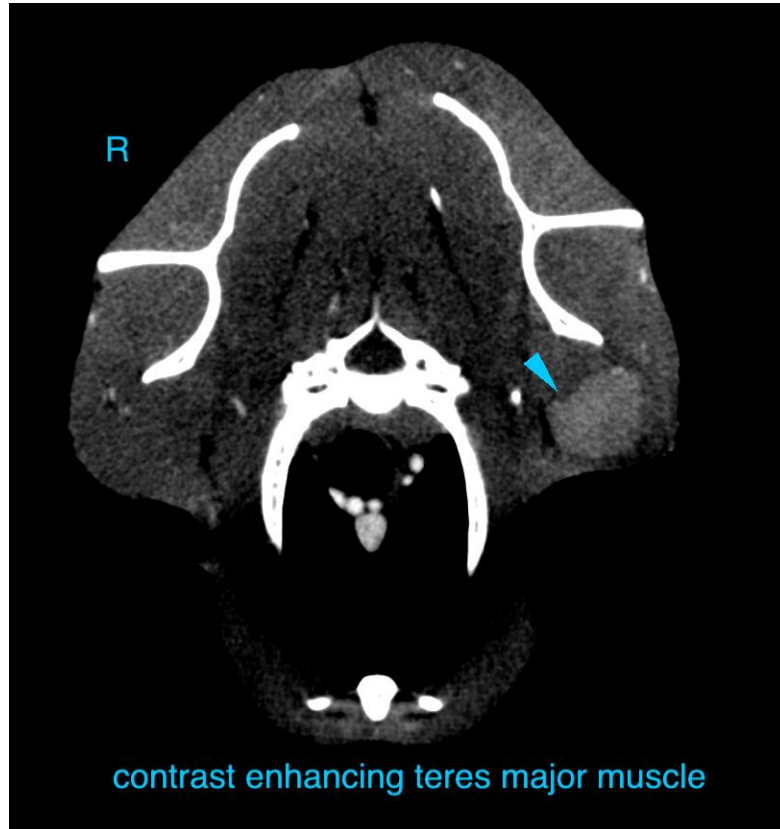
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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