



**PATIENT PRESENTING CLINICAL SIGNS**

**Kona Li** History: Patient has a history of nasal discharge sometimes with blood. Patient seems to be congested. Patient was seen 8/29/21 for possible URI and then again 9/4/21 for coughing up blood. A CT and biopsy was performed 9/7/21. Owners have been giving Prednisolone, Doxycycline suspension, Yunnan Bai, Epinephrine/Saline Nasal drops. Seems to have slightly improved, owner was also doing steam baths only helped for 1 hour then patient got congested again.

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: WBC-19.22 RBC-5.64 Neu-0.18 Lym-15.39 Creatinine- 2.5

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** Centered on the caudal margin of the right palatine bone, bulging into the caudal segment of the right ventral nasal meatus a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible. Complete obstruction of the right nasal passage is seen and the mass is protruding to the left side level with the choana as well. The mass is mildly protruding into the oral cavity and ventromedial aspect of the right orbit. The associated osseous structures – right palatine bone, ethmoid bone right hamulus of the pterygoid bone – present permeative osteolytic lesions. The mass is measuring approximately 26 x 16 x 24 mm in size.

**Neutered Male**

**AGE**

**14 Years**

Multiple teeth are absent and the remainder of the dentition present evidence of advanced periodontal disease with tooth root resorption and ankylosis of multiple roots.

**INTERPRETED BY**

**Sebastian Schaub, DVM Dr. med. vet. DipECVDI**

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.

**HOSPITAL NAME**

**Petroglyph AH**

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.

**REFERRING VET**

**Dr. Raymond Hudgell**

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**

**INVOICE**

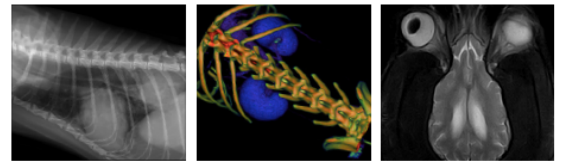
**12986**

- Soft tissue mass associated centered on the right caudal margin of the hard palate
- Secondary polyostotic aggressive osteolytic lesions
- Secondary upper airway obstruction
- Advanced periodontal disease with ankylosis and tooth root resorption
- Multiple absent teeth

**DATE**

**9/7/21**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT** The CT study is suggestive for primary osseous neoplasia such as osteosarcoma or chondrosarcoma. Squamous cell carcinoma, fibrosarcoma, roundcell tumor are potential considerations as well. The finding explains the described clinical signs. Biopsy has already been performed as an advanced diagnostic test as indicated. The chances of radiation therapy can be discussed with oncologist based on the results of the advanced diagnostic tests.

Kona Li

**SPECIES** Consider full tumor staging.

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

14 Years

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**HOSPITAL NAME**

Petroglyph AH

**REFERRING VET**

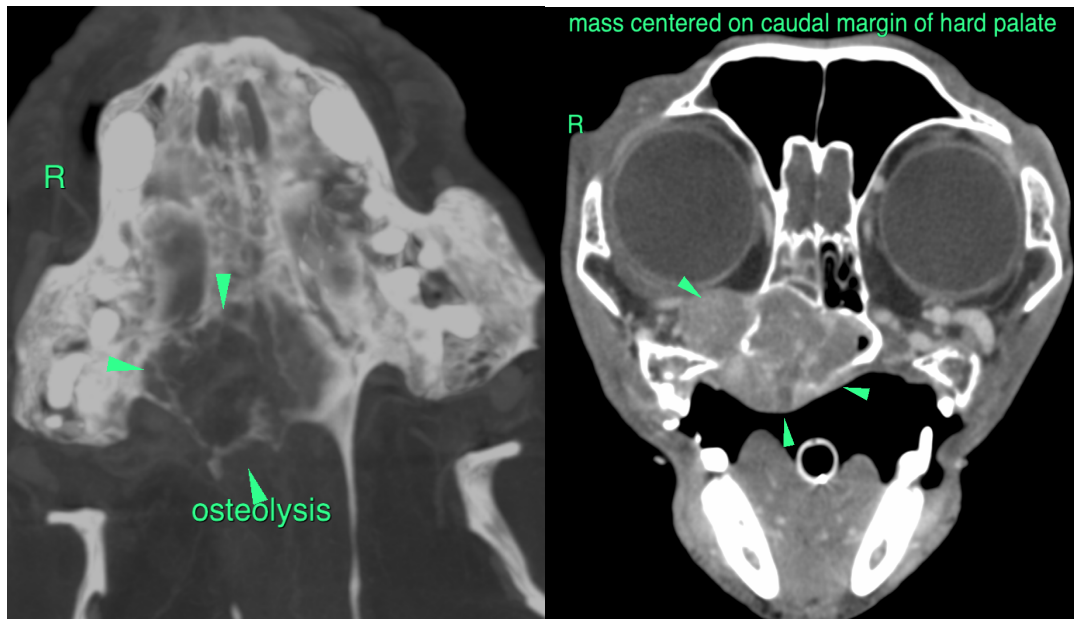
Dr. Raymond Hudgell

**INVOICE**

12986

**DATE**

9/7/21



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.

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