

## PATIENT

Princess Peach  
Forrester

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

15Y, 10M

## WEIGHT

3.4kg

## PRESENTING CLINICAL SIGNS

- Enucleation Surgery 29/09/25
- Surgery Performed On: LEFT eye
- Technique Utilised: Transpalpebral - Eyelids sutured together, incision around lids and dissection in to socket. Ocular muscles transected along with optic nerve.
- 08/01/26 whilst under sedation was able to assess mouth - had large amount of calculus build up and appears to have a fistula where 208 should be - concern about abscess causing pus build up in eye
- Dental (Cat):
- Local Anaesthetic Blocks not Used
- Number of Dental Radiographs taken: 7
- Radiograph Comments: full mouth - no retained roots
- See SmartFlow Dental Charts for specific details regarding extractions.
- Total Number of Teeth Extracted: 7
- Number of Surgical Extractions: 3
- Surgical Flaps Sutured With: CliniMonoQ | Monocryl
- Resorptive Lesions Detected: YES - Type 2 only
- Number of Teeth Remaining: 19
- Comments: 404 CCF, no evidence of TRA from 208/9 - depression in bone here but no draining tract etc from eye, no evidence of root remnants identified -recommend a CT

Abnormal PE/Chem/CBC/UA Results: elevated ALP, rest WNL

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Ana

## HOSPITAL NAME

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## REFERRING VET

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## DATE

2-19-26

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 3 series. One pre-contrast series of the head, bone algorithm. Two post-contrast series of the head bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

A large, predominantly hypoattenuating cystic mass is identified in the left facial region, centered along the left zygomatic process, resulting in marked regional enlargement. The lesion extends externally into the subcutaneous tissues and internally into the left retrobulbar space, occupying the region of the previously enucleated globe and associated periorbital structures. The mass is surrounded by a thickened, irregular, contrast-enhancing capsule. It measures approximately 3.2 × 3.3 × 2.5 cm.

Adjacent osseous structures on the left side demonstrate changes. There is thickening of the medial orbital wall and the perpendicular plate of the palatine bone. The left maxilla, at the level of the absent Triadan 208 and 209, as well as the zygomatic process of the maxilla, exhibits multifocal mottled osteopenia with cortical interruptions. Mild periosteal reaction is noted along the left zygomatic process adjacent to the mass.

There is mild extension and contiguity of the mass effect toward the rostral nasal cavity in the region of the left nasolacrimal duct, with mild distortion of the adjacent nasal wall.

The left zygomatic salivary gland is mildly enlarged.

The following teeth are absent: Triadan 104, 106, 109, 206, 207, 208, 209, 309, 404, and 407. Multifocal regions of alveolar bone osteopenia are present along the maxilla and mandible, more evident in the right rostral mandible and caudal left maxilla, particularly in the region associated with the described mass.



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The nasal cavities and turbinates are otherwise within normal limits. The cribriform plate is intact.

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The oropharynx and nasopharynx are unremarkable.

No intracranial mass effect, falx cerebri displacement, or ventriculomegaly is identified.

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The left frontal sinus is fluid-filled. The right frontal sinus is unremarkable.

The left tympanic cavity is fluid-filled, with preserved bony contours. The right tympanic cavity and both external auditory canals are within normal limits.

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The right globe and right retrobulbar space are unremarkable.

The temporomandibular joints are bilaterally congruent.

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The medial and lateral retropharyngeal and mandibular lymph nodes are mildly enlarged.

Both thyroid glands are moderately enlarged and rounded in shape. The right thyroid gland measures approximately 1.8 × 0.7 cm, and the left measures approximately 1.3 × 0.8 cm.

## WEIGHT

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Large, cystic, contrast-enhancing capsulated mass in the left zygomatic and retrobulbar region, occupying the previous enucleation site and associated with adjacent maxillary and orbital bone lysis and periosteal reaction.

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Differential diagnoses include:

Chronic abscess formation (including odontogenic origin or postoperative complication).

Zygomatic salivary mucocele with secondary inflammation/infection.

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Necrotic or cystic neoplasia (e.g., salivary gland neoplasm, squamous cell carcinoma, adenocarcinoma).

Multifocal osteopenic and cortical disruptive changes of the left maxilla at the level of previously extracted teeth (Triadan 208/209 region), consistent with inflammatory, infectious (osteomyelitis), or neoplastic bone involvement.

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Mild regional lymphadenomegaly (mandibular and retropharyngeal), likely reactive; metastatic involvement cannot be excluded.

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Fluid accumulation within the left frontal sinus and left tympanic cavity, compatible with secondary inflammatory change.

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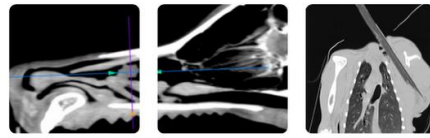
Bilateral thyroid gland enlargement. Differential considerations include nodular hyperplasia versus functional thyroid disease (correlate with serum T4 levels).

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, cystic, contrast-enhancing capsulated mass in the left zygomatic and retrobulbar region, occupying the previous enucleation site and associated with adjacent maxillary and orbital bone lysis and periosteal reaction. Differential diagnoses include chronic abscess formation



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(including odontogenic origin or postoperative complication), necrotic or cystic neoplasia, Zygomatic salivary mucocele with secondary inflammation/infection.

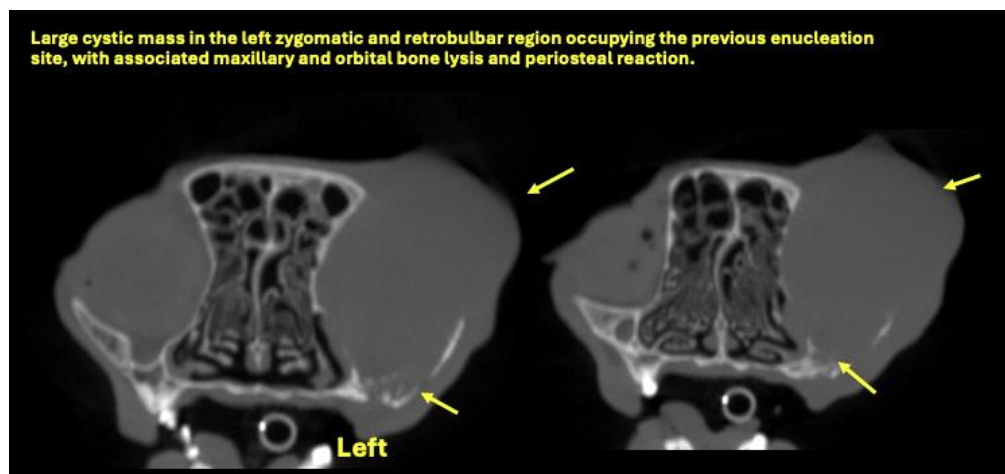
- Multifocal osteopenic and cortical disruptive changes of the left maxilla at the level of previously extracted teeth (Triadan 208/209 region). Differential diagnoses include inflammatory/ infectious (osteomyelitis), or neoplastic bone involvement
- Mild regional lymphadenomegaly (mandibular and retropharyngeal), likely reactive; metastatic involvement cannot be excluded.
- Fluid accumulation within the left frontal sinus and left tympanic cavity, compatible with secondary inflammatory change, otitis media.
- Bilateral thyroid gland enlargement. Differential considerations include nodular hyperplasia versus functional thyroid disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a large cystic and expansile lesion centered in the left zygomatic and retrobulbar region, extending into the previous enucleation site and associated with adjacent maxillary bone lysis. Given the history of prior dental disease (including concern regarding the 208 region) and enucleation, a chronic abscess with osteomyelitis is the primary differential diagnosis. A zygomatic salivary mucocele with secondary infection is also a relevant differential diagnosis. However, given the degree of bone destruction and the patient's age, cystic or necrotic neoplasia cannot be excluded.

Image-guided fine-needle aspiration of the lesion is recommended for cytology and culture (aerobic/anaerobic), if feasible. Surgical exploration and drainage may be required depending on cytologic results.

Further evaluation of thyroid function (total T4 ± free T4) is recommended due to bilateral thyroid enlargement.





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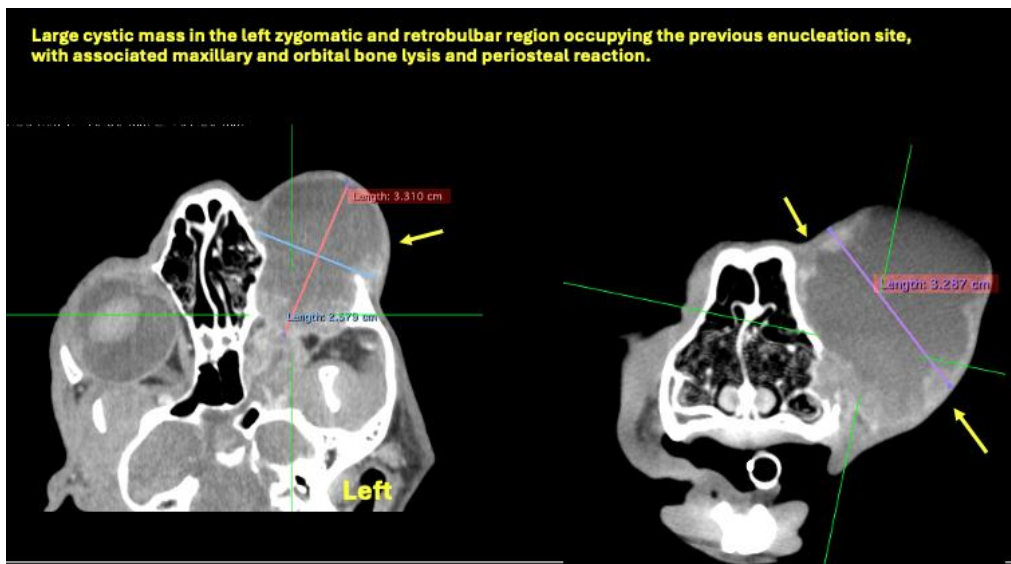
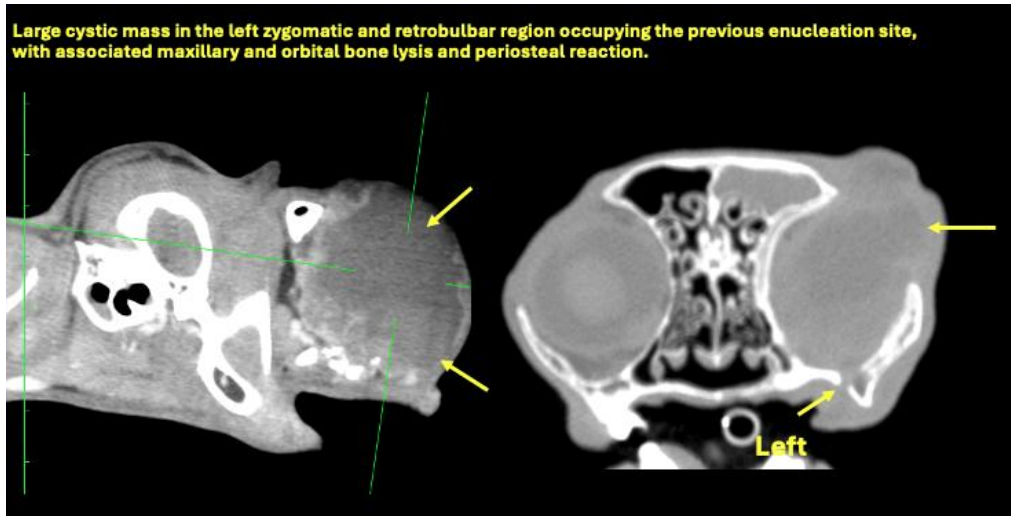
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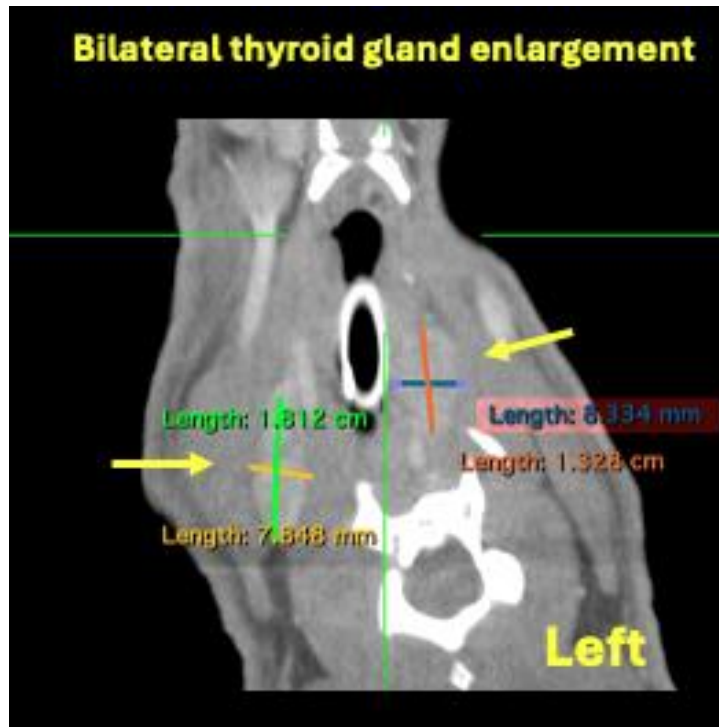
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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