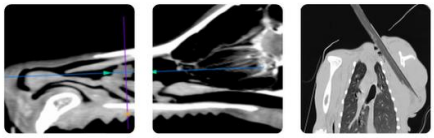


PATIENT

Lenny Kline

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

6.35

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

73628

DATE

2-5-26

PRESENTING CLINICAL SIGNS

- 4x3 cm firm bony mass on right caudal lateral mandible extending to the TMJ
- having trouble opening mouth to chew

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 2 series. One pre-contrast series of the thorax and head bone algorithm. One pre-contrast series of the thorax and head bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a large, expansile, aggressive mixed osteolytic and proliferative bone mass centered on the right zygomatic arch and temporal process of the zygomatic bone.
The proliferative component is multilobulated and amorphous, with a concurrent palisading appearance, and is associated with marked osteolysis of the zygomatic arch.

Associated with the osseous lesion, there is a heterogeneous soft tissue mass with a hypoattenuating central component and peripheral contrast enhancement, apparently enveloping the bone lesion. This soft tissue component involves the right masseter muscle and a portion of the right temporalis muscle. The lesion measures at least 3.6 x 3.3 x 2.9 cm.

The lesion extends toward and is in close proximity to the right temporomandibular joint; however, the joint remains congruent.

A mass effect extends into the right periorbital space, resulting in mild alteration of the posterior contour of the right globe and loss of normal definition of the right lateral rectus muscle.

Despite close proximity to the lesion, the right mandible is preserved, with no evidence of direct osseous involvement.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable; the left frontal sinus has a rudimentary appearance.

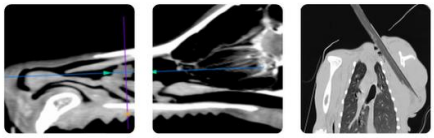
There is no evidence of intracranial mass effect, ventriculomegaly, or falx cerebri shift.

The tympanic bullae and external auditory canals are within normal limits.

The left globe and left retrobulbar space are unremarkable.

All teeth are within normal limits.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.



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The mandibular, parotid, and left zygomatic salivary glands are within normal limits.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There are mild gravity-dependent peripheral pulmonary consolidations, consistent with passive atelectasis. The remaining pulmonary parenchyma shows normal attenuation, with no evidence of soft tissue pulmonary micronodules, nodules, or mass lesions.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive monostotic bone lesion centered on the right zygomatic arch and temporal process of the zygomatic bone, with marked osteolysis, proliferative bone reaction, and associated infiltrative soft tissue mass involving adjacent masticatory muscles and extending into the right periorbital region. Differential diagnoses include primary aggressive bone neoplasia (e.g., osteosarcoma, chondrosarcoma, fibrosarcoma, or less likely squamous cell carcinoma with bone invasion).
- No evidence of thoracic metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with an aggressive primary osseous lesion of the right zygomatic arch, associated with a substantial soft tissue component and local invasion of adjacent musculature. The proximity to the temporomandibular joint and extension into the periorbital space. Possible adherence with the right globe is not excluded.

Histopathological confirmation via biopsy is recommended. Advanced surgical planning should consider the aggressive nature of the lesion and its proximity to critical anatomical structures, such as the right globe.

Thoracic CT does not reveal evidence of metastatic disease.

TECHNICAL COMMENTS

Image interpretation is partially limited by moderate streak artifacts and motion artifacts, particularly affecting the thoracic region.

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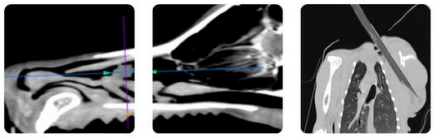

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SonoPath.com info@sonopath.com 1.800.838.4268

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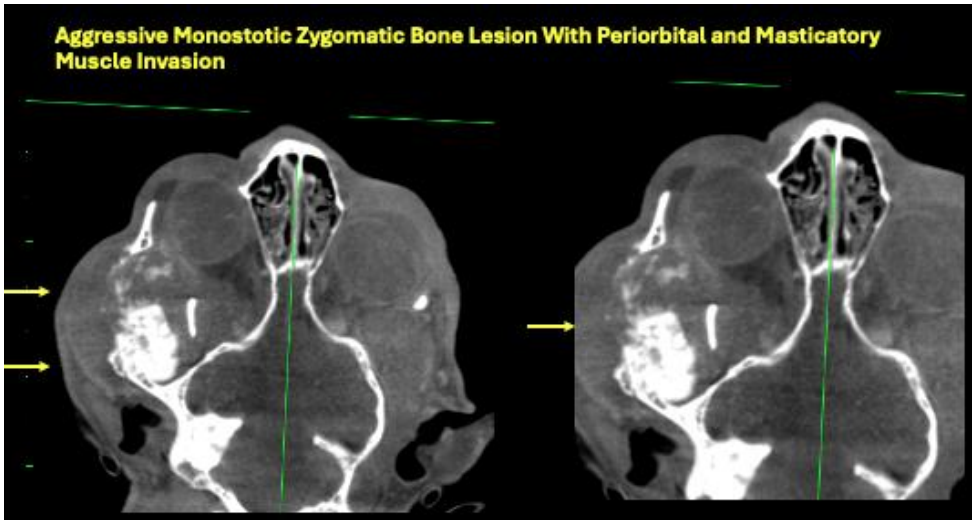

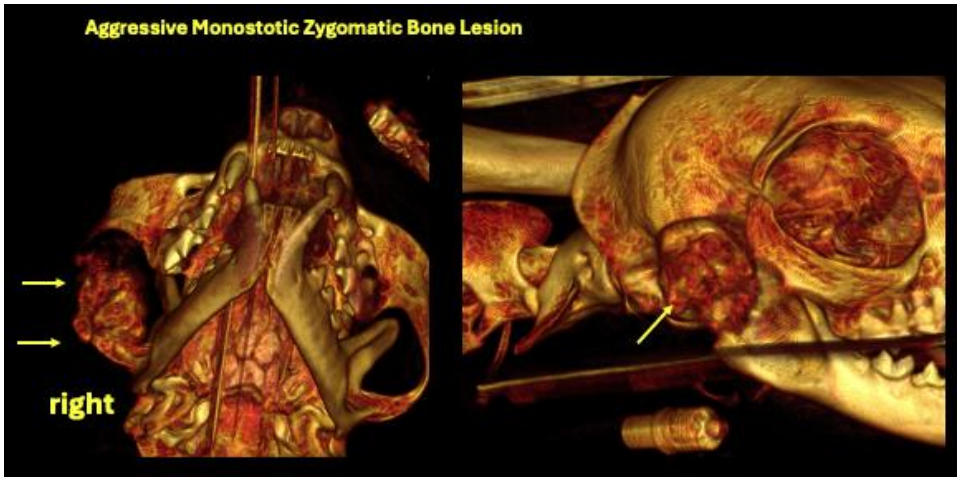

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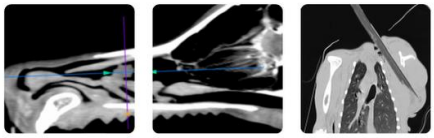

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com