



PATIENT

Carrot Daly

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10+

WEIGHT

9.75lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ralph

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr Kwasnik

INVOICE

75249

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Originally a stray cat. Hx of chronic conjunctivitis in OD. Conjunctival bx revealed squamous cell carcinoma. Right eye was exenterated in feb 2026 at the end of april. The orbit of the right eye is starting to fill with purulent material. C&S shows no bacterial growth. R/O recurrent neoplasia vs other

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

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

COMPUTED TOMOGRAPHIC FINDINGS

A large expansile soft tissue mass occupies the right exenterated orbit. The lesion is amorphous in shape, well-defined contour, heterogeneously contrast-enhancing, and surrounded by a thick irregular enhancing capsule. Multiple small hypoattenuating cystic and cavitary foci are present throughout the mass. The lesion extends externally beyond the orbital margins and involves the region of the right zygomatic salivary gland.

A small focal gas attenuation pocket is present centrally within the lesion. A tubular structure/drain traverses the mass. The lesion measures approximately 4.0 × 3.3 × 3.3 cm.

Mild osteolysis is present involving the frontal process of the right zygomatic bone adjacent to the mass.

The left globe and retrobulbar tissues are unremarkable.

The nasal cavities, nasal turbinates, nasopharynx, oropharynx, frontal sinuses, tympanic cavities, and external ear canals are within normal limits. The cribriform plate remains intact.

No intracranial mass effect or falxine shift is identified.

Triadan teeth 106 and 206 are absent. The temporomandibular joints are bilaterally congruent.

Marked enlargement of the right mandibular lymph node is present; the node is rounded and heterogeneously contrast-enhancing. Moderate enlargement of the right medial retropharyngeal lymph node is also identified.

The left mandibular and left medial retropharyngeal lymph nodes are within normal limits.

The salivary glands, including the parotid glands and left zygomatic gland, are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive mass occupying the right exenterated orbit with heterogeneous contrast enhancement, thick irregular peripheral enhancement, multifocal cystic/cavitary components, mild adjacent zygomatic bone osteolysis, and extension into the region of the right zygomatic salivary gland.
- Marked right mandibular and moderate right medial retropharyngeal lymphadenopathy, highly suspicious for metastatic nodal involvement.



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- Given the history of conjunctival squamous cell carcinoma and prior orbital exenteration, the findings are most consistent with locally recurrent neoplasia within the surgical bed. Regional metastatic disease is strongly suspected.
- Central gas accumulation and cavitory components may reflect necrosis and/or secondary infection within the lesion.
- Triadan teeth 106 and 206 are absent.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings support local recurrence of the previously diagnosed conjunctival squamous cell carcinoma within the right exenterated orbit as a primary differential diagnoses. The marked ipsilateral mandibular and medial retropharyngeal lymphadenopathy raises concern for regional metastatic spread.

The centrally cavitory appearance and small gas focus may represent tumor necrosis and/or superimposed infection.

Correlation with cytology and/or histopathology of the orbital lesion and enlarged regional lymph nodes is recommended for definitive diagnosis and staging.

Thoracic imaging is also recommended for metastatic assessment if not already performed.





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Fig. 2. The orbital mass extends beyond the orbital margins and is associated with mild osteolysis of the frontal process of the right zygomatic bone.

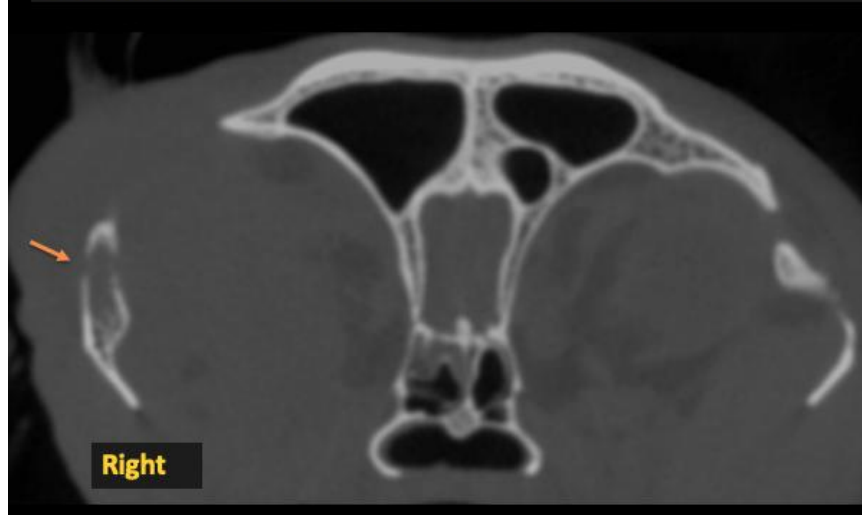
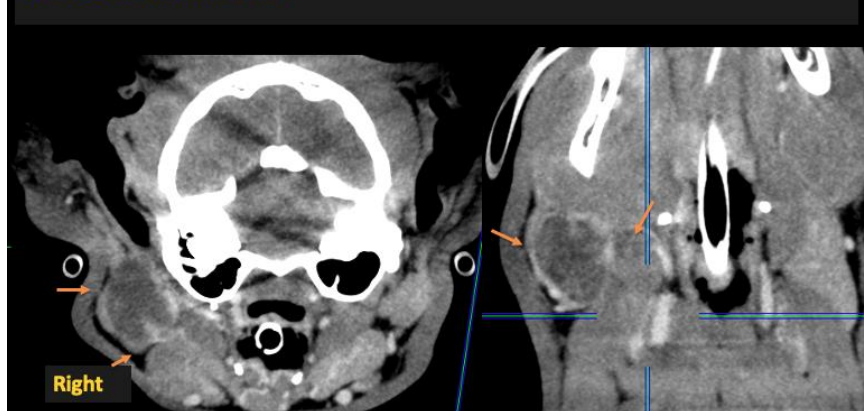


Fig. 3. Regional lymphadenopathy



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