



PATIENT

Leaf Longbottom

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

9M, 18D

WEIGHT

10.20lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73305

DATE

1-13-26

PRESENTING CLINICAL SIGNS

11/20/2025: Leaf presents today for a consult: neuter & ear polyp The owner has the following concerns: Still itching & scratching on the left ear mostly. It got better with the medications. The owner has concerns on the teeth. Eating wet and dry food. Any coughing or sneezing?: Yes coughing and congestion, 1 time has a nasal discharge Environment: Both indoor and outdoor Is the patient currently on any medications? Yes, please list: Amoxi/Clav 80mg/ml, 0.8ml BID - finished Is the patient on any parasite prevention or supplements Yes, Provecta II for Cats: Small (5-9lbs) each dose Leaf presents today for CT HEad, Neuter, +/- polyp removal. Any Concerns: Yes: shakes head, itches at his ear, around Christmas he had blood in his ear Any Abnormal Behavior?: No Any medications and/or supplements: gaba for today What time were medications given?: ~6:30am Last Meal?: last night ~8:30pm Appetite: normal If Mass Removal, note locations and have the owner point out each mass: left ear

Abnormal PE/Chem/CBC/UA Results: PE: Ears: AS: Moderate to marked exudate, polypoid mass present. AD: Clean, no inflammation.; Oral Cavity: Moderate to marked gingival recession around tooth 304 with malocclusion and other missing incisive teeth on the maxillary and mandibular arcades as well as tooth 204; gum recession present.; CBC: WNL; Chem: Na: 149 mmol/L; K: 3.7 mmol/L; Cl: 117 mmol/L; TC02: 22 mmol/L; BUN: 23 mg/dL; Crea: 1.2 mg/dL; Glu: 88 mg/ dL; iCa: 1.19 mmol/L; AnGap: 15 mmol/L; Hct: 34 %PCV; Hb 11.6 g/dL;

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Mild asymmetry of the nasal passages, hard palate, and sphenoidal bones is seen likely the result of prior trauma.

Turbinate loss is present in the ventral aspect of the right nasal cavity. Signs of acute florid rhinitis or sinusitis are not seen at this point. No destructive or mass lesions are identified.

There is no evidence of nasopharyngeal stenosis.

The temporomandibular joints are unremarkable.

The right maxillary incisors and canine teeth are absent except for the 101 which shows signs of significant periodontal disease.

The left tympanic bulla presents thickening of its osseous lining and is filled with fluid attenuating material. The left ear canal demonstrates chronic changes consistent with otitis externa and a 25 x 5mm sized polypoid structure with peripheral rim enhancement. No evidence of intracranial extension of the otitis media is seen at this point. Mild right sided otitis externa is noted as well.

A smaller left nasopharyngeal polyp of approximately 6.4mm size is seen.

Mild enlargement of the left retropharyngeal lymph node is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic left sided otitis media and externa with left ear canal polyp and left nasopharyngeal polyp.
- Mild right sided otitis externa.



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- Mild left retropharyngeal lymphadenomegaly – likely reactive.
- Facial bone asymmetry and dental abnormalities likely a consequence of prior trauma: missing right maxillary incisors and canine teeth.
- Periodontal disease at 101.
- Right ventral nasal turbinate loss likely secondary to prior trauma. Acute rhinitis not excluded.

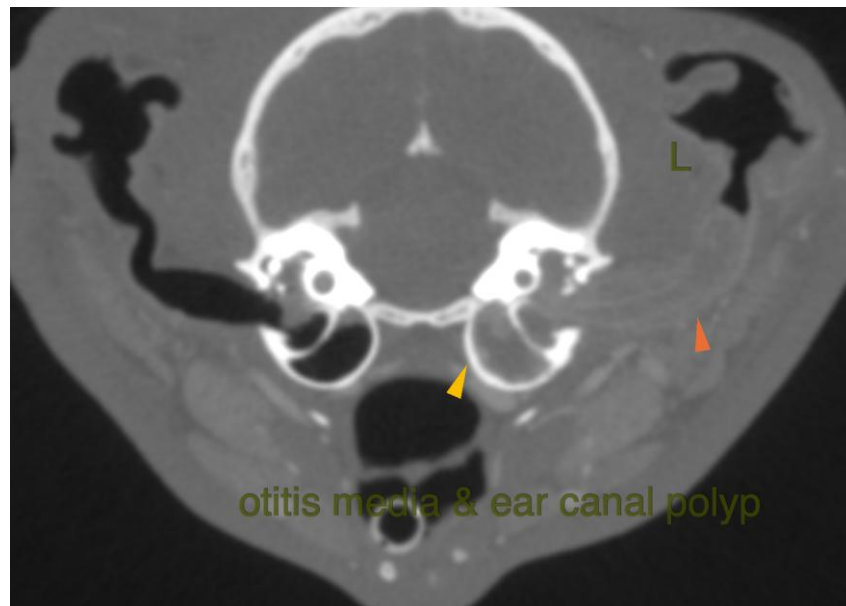
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The left ear canal and nasopharyngeal polyps are likely the result of chronic otitis media and externa.

The dental findings and tooth loss may contribute to oral discomfort and predispose to chronic periodontal disease.

Surgical excision of the left ear canal and nasopharyngeal polyps are recommended to resolve chronic otitis and prevent reoccurrence. Treatment of the otitis media and externa should be considered.

Dental evaluation and management, especially extraction of the 101 and further clinical evaluation of the remainder of the dentition, are recommended.





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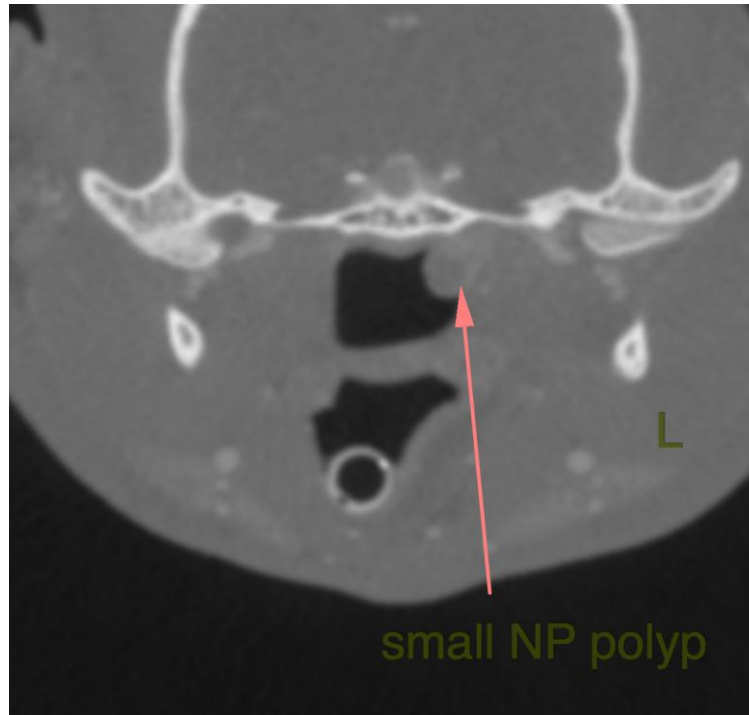
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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