



PATIENT

King Rory Dipple

SPECIES

Feline

BREED

British Shorthair

SEX

MN

AGE

11M

WEIGHT

5k

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

73349

DATE

1-15-26

PRESENTING CLINICAL SIGNS

upper respiratory noises occluded nasal cavity Chronic rhinitis and frontal sinusitis

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Post contrast study available for review only.

COMPUTED TOMOGRAPHIC FINDINGS

Marked bilateral mucosal thickening and fluid accumulation within the nasal cavities is seen. Extensive multifocal turbinate destruction and distortion are seen bilaterally. The cribriform plate is intact. Fluid attenuating material is present within the right frontal sinus, left presphenoidal sinus, nasal fundus, and nasopharynx.

A questionable nasopharyngeal membranous structure is noted.

The left tympanic bulla is filled with fluid attenuating material. The right bulla and both external ear canals appear normal.

Mild bilateral retropharyngeal and submandibular lymphadenomegaly is noted compatible with reactive hyperplasia.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic bilateral destructive rhinitis and sinusitis.
- Left sided otitis media.
- Reactive retropharyngeal and submandibular lymphadenopathy.
- Suspect nasopharyngeal membranous structure, differential diagnosis: accumulation of fluid.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

In a young cat with chronic upper respiratory signs, extensive turbinate destruction strongly supports chronic infectious or inflammatory rhinosinusitis, most commonly associated with feline herpes or other virus and secondary bacterial infection. Lymphoplasmacytic or allergic rhinitis cannot be ruled out but is considered less likely. Fungal rhinitis is unlikely as well.

The otitis media on the left side may reflect extension of nasopharyngeal inflammation via the auditory tube or concurrent otitis media.

The lymph node changes are compatible with reactive lymphadenitis.

The suspected nasopharyngeal membrane could contribute to airflow limitation and warrants direct visualization by means of endoscopy to determine presence and clinical significance.

Rhinoscopy and nasopharyngoscopy are recommended for further definition.

Consider otoscopic work up as well.



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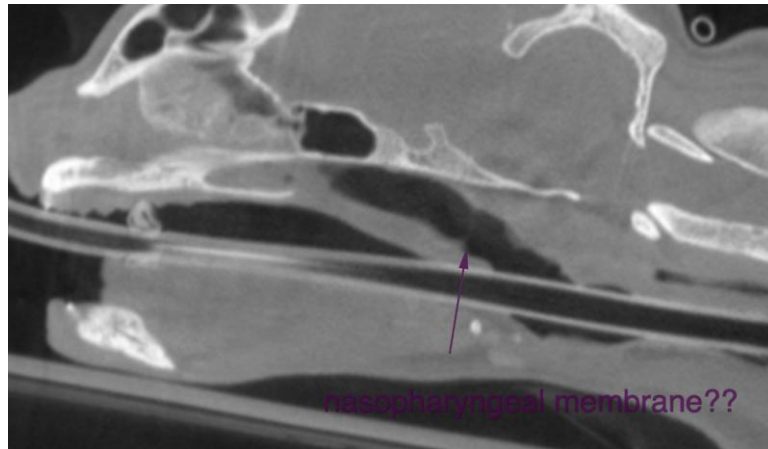
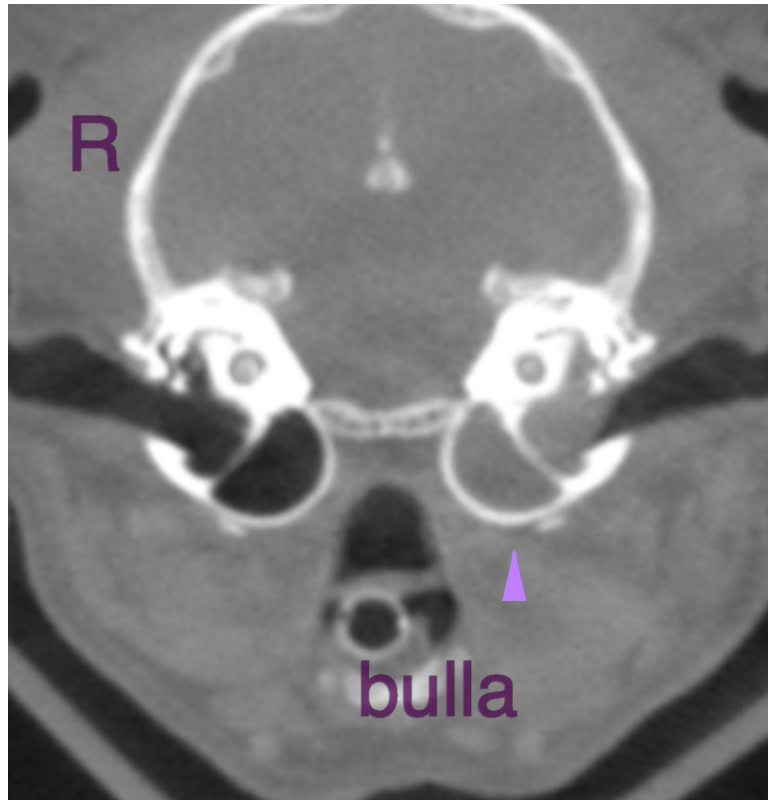
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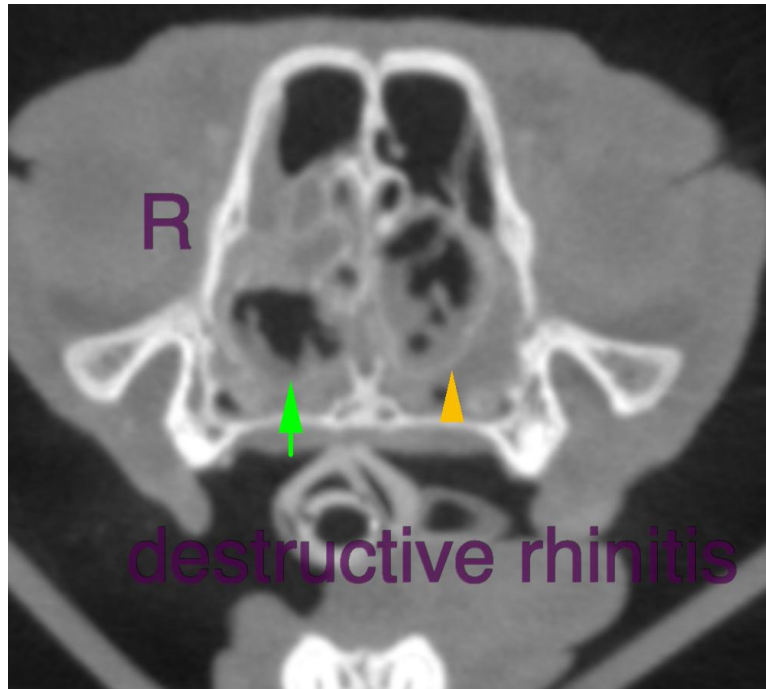
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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