



**PATIENT**

Ninja Ikeda

**PRESENTING CLINICAL SIGNS**

Chronic nasal congestion, stertor, sneezing and nasal discharge. FIV+. Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia, minimal eosinophilia, minimal hyperglobulinemia. FIV+. Nasal congestion, stertor, left sided clear nasal discharge on PE. Obese.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Plain and post contrast studies of the head in soft tissue and bone windows and thorax in soft tissue and lung windows available for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

A large amount of hypoattenuating material is seen within both nasal cavities. There is moderate turbinate destruction within the left nasal cavity with the remaining turbinates presenting mild hyperostosis. Mucosal swelling is seen within the dorsal aspect of the right nasal cavity. The dorsal aspect of the left nasal cavity contains hypoattenuating material which is contrast negative. Regional turbinate destruction and distortion is seen as well as osteolytic defects and mild expansion of the left nasal bone. A moderate amount of fluid attenuating material is present within the nasal fundus and the left frontal sinus is completely filled with fluid attenuating material. The cribriform plate is intact.

**SEX**

MN

**AGE**

11 Years

The submandibular and medial retropharyngeal lymph nodes are mildly enlarged. The medial retropharyngeal lymph node is larger on the right. The submandibular lymph nodes are larger on the left side.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

**HOSPITAL NAME**

Animal Health  
Partners

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

**REFERRING VET**

Dr. Ashley Gold

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Mild generalized bronchial wall enhancement and occasional peripheral ventral peribronchial interstitial infiltrates are seen.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

1-25-22

- Suspect chronic destructive rhinosinusitis.
- Osteolytic defects of the left nasal bone.
- Mild medial retropharyngeal and submandibular lymphadenomegaly.
- Age related bronchial wall enhancement versus chronic lower airway disease.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are suggestive for bilateral destructive rhinosinusitis. While most criteria support this being a case of destructive rhinosinusitis secondary to infection with bacterial, viral, fungal, or mixed infection, it is well established that destructive rhinitis shares features with nasal neoplasia in cats and especially owing to the presence of osteolytic changes in the left nasal bone, neoplastic pathology cannot be ruled out entirely. Extensive sampling for both culture and histology is recommended if not performed already.

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The lymph node changes are suggestive for reactive hyperplasia. Early metastatic disease cannot be ruled out entirely but appears unlikely.

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The changes of the bronchial tree may reflect uncomplicated age related changes; however, lower airway disease such as allergic lower airway syndrome or infectious bronchitis cannot be ruled out entirely.

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**REFERRING VET**

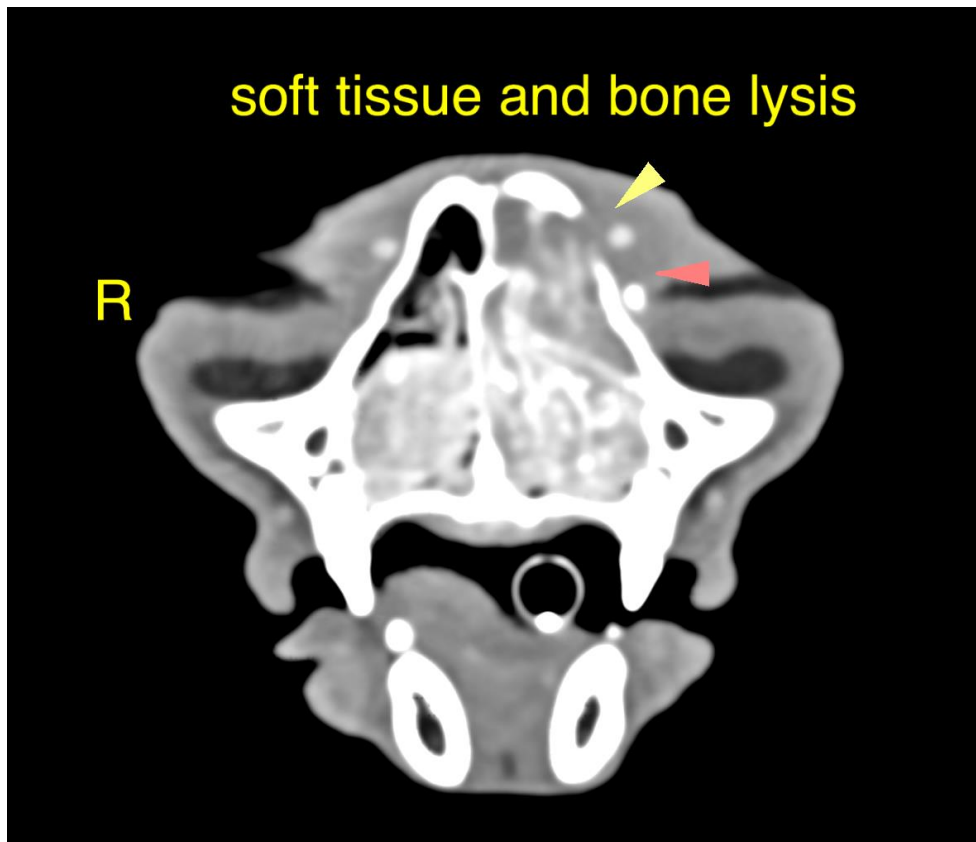
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Feline

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