



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Princess Stone

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
5.5 Years

Princess is presented to the surgery service at BVS+AE for a re-evaluation of her upper airway obstruction and nasal discharge. Princess was previously examined at our clinic and we performed a CT scan as well as traction/avulsion of a nasopharyngeal polyp. Ms. Stone notes that after the polyp removal the clinical signs improved significantly but never fully resolved - she still seemed to have some upper airway resistance but the airway did not make any noises and she was shaking her head less frequently. Ms. Stone says that, despite the initial improvement, the clinical signs appeared to worsen about 1 month ago. Princess' clinical signs are still not as severe as they were during her initial evaluation, but she now has nasal discharge, sneezes, shakes her head, and she has clinical signs about half of the time/day. The noises have gotten to the point where some of them are as bad as they had been prior to the traction/avulsion. Ms. Stone noted that one interesting aspect of these noises is that they seem to be worse after Princess drinks water, but not after she eats food. Princess is currently on famciclovir and orbax to treat her upper respiratory infections. After the second CT we again used traction/avulsion of a nasopharyngeal polyp from the left side.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The dentition is incomplete. Multifocal periodontal disease is noted.

There is a moderate amount of fluid attenuating material within both nasal cavities. Moderate swelling of the mucosal lining of the remaining turbinates is seen. There is extensive bilateral turbinate destruction. Both frontal sinuses are filled with a mild amount of fluid attenuating material. Swelling of the peripheral mucosal lining and hyperostosis is seen in both frontal sinuses.

Both tympanic bullae are filled with fluid attenuating material. Moderate irregular mucosal hyperplasia with increased contrast enhancement is seen. There is moderate thickening of the osseous lining of both tympanic bullae. The auditory tube is widened on the left side. A 15mm x 7mm sized mildly irregular shaped peripherally enhancing soft tissue structure is seen obstructing the nasopharynx with stalk-like extension to the left tympanic bulla. A mild amount of fluid attenuating material is present within the medial aspect of both external auditory meatuses. The epithelial lining of the external auditory meatuses presents mild generalized thickening with increased contrast enhancement.

Both medial retropharyngeal lymph nodes present mild symmetric enlargement with mildly heterogeneous contrast enhancement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Complex chronic upper respiratory tract and auricular system infection with chronic bilateral otitis media and externa with nasopharyngeal polyp formation.
- Severe bilateral destructive rhinosinusitis.
- Regional lymphadenomegaly compatible with reactive hyperplasia.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Jose Guevara

INVOICE

48083

DATE

10-28-21



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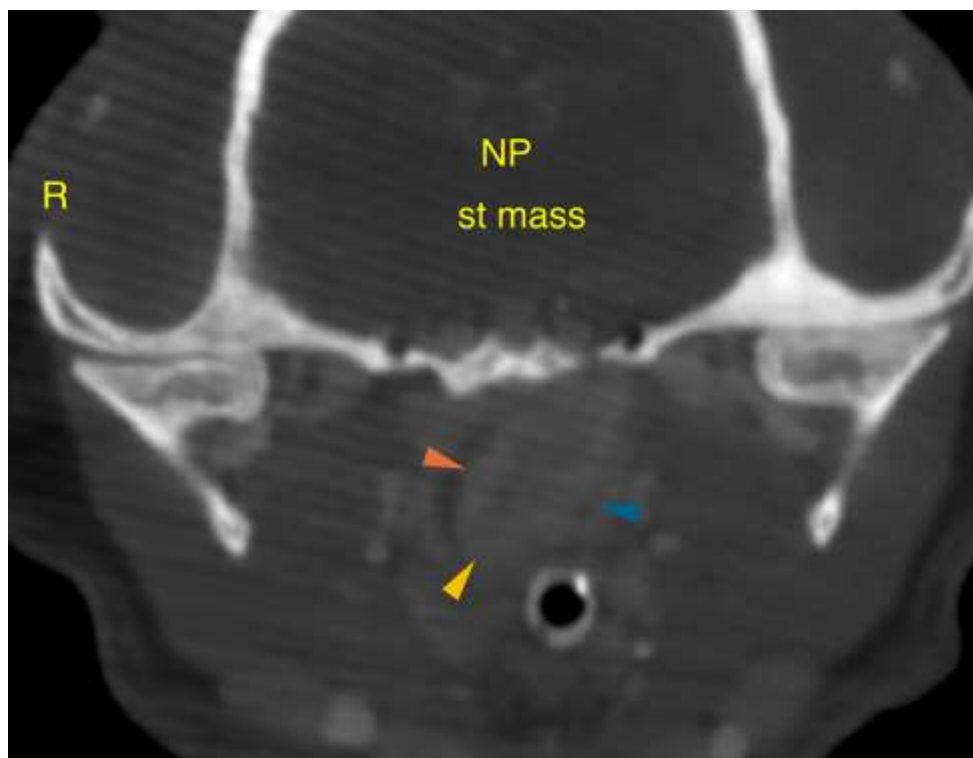
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A nasopharyngeal soft tissue structure compatible with a polyp is obstructing the nasopharynx. The polyp appears to connect to the left tympanic bulla. The auditory tube to the right tympanic bulla is widened which may be due to the prior polyp formation. The otitis media appears to be florid in both bullae.

Concurrent destructive rhinosinusitis is seen. Infectious rhinitis such as bacterial and less likely viral is considered most likely. Lymphoplasmacytic rhinitis cannot be ruled out entirely but is thought unlikely owing to the concurrent auricular system infection.





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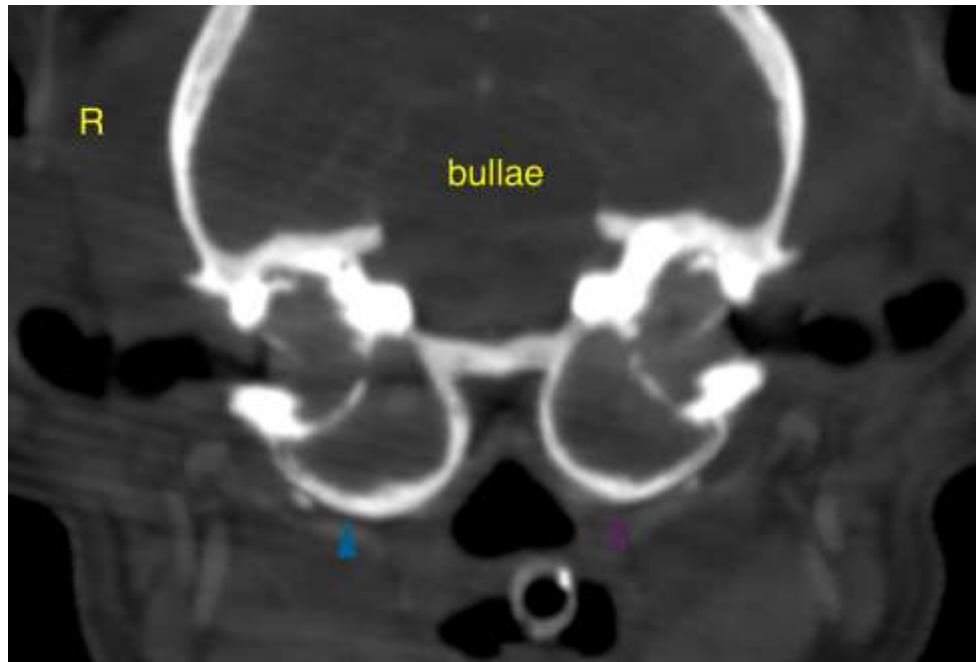
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Bluegrass Veterinary
Specialists

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