



PATIENT	PRESENTING CLINICAL SIGNS
Toby Walsh	11/11/21 - HDR Brachytherapy cancelled for today Toby presented for radiation therapy for nasal lymphoma. His nasal signs improved significantly after partial debulking and biopsy of his nasal turbinates. Inflamed large cell, B-cell lymphoma was diagnosed histologically and with PAX5 marker for B-cell lymphoma. The owner reports that the nasal signs of stertorous breathing, nasal congestion and snoring have recurred in the last 2 weeks. Toby is congested, wheezing, snorting, sneezing, reverse sneezing, and coughing. No significant nasal discharge is reported. He is currently on prednisolone 5 mg daily and lactulose. The owner reports the prednisolone really helps. He had trouble breathing last night. Debulking of the nasal mass/thickened nasal turbinates was performed on 9/14/21. There is a history of a pelvic fracture from being hit by a car that was repaired with a plate. He has a chronic history of recurrent nasal signs and also ocular signs suspicious for Herpes virus rhinitis. A diagnosis has been made of chronic rhinitis (herpes?), chronic lower airway disease and nasal lymphoma. 9/14/21 - Rhinoscopy: Toby presented with an 8-12 month history of difficulty breathing, hack/cough/choke, sneezing and bilateral mucopurulent nasal discharge. The owner reports that at times he acts like he can barely breathe. He has been treated with antibiotics, famciclovir and prednisolone. The owner reports the antibiotics clear the mucopurulent discharge eliminating the yellow-green in coloration. Prednisolone has helped the most by helping him breathe better and reducing the amount of nasal discharge. He recently had a dental procedure and no serious dental problems were identified. Nasal flushing was also performed and the nasal mass was suspected. He is currently on prednisolone 5 mg 1/2 tablet once daily. He has been on prednisolone long-term. He was prescribed Baytril for 10 days and famciclovir for 2 weeks beginning 8/12/21.
SPECIES	
Feline	
BREED	
DSH	
SEX	
Neutered Male	
AGE	
13 Years	
INTERPRETED BY	
Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI	
HOSPITAL NAME	
VetMed Consultants	
REFERRING VET	
Dr. Tim Kirkland	
INVOICE	
29775	
DATE	
11/11/21	


PATIENT COMPUTED TOMOGRAPHIC STUDY OF THE WHOLE BODY

Toby Walsh Post-contrast study available for review. The patient has a history of nasal lymphoma with partial debulking.

SPECIES COMPUTED TOMOGRAPHIC FINDINGS

Feline Soft tissue attenuating material is seen within the ventrolateral aspect of the right nasal cavity. Extensive mucosal swelling and multifocal turbinate destruction is present within both nasal cavities. There is a moderate amount of fluid attenuating material within the nasal cavities, nasal fundus, presphenoidal sinuses, and right frontal sinus. The cribriform plate is intact. The osseous lining of the nasal cavities is intact.

BREED

DSH Both tympanic bullae contain a moderate amount of fluid attenuating material.

SEX

The submandibular and medial retropharyngeal lymph nodes present within normal limits.

Neutered Male

Both lobes of the thyroid gland are seen and present within normal limits.

Generalized esophageal dilation with fluid is noted, accentuating the cervical esophagus.

AGE

The mediastinal and cervical lymph nodes present within normal limits.

13 Years

A mild generalized bronchial lung pattern is noted with even distribution throughout.

INTERPRETED BY

A 6.0 mm sized mineral attenuating structure is seen within the pulmonary parenchyma lateral of the main lobar bronchus of the left caudal lung lobe.

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

Both kidneys present asymmetric distortion with increased cortex/medulla ratio and mildly heterogeneous nephrogram.

A 4.0 mm sized fluid filled lesion with peripheral rim enhancement is seen caudal of the renal pelvis in the right kidney. The pyelogram appears to be within normal limits.

HOSPITAL NAME

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Liver and spleen present within normal limits.

The abdominal lymph nodes present within normal limits.

REFERRING VET

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Multiple malunion fractures of the pelvic floor are seen with narrowing of the pelvic canal and coprosthesis is noted. There is an orthopedic device (plate with screws) in the left ileum.

The lumbosacral intervertebral disc space is collapsed. Vertebral end plate sclerosis, spondylosis, and ventral subluxation of the sacrum is seen at the lumbosacral junction.

INVOICE

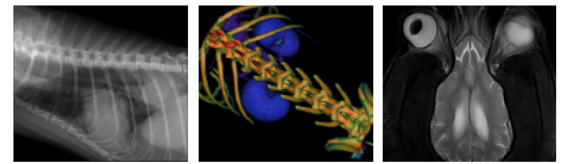
29775

DATE

11/11/21

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic destructive rhinosinusitis pattern
- Bilateral otitis media
- Heterotopic bone versus peribronchial mucinous gland mineralization/ossification in the left caudal lung lobe



PATIENT

Toby Walsh

- Bilateral nephropathy with architectural distortion
- Small cavitory lesion within the right kidney
- History of traumatic osseous injury of the pelvis with malunion pelvic floor fractures and degenerative lumbosacral stenosis

SPECIES

Feline

- Coprostasis
- No evidence of thoracic or abdominal lymphadenomegaly

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

The CT study reveals no evidence of a discreet soft tissue mass within the nasal cavities at this point. The changes resemble the presentation of chronic destructive rhinosinusitis, which however by no means rules out neoplastic pathology, especially round cell neoplasia, as this is known to have significant overlap in the imaging changes between destructive rhinitis and neoplastic presentations.

SEX

Neutered Male

The renal changes are suggestive for bilateral neoplastic infiltrate such as with round cell. Further definition by means of sampling should be considered and has been scheduled already. The changes are not typical for nephritis or storage diseases, although these cannot be ruled out entirely. FIP would be another potential differential diagnosis. The cavitory lesion within the right kidney is likely to represent a focus of necrosis or cyst formation. Abscess and organizing hematoma cannot be ruled out entirely, but are thought less likely.

AGE

13 Years

INTERPRETED BY

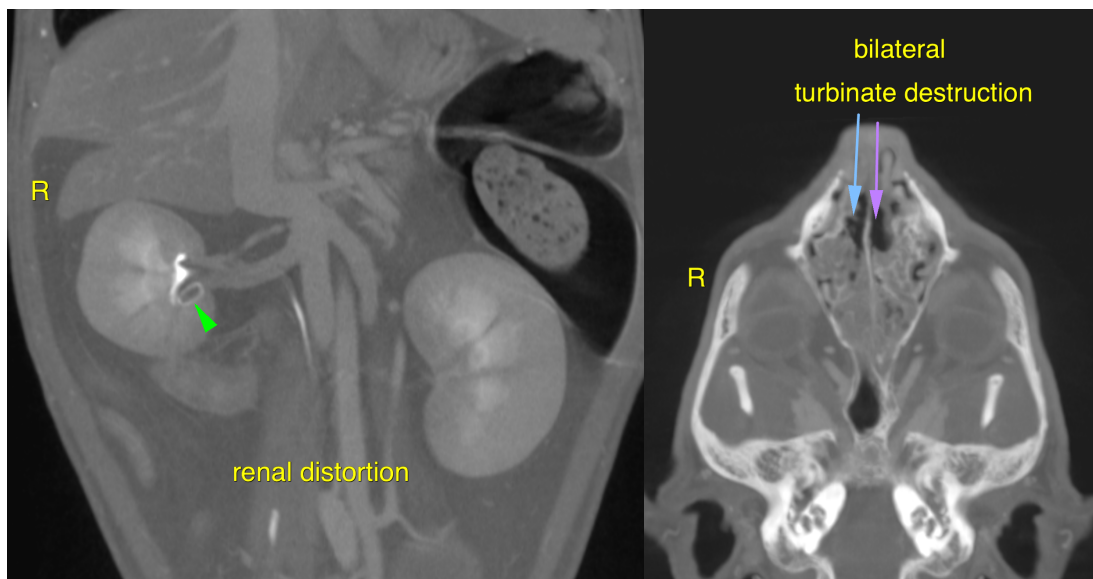
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HOSPITAL NAME

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Dr. Tim Kirkland



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.

INVOICE

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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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11/11/21

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