



PATIENT PRESENTING CLINICAL SIGNS

Misu Perez Patient presented for a medical evaluation for respiratory disease. Suspected mass in the caudodorsal larynx obstructing the esophagus. A CT scan was elected by the owner instead of endoscopy due to the similar cost of the procedure and sampling. The CT scan is to be performed today at Paseo's clinic. The owner is waiting for confirmation. Remove Misu from oxygen one hour prior to the procedure to assess the respiratory rate.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC --- WBC mild increased (19.15), MONO increased (0.93), EOS decreased (0.01) CHEM --- GLU increased (225), CREA decreased (0.7), BUN decreased (9), TP increased (9.7), GLOB increased (6.6), ALT increased (255)

BREED

DSH

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

Plain and post contrast studies are available for review.

SEX

COMPUTED TOMOGRAPHIC FINDINGS

MN

Moderate bilateral fluid attenuation is seen throughout the nasal cavities with ventral accentuation. Moderate mucosal swelling of the nasal turbinates is seen. No significant turbinate destruction is seen. There is no evidence of aggressive bone lysis. The frontal and presphenoid sinuses present within normal limits.

AGE

8yr

Circumferential mucosal thickening resulting in significant luminal narrowing of the caudal nasopharynx is seen. Associated fluid accumulation extending rostrally is noted within the nasopharynx. No discrete mass lesion is identified in the pharynx or larynx. The laryngeal cartilages are intact with normal mineralization patterns. The epiglottis, arytenoids and vocal folds are normal in configuration as far as accessible with the endotracheal tube present.

INTERPRETED BY

Nele Eley (Ondreka),
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Mild bilateral submandibular and retropharyngeal lymphadenomegaly is noted.

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There is no discrete cervical mass. The esophagus is patent with no obstructive lesion being visible. Mild dilation of the cervical esophagus with gas is seen, which is a normal finding under general anesthesia. The left and right thyroid lobes present within normal limits.

The cervical lymph nodes are within normal limits,

REFERRING VET

Dr. R. Ramirez, DVM

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

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Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

DATE

The salivary glands present within normal limits.

11/26/2025



PATIENT The visible dentition is within normal limits.

Misu Perez **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Moderate bilateral non-destructive rhinitis with mucosal swelling and fluid accumulation
- Caudal nasopharyngeal mucosal thickening resulting in nasopharyngeal stenosis
- Mild regional lymphadenomegaly, likely reactive
- No evidence of neoplasia or mass lesion in the nasal cavity, nasopharynx or larynx

BREED **INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

DSH The CT findings indicate chronic inflammatory or obstructive airway disease rather than neoplasia. The preserved turbinates and absence of lysis strongly support a non-destructive process most consistent with chronic idiopathic rhinitis, allergic rhinitis, lymphoplasmacytic rhinitis, post-inflammatory nasopharyngeal stenosis or chronic viral rhinopathy associated changes.

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The caudal nasopharyngeal narrowing appears circumferential and mucosal, suggesting chronic inflammation rather than a mass. The mild lymphadenomegaly supports an inflammatory rather than neoplastic process.

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Endoscopic evaluation remains the gold standard for assessing dynamic narrowing and obtaining targeted biopsies and endoscopic treatment of the presumed nasopharyngeal stenosis may be required as well, such as by means of endoscopic balloon dilation. Rhinoscopy with sampling for C/S could be performed as well.

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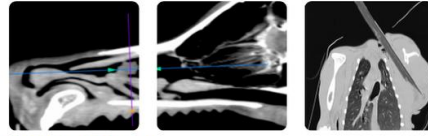
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PATIENT

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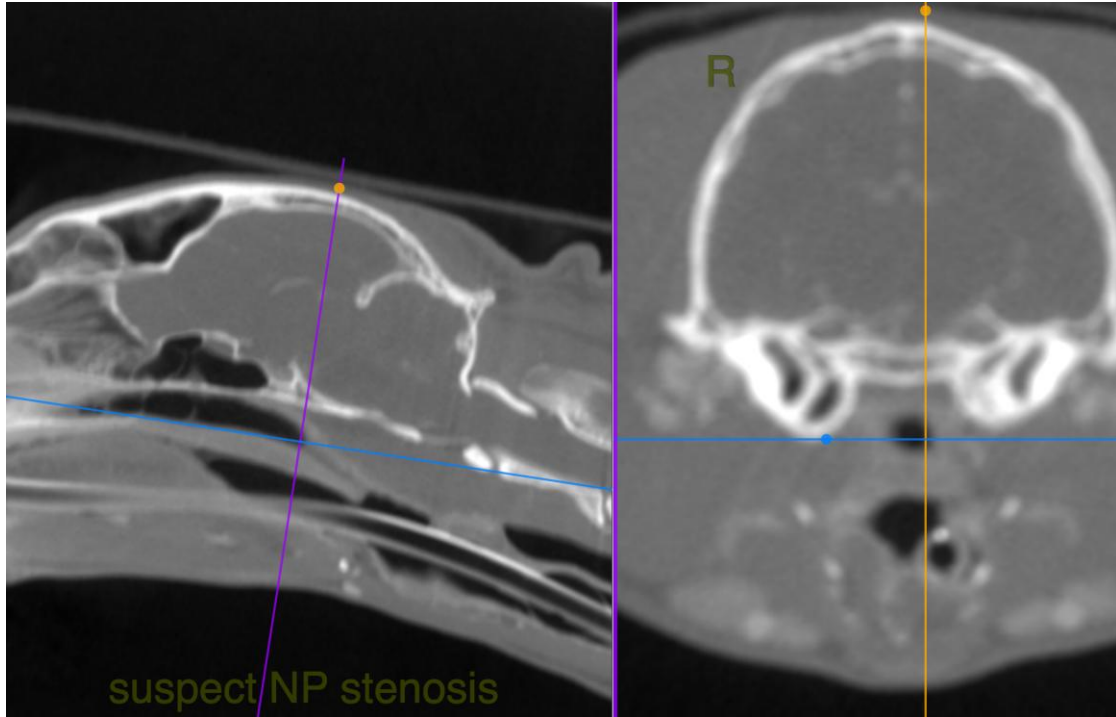
DSH

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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

Veterinary Image
Center

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