



**PATIENT PRESENTING CLINICAL SIGNS**

Big Boy Saxe

Big Boy presented today for a 6 month rhinoscopy recheck as well as a full body CT scan, upper GI endoscopy, and colonoscopy. Big Boy is still not breathing well according to owner and right side is worse. Breathing harder when sleeping, increased respiratory rate, and snores. Bilateral serous nasal discharge that sprays when sneezing. Owner is still worried about his upper airway, though lower airway may be involved. He has difficulty eating and drinking - makes a lot of noise when he does. Mild mucopurulent ocular discharge. Has had diarrhea but has improved since stopping the clindamycin. However, he does alternate between loose stool and firm, constipated stool that is black in color. Vomiting is not common. Owner has seen muscle twitches/contractions in right rear leg in the past 2 weeks. Owner reports that he is in pain and crying more, especially at night. Sometimes jumps and yelps when touched. A SQ nodule was removed from between the shoulder blades on 3/30/21. Histopathology showed fat necrosis. Big Boy was seen by Dr. Liz Lee, internist at MedVet, on 8/4/21 for difficulty jumping and undefined pain. Radiographs showed bridging spondylosis involving multiple lumbar vertebrae and the lumbosacral joint. CT or MRI were recommended to further evaluate if neurologic deficits developed. Cage rest and pain medication (buprenex) were recommended. He was prescribed budesonide nebulizer, theophylline for lower airway disease and buprenorphine for back pain. Whole body CT on 8/31/21 showed rhinitis, mild right sided otitis media, a peripherally contrast enhancing ovoid mass over the left gluteal muscles measuring 4 cm long, 2 cm thick and 1.3 cm wide, mild cranial mediastinal lymphadenopathy, mild left cervical lymphadenopathy, and heterogenous splenic parenchyma. The mass over the left hip was surgically biopsied, mostly removed. Microscopic interpretation: Inflammation, necrotizing, chronic and eosinophilic, diffuse, moderate to severe. No significant cellular atypia or proliferative activity. The microscopic features indicate chronic and eosinophilic inflammation surrounding an area of necrosis. Current diet: Hill's Science Diet w/d to prevent diabetes and weight loss, but not helping with weight loss. Current medication: theophylline, Claritin, and Fortiflora. Buprenex PRN. Regular vet trying to find Visbiome for her. General status: Good to fair appetite. Energy decreased. No vomiting currently. Drinking has increased.

**SPECIES**

Feline

**BREED**

DLH

**SEX**

CM

**AGE**

11 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

VetMed Consultants

**REFERRING VET**

Paul Toniolli

**INVOICE**

48753

**DATE**

12-1-21

Abnormal PE/Chem/CBC/UA Results: PE: **\*\*Nasal Cavity:\*\*** No obvious abnormalities observed; no nasal discharge; no stertor; able to breathe freely through nose Bloodwork is dated 11/12/21. CBC - PCV = 44%, WBC = 5400, neutrophils = 4028, lymphocytes = 752, monocytes = 269. Platelets = 57,000 (Manual = 172,000). Chemistry - Glucose = 205, all else normal. Urinalysis - USG = 1.053, pH = 7.5, urine protein = 300, WBC = 0, RBC = 0, no bacteria. UPC (8/5/21) = 0.3 (normal = 0-0.2). Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open and contains a mild amount of mucus. There are no nasopharyngeal masses or foreign bodies. Choanae appear normal bilaterally. Nasal passageways are imaged bilaterally using a 1.9 mm 0-degree scope without flushing. Afrin is instilled in nasal cavities bilaterally. Dorsal, middle, ventral and common nasal passageways are imaged. The ventral passageway is imaged to the level of the nasopharynx. Nasal mucosa is smooth and pink. Turbinates appear thickened thickened. Mild mucoid discharge is present. Nasal passageways appear normal. There are few lymphoid follicles on the floor of the caudal ventral passageways. There is no evidence of nasal passageway cavitation, turbinate atrophy, foreign bodies or masses. Repeat biopsies are not obtained. Upper GI Endoscopy/Colonoscopy Findings: The upper gastrointestinal tract is imaged. The esophagus appears normal. There is no evidence of esophagitis, foreign bodies, strictures, masses or dilation. The lower esophageal sphincter is closed. Gastric mucosa is smooth and pink. Rugal folds are not thickened. There is no evidence of gastric erosions, ulcers, foreign bodies or masses. The pyloric antrum and pyloric sphincter appear normal. Duodenal mucosa is pale pink and has a mildly irregular appearing luminal surface. There are a few fissure lines. Villi appear normal. Multiple biopsies are taken of the duodenum and stomach. Colon preparation is good after lavaging with



**PATIENT**

Big Boy Saxe

warm saline. Stool is formed and normal appearing. The colon is imaged to the level of the ileocolic junction. Colonic mucosa is pale pink and smooth. Colonic mucosa appears thickened. Submucosal blood vessels are not visible through the mucosa within the descending colon. Lymphoid follicles are not prominent. There is no evidence of colorectal polyps, masses, colitis or strictures. The ileocolic junction and cecum appear normal. The scope is passed through the ileocolic sphincter into the distal ileum. Ileal mucosa is smooth and pale. Villi appear normal. Multiple biopsies are taken of the ileum and colon.

**SPECIES**

Feline

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

**BREED**

DLH

Plain and post contrast whole body studies and a separate plain CT study of the head available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

CM

**Head**

Mild mucosal swelling and fluid accumulation is noted within both nasal cavities. There is no evidence of turbinate destruction. Mild focal mucosal swelling with polypoid appearance is noted in the rostral aspect of the right frontal sinus. There is no evidence of foreign material, mass lesion, or nasopharyngeal stenosis.

**AGE**

11 Years

A mild amount of fluid attenuating material and mild mucosal swelling are seen within the right tympanic bulla. The osseous lining presents mild generalized thickening.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Triadan 203 is absent.

**Thorax**

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

**HOSPITAL NAME**

VetMed Consultants

Mild prominence of the sternal lymph nodes is noted.

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

**REFERRING VET**

Paul Tonioli

A moderate generalized bronchial lung pattern with plate-like atelectasis at the transition between the right middle and right caudal lung lobes is seen. The lung also presents ventral peripheral atelectasis.

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

**INVOICE**

48753

**Abdomen**

Mild generalized enlargement of the liver is noted. No evidence of intrahepatic biliary duct dilation is seen. The parenchymal attenuation and enhancement are uniform and within the expected limits. The gallbladder is bilobed in appearance. Mild dilation of the extrahepatic biliary ducts is seen as well as mild generalized dilation of the common bile duct without evidence of obstruction or peripheral inflammation.

**DATE**

12-1-21

The small intestinal wall presents mild generalized thickening throughout. No evidence of



**PATIENT** concurrent mesenteric lymphadenomegaly is seen.

Big Boy Saxe The pancreas is prominent without peripheral mesenteropathy. Mild pancreatic duct dilation is noted. Occasional small parenchymal nodules are seen.

**SPECIES** Early caudal lumbar spondyloses are present.

Feline **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- BREED**
- Bilateral nondestructive rhinosinusitis.
  - Chronic right sided otitis media.
  - Chronic lower airway disease.
  - Suspect triaditis with cholangiohepatitis.
  - Pancreatopathy.
  - Potential for inflammatory bowel disease.

**SEX** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CM Infectious rhinosinusitis such as viral and/or bacterial is thought most likely based on the CT findings. However, irritant, allergic, or lymphoplasmacytic rhinitis cannot be ruled out entirely as differential diagnoses. There is no evidence of foreign material, mass, or destructive changes.

**AGE**

11 Years Further otoscopic workup should be considered to address the right sided otitis media.

**INTERPRETED BY** The bronchopulmonary changes may not be of clinical significance; however, they suggest potential for chronic lower airway disease such as recurrent feline lower airway syndrome versus infectious bronchitis including viral, bacterial, parasitic, or protozoal. Further definition by means of airway endoscopy with airway sampling would be ideal if not performed already.

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME** The abdominal changes are highly suggestive for triaditis with cholangiohepatitis, pancreatitis, and potential for inflammatory bowel disease. The pancreatic changes may also be due to prior pancreatitis and/or benign age related nodular hyperplasia. Correlate with the laboratory values and parenchymal/organ sampling as available as well as with the endoscopic and ultrasonographic findings.

VetMed Consultants

**REFERRING VET**

Paul Tonioli

**INVOICE**

48753

**DATE**

12-1-21



**PATIENT**

Big Boy Saxe

**SPECIES**

Feline

**BREED**

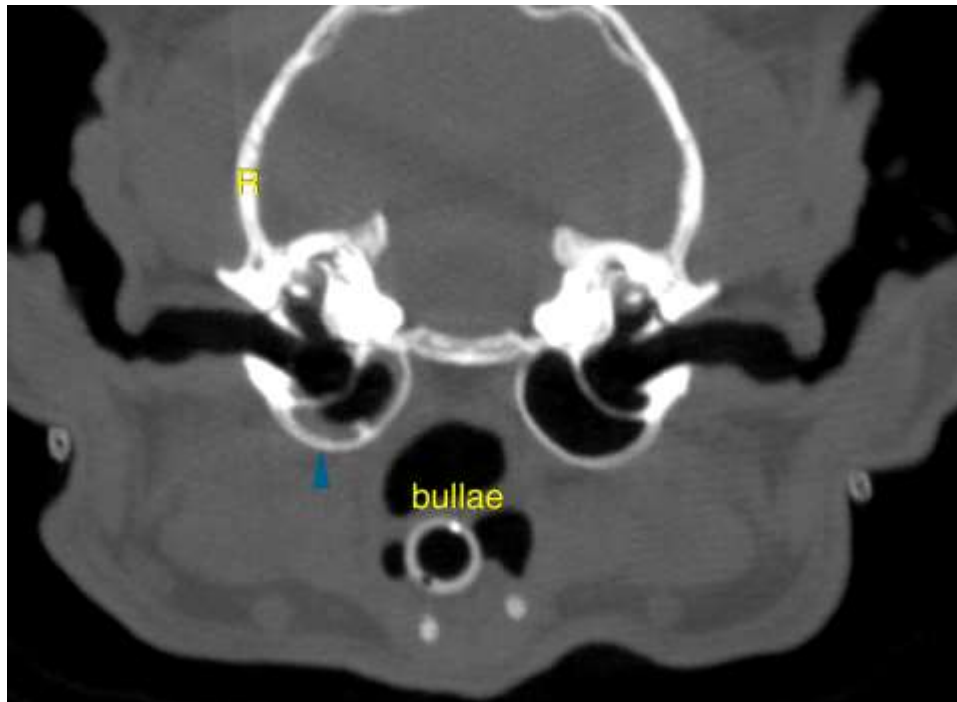
DLH

**SEX**

CM

**AGE**

11 Years



**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

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.

**HOSPITAL NAME**

VetMed Consultants

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

**REFERRING VET**

Paul Tonioli

**INVOICE**

48753

**DATE**

12-1-21