



## PATIENT

Nellie Brown

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

F

## AGE

2Y

## WEIGHT

2.72kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Raul Casas

## HOSPITAL NAME

State Avenue Vet  
Clinic

## REFERRING VET

Dr. Raul Casas

## INVOICE

72968

## DATE

12-11-25

## PRESENTING CLINICAL SIGNS

Presented on 11/17 for evaluation of persistent upper respiratory signs, thin body condition, and severe matting; Now doing and breathing better, sneezing fits - 1x or 2x a day, not eating dry and wet cat food but is eating housemates (dogs) Farmer's dog, on Prednisolone Transdermal  
Abnormal PE/Chem/CBC/UA Results: 11/17/25 Bloodwork: Alkaline Phosphatase <5, Alanine Aminotransferase 114, Amylase 1346

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain study available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

A 12 x 26mm sized nasopharyngeal polyp is present causing ventral deviation of the soft palate and complete pharyngeal obstruction.

Evidence of chronic otitis media is noted on the left side. The bulla is filled with soft tissue attenuating material. Bulla expansion with thinning of the osseous lining and temporal and skull base bone atrophy is seen. There also is suspicion of intracranial extension related to the chronic otitis media.

Left retropharyngeal lymphadenomegaly is noted.

Bilateral mild turbinate destruction and mucosal swelling of the nasal cavities is seen.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic inflammatory nasopharyngeal polyp secondary to severe chronic left sided otitis media with suspect cholesteatoma / tympanokeratoma formation and intracranial extension.
- Left retropharyngeal lymphadenomegaly - likely reactive.
- Chronic destructive rhinitis.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The nasopharyngeal polyp is consistent with chronic inflammation and mechanical obstruction explaining intermittent sneezing and respiratory signs. The bulla and skull base changes indicate chronic middle ear disease which may have lead to cholesteatoma/tympanokeratoma formation.

Intracranial extension is suspected. Chronic otitis media in cats can be secondary to upper respiratory disease and may persist despite medical therapy.

The rhinitis is likely infectious (viral) or lymphoplasmacytic in origin.

Nasopharyngeal polyp removal, ventral bulla osteotomy, and medial management including antimicrobial treatment penetrating blood brain barrier are recommended as well as culture, sensitivity, and histopathology of the middle ear material and further culture and sensitivity of the nasal secretions.



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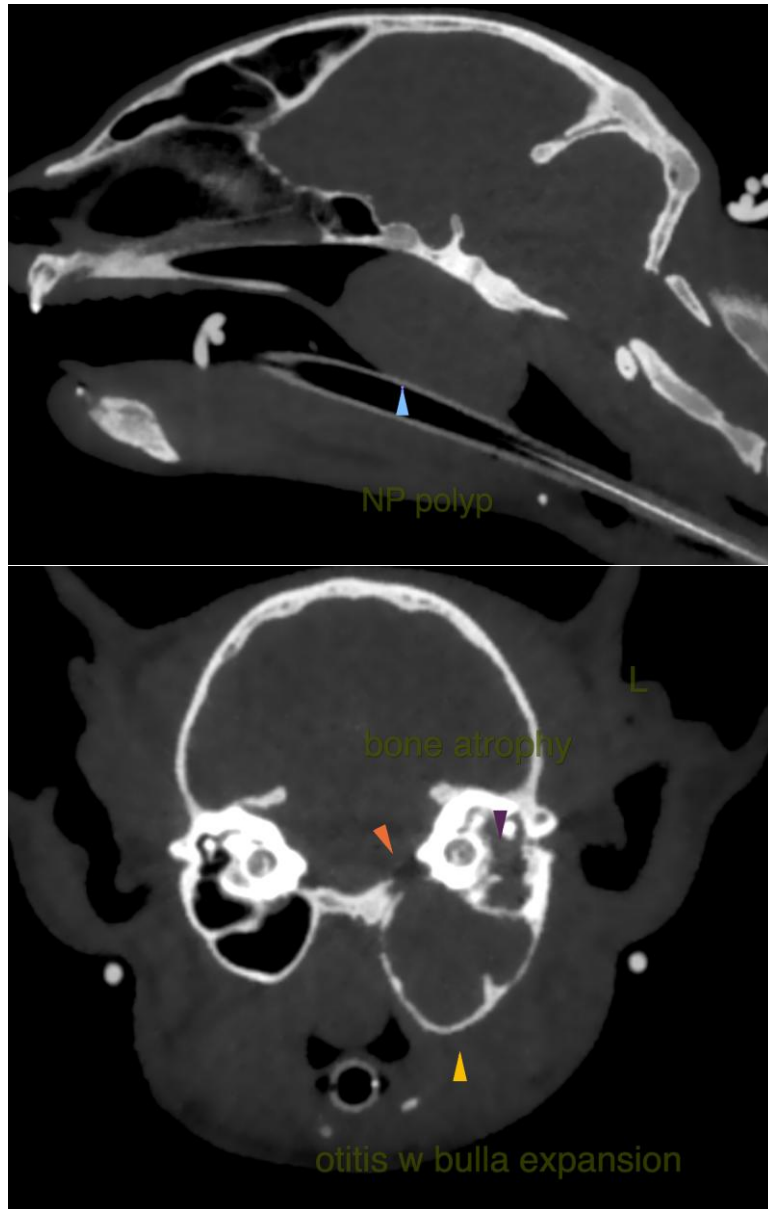
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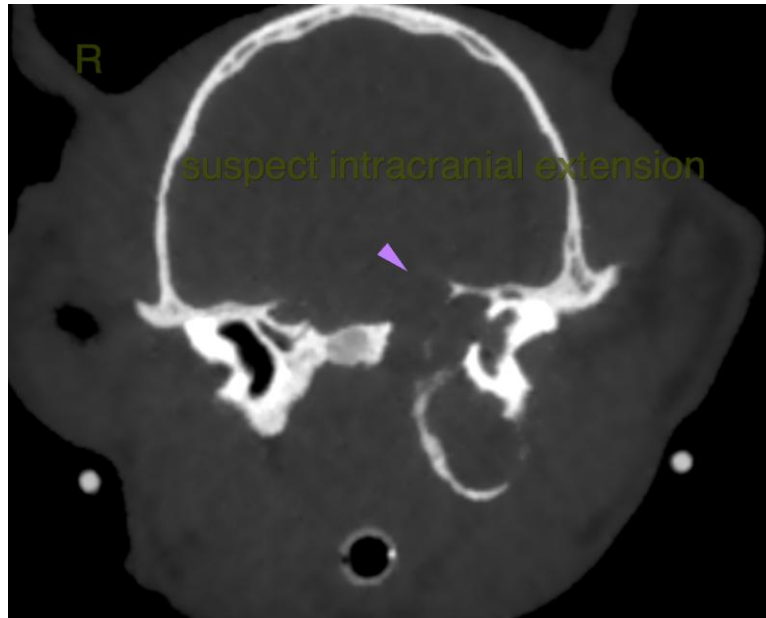
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
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