



PATIENT PRESENTING CLINICAL SIGNS

Bubba Cozier

Bubba presented with a 1-2 month history of sudden onset of nasal congestion. He stopped eating 1 week after the onset of nasal signs. Depo-Medrol and Convenia injection seemed to temporarily resolve signs for 1 week. The owner is syringe feeding. He has lost weight. Previous diagnosis: None Nasal discharge: Bilateral mucopurulent nasal discharge. Drains more when he relaxes/ lays down. Coughing or sneezing: No Reverse sneezing: Yes Congested, snoring: Loud stertorous sounds. Breathing through nose: No, breathes through mouth most of the time. Able to sleep: Sleeping, but less than usual. Therapies tried and response: Convenia and Depo-Medrol injections only worked for a few days. Prednisolone and Zeniquin more recently. No response and may have even made him sick. Stopped both. Convenia and Depo-Medrol were repeated but poor response. Current medication: Saline nasal spray, Primatene mist inhaler (epinephrine) helps him breath temporarily Current symptoms: Nasal obstruction, nasal discharge, reverse sneezing General health status: Seems like he wants to eat and will walk to the food bowl but won't eat. They are syringe feeding him. He ate after getting a lot of mucous out.

SPECIES

Feline

BREED

Cashmere

SEX

CM

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

Abnormal PE/Chem/CBC/UA Results: PE: He is unable to breathe through his nose; bilateral mucopurulent nasal discharge; underweight Lab: Bloodwork is dated 12/9/21. CBC - PCV = 41%, WBC = 6500, neutrophils = 4745, lymphocytes = 1430, monocytes = 195. Platelets = 383,000. Chemistry - Amylase = 1905, all else normal. T4/T3 - normal. FIV/FelV = negative. Urinalysis not provided. Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is occluded with mass tissue. Mass arises from the dorsal wall of the nasopharynx and extends ventrally into the lumen. Only the most caudal portion of the nasopharynx is visible. Nasal passageways are imaged bilaterally using a 1.9 and 2.7 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. Yellow tinged mucopurulent discharge fills nasal passageways bilaterally. Nasal mucosa is smooth and pink. Turbinates and nasal passageways appear normal. White mass tissue is visible within the lumen of choanae bilaterally and also fills the rostral nasopharynx. Multiple biopsies are taken of the mass within the rostral nasopharynx. The mass tissue was white and soft. Sufficient mass tissue cannot be removed from the nasopharynx to create patency for palliation. Choanae are too small to allow passage of a 1.9 mm scope concurrently with a biopsy instrument or ENT shaver.

COMPUTED TOMOGRAPHIC FINDINGS

Head

REFERRING VET

Drew Allen

A large 2.0 x 2.2 x 1.0 cm sized irregular shaped and ill-defined mass with nonuniform contrast enhancement is seen in the nasopharynx. The mass causes severe upper airway obstruction. Polyostotic aggressive osteolytic changes of the pterygoid bone and skull base are seen. Bilateral fluid accumulation is noted within the tympanic bullae. There also is a mild amount of fluid accumulating within the nasal cavities.

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General asymmetry of the facial bones is noted.

There are multiple resorptive lesions of the teeth.

DATE

12-15-21

Severe bilateral medial retropharyngeal lymphadenomegaly with heterogeneous contrast enhancement and distorted lymph node architecture is noted.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

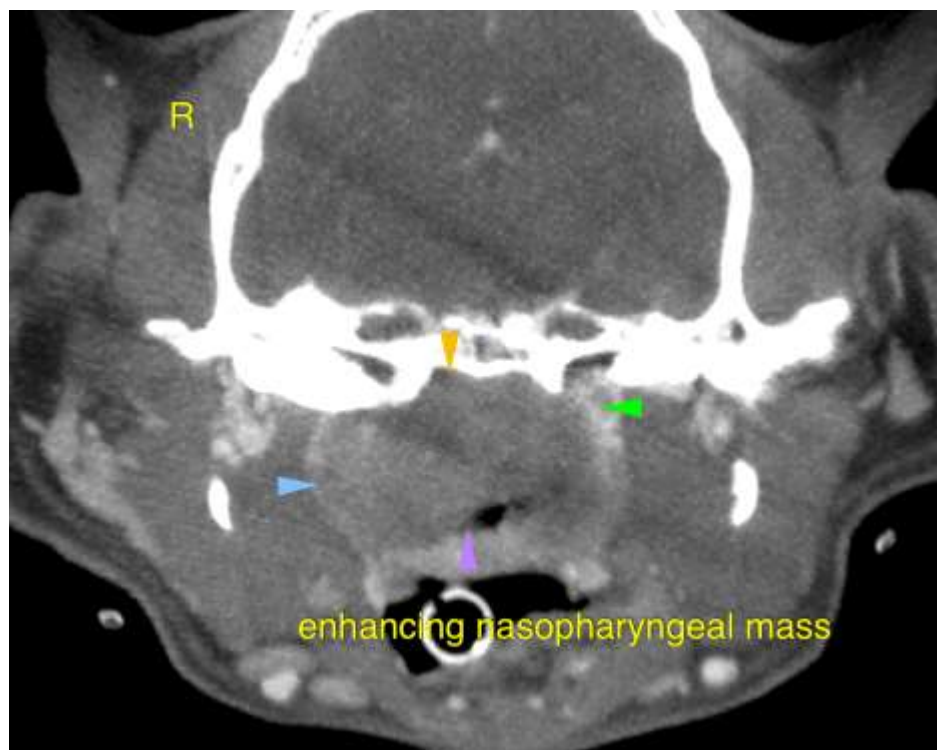
- Nasopharyngeal soft tissue mass with aggressive biological behavior causing upper airway obstruction and bilateral obstruction of the auditory tubes with bilateral primary secretory otitis media.
- Severe bilateral medial retropharyngeal lymphadenomegaly.
- Obstructive rhinitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a malignant nasopharyngeal soft tissue neoplasia causing obstruction of the upper airways and eustachian tubes. Differential diagnosis includes lymphosarcoma, squamous cell carcinoma, melanoma, fibrosarcoma, and other.

The lymph node changes are compatible with metastatic disease or lymphomatous infiltrate.

Further verification by means of sampling of the mass and lymph nodes could be considered. The long term prognosis is poor.





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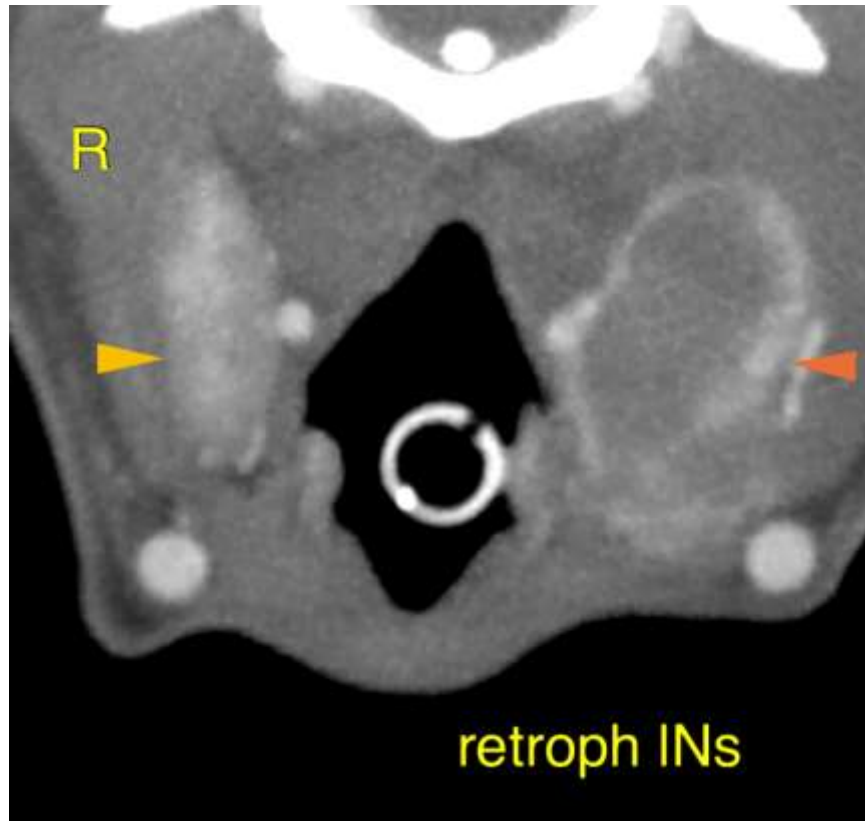
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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