



PATIENT

Stella Reed

PRESENTING CLINICAL SIGNS

Nasal congestion, did not respond to steroid.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Post contrast studies of the head and thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED

DSH

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal 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.

SEX

FS

Regional turbinate destruction, moderate mucosal swelling, and fluid accumulation are noted in the right nasal cavity. Mild mucosal swelling and fluid accumulation are seen within the left nasal cavity and both frontal sinuses as well. Polypoid mucosal hyperplasia is present in the left frontal sinus. There is a moderate amount of fluid accumulating within the nasal fundus. Circumferential narrowing of the nasopharyngeal lumen by thickened soft tissue is noted.

AGE

9 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both tympanic bullae are filled with fluid attenuating contrast negative material. The osseous lining of the left tympanic bulla presents mild generalized thickening. Moderate irregular thickening and porosity of the osseous lining of the right tympanic bulla are seen. A mild amount of hypoattenuating material is present within the medial aspect of both external auditory meatuses.

HOSPITAL NAME

Animal Surgical
Center

Both medial retropharyngeal lymph nodes present mild symmetric enlargement.

The salivary glands present within normal limits.

REFERRING VET

Dr. Kam

Thorax

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

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

INVOICE

48877

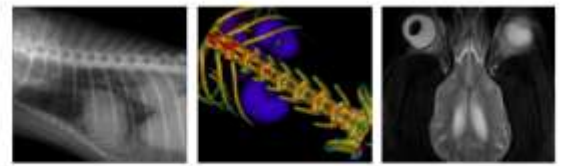
The cardiovascular structures including the pulmonary vasculature are within normal limits.

DATE

12-2-21

Volume loss and increased alveolar opacity is seen in the ventral lung and left cranial lung lobe and presumed to represent atelectasis. No other structural changes of the pulmonary parenchyma are seen.

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



PATIENT abnormal dilation.

Stella Reed **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Bilateral rhinosinusitis with unilateral right sided turbinate destruction.
- Chronic inflammatory nasopharyngeal stenosis.
- Bilateral chronic otitis media - more severe on the right side.
- Mild bilateral otitis externa.
- Bilateral medial retropharyngeal lymphadenomegaly.

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with destructive rhinosinusitis. The destructive changes are restricted to the right nasal cavity. At this point, differential diagnosis includes infectious rhinitis such as viral, bacterial, or mixed, primarily. Lymphoplasmacytic rhinitis cannot be ruled out entirely; however, is considered less likely not least owing to the presence of chronic otitis media in both middle ears. The middle ear disease is more severe on the right when compared with the left side and concurred by relatively mild bilateral otitis externa.

SEX

FS

The lymph node changes are compatible with reactive hyperplasia/lymphadenitis. Consider further endoscopic and otoscopic workup with sampling for further definition.

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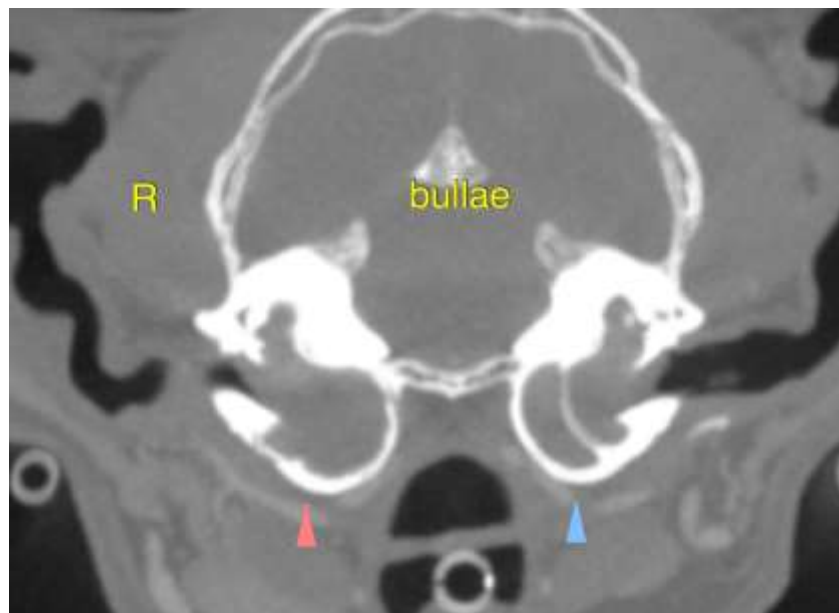
Dr. Kam

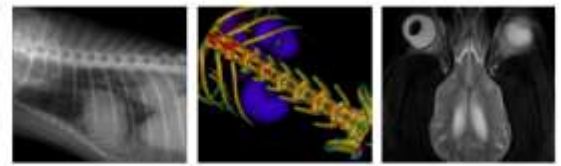
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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