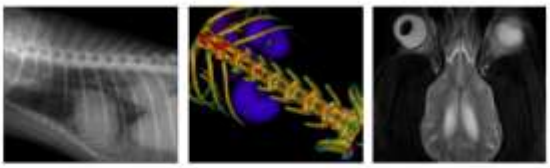
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bunny Hames

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Deepan Kishore

INVOICE

49174

DATE

12-21-21

PRESENTING CLINICAL SIGNS

Patient has chronic upper respiratory infection with no improvement from medication(prednisone, azithromycin). Patient has a lot of discharge from the right nostril. Met check.
Abnormal PE/Chem/CBC/UA Results: Elevated Values: GLU-166 mg/dL, GLOB-5.5 g/dL, WBC-17.27 K/uL, NEUT-12.77 K/uL, Retics-72.2 K/uL FCOMBO Negative

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head and post contrast study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

An irregular shaped ill-defined hypoattenuating cavitating mass of approximately 3.0 cm length and 2.5 cm diameter is occupying most of the right nasal cavity. The mass causes extensive turbinate destruction and distortion of the nasal conchae as well as of the cribriform plate. Polyostotic aggressive osteolysis of the osseous lining of the nasal cavity is seen including the palatinal, maxillary, nasal, and frontal bones. The nasal septum is shifted towards the left side. The right frontal sinus is filled with fluid attenuating material. The mass reveals early extension into the right orbita and onto the dorsum of the nose.

Both medial retropharyngeal lymph nodes present moderate enlargement and heterogeneous contrast enhancement.

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.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The most caudodorsal aspect of the caudal lung lobes is not included in the collimated field of view. The visible lung parenchyma presents the expected architecture and attenuation behavior.

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

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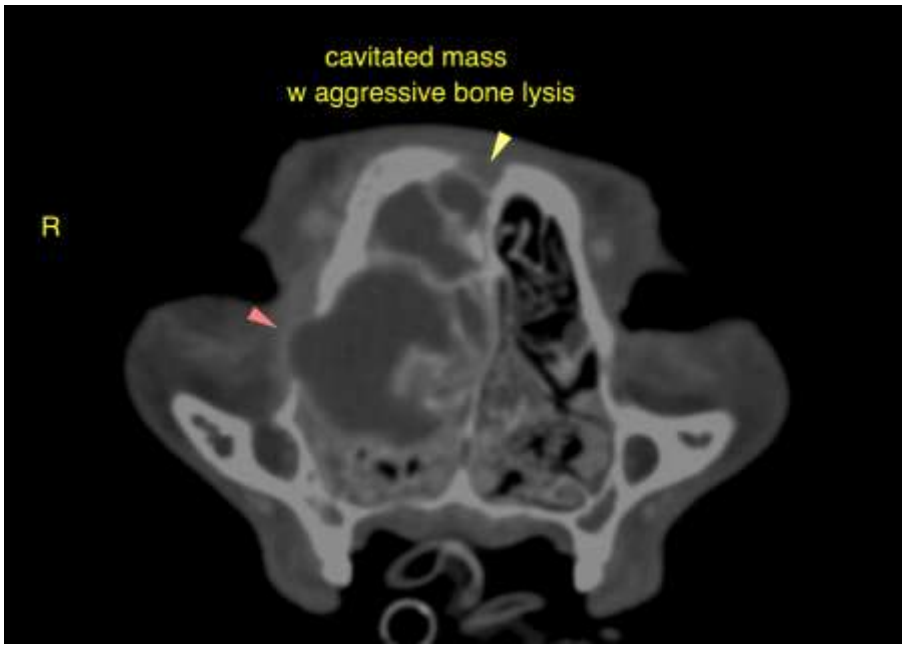
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitating right nasal mass with polyostotic aggressive bone lysis and extension into the right orbita and onto the dorsum of the nose.
- Bilateral medial retropharyngeal lymphadenomegaly.
- Secondary obstructive frontal sinusitis and presphenoidal sinusitis.
- No structural evidence of bronchopulmonary disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for nasal neoplasia such as round cell neoplasia and less likely carcinoma or other. However, in a cat, aggressive fungal infection such as with cryptococcus with fungal granuloma/cryptococcoma can never be ruled out entirely and further definition by means of sampling for histology and culture is strongly recommended.

The lymph node changes are equivocal for reactive lymphadenitis versus metastatic disease. Fine needle aspiration is recommended for further definition.



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, DVM, Dr. med. vet., DipECVDI
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