

**PATIENT**

Pluto Wheatley

PRESENTING CLINICAL SIGNS

Prior hx of URI- responded to doxycycline previously. Development of stertorous breathing in December 2021- not responsive to doxycycline this time. Stertorous breathing only present when excited. Possible dynamic nasopharyngeal collapse appreciated on retroflex rhinoscopy view.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies in soft tissue and bone windows available for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Extensive mucosal swelling, which in part has polypoid appearance, is seen within both nasal cavities. There is moderate asymmetric turbinate destruction within both nasal cavities as well as a moderate amount of fluid accumulation. The cribriform plate is intact.

SEX

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The presphenoidal sinuses are filled with fluid attenuating contrast negative material. The left frontal sinus presents a thickened diploe of the external and internal laminae of the frontal bone. The residual lumen is occupied by contrast negative hypoattenuating material. Polypoid mucosal swelling is seen in the right frontal sinus.

AGE

1.5 Years

The caudal nasopharyngeal lumen is narrow.

The medial retropharyngeal lymph nodes are mildly enlarged on both sides.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral chronic destructive rhinosinusitis.
- Bilateral medial retropharyngeal lymphadenomegaly.

HOSPITAL NAME

Animal Health
Partners

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bilateral chronic destructive rhinosinusitis with regional reactive lymphadenitis. Differential diagnosis includes chronic viral and/or bacterial rhinitis and less likely lymphoplasmacytic or mycotic rhinitis. Final diagnosis needs to be established in correlation with the results of the samples obtained during the rhinoscopy.

REFERRING VET

Dr. Westgarth

The lymph node changes are compatible with reactive lymphadenitis.

INVOICE

50034

DATE

2-2-22



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

BREED

DSH

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

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