



**PATIENT PRESENTING CLINICAL SIGNS**

**Olivia Cotto** Pet originally began presenting symptoms of excessive nasal discharge (for approx. 5 years). Owner brings pet weekly for nasal drainage. Pet now is losing weight regardless of eating foods that consist of a high protein diet. On physical exam, patient is severely dehydrated, underweight, and has bilateral mucopurulent nasal discharge.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Bloodwork from 03/2020 revealed elevated ALT, ALP, AST, abnormal FPL.  
**Feline**

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN**

**BREED** Plain and post contrast studies of the abdomen and head and post contrast study of the thorax available for review.  
**DSH**

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX Head**

**FS** Hypodontia is noted with multiple missing dental elements. Alveolar bone atrophy and sclerosis are noted in all quadrants.

**AGE** The bilateral nasal cavities contain a moderate amount of fluid attenuating material. Moderate turbinate destruction and septal deviation are seen. Both frontal and presphenoidal sinuses contain fluid attenuating material.  
**14 Years**

Mild bilateral medial retropharyngeal and submandibular lymphadenomegaly is noted.

**INTERPRETED BY**

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

The tympanic bullae are filled with fluid attenuating material.

The left lobe of the thyroid gland is mildly enlarged. The right lobe of the thyroid gland presents within normal limits.

**Thorax**

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Moderate generalized dilation of the esophagus is noted. The dilated esophagus contains gas and fluid.

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There is a moderate generalized bronchial lung pattern with tree-in-bud appearance, atelectasis of the right middle lobe, and occasional perimucinous gland mineralization.

The mediastinal lymph nodes present within normal limits.

**Abdomen**

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The patient is in thin body condition.

Mild extrahepatic biliary duct dilation is noted. The common bile duct is nondilated.

**DATE**

3-27-23

The hepatic parenchyma presents within expected limits.



**PATIENT** A 1.6 cm sized expansile heterogeneously hypoenhancing mass of the splenic body is seen.

Olivia Cotto The kidneys are irregular in shape with multiple cortical renal infarcts. Mineral attenuating material is seen in the renal diverticuli.

**SPECIES** A small urinary bladder calculus is noted.

Feline A large amount of inspissated fecal matter is seen within the colon.

Multiple spondyloses are seen within the thoracolumbar spine.

**BREED** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

DSH

- Severe bilateral chronic destructive rhinosinusitis.
- Bilateral otitis media.

**SEX**

FS

- Bilateral medial retropharyngeal and submandibular lymphadenomegaly.
- Hypodontia and alveolar bone atrophy as well as sclerosis.
- Esophageal dilation: transient, related to general anesthesia versus megaesophagus.
- Chronic bronchopneumopathy compatible with allergic lower airway syndrome, DDX infectious bronchitis less likely.

**AGE**

14 Years

- Splenic mass.
- Bilateral chronic renal disease.
- Extrahepatic biliary duct dilation.
- Thin body condition.
- Dehydration with constipation.
- Multiple spondyloses.

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**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals severe bilateral chronic destructive rhinosinusitis. Infectious rhinitis such as bacterial, viral, mixed, and less likely fungal is considered likely. Lymphoplasmacytic rhinitis is a potential but less likely differential diagnosis.

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Differential diagnosis for the splenic mass includes neoplasia such as hemangiosarcoma and less likely hemangioma, lymphosarcoma, or benign nodular hyperplasia.

The findings of the liver suggest potential for triaditis.

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Olivia Cotto

**SPECIES**

Feline

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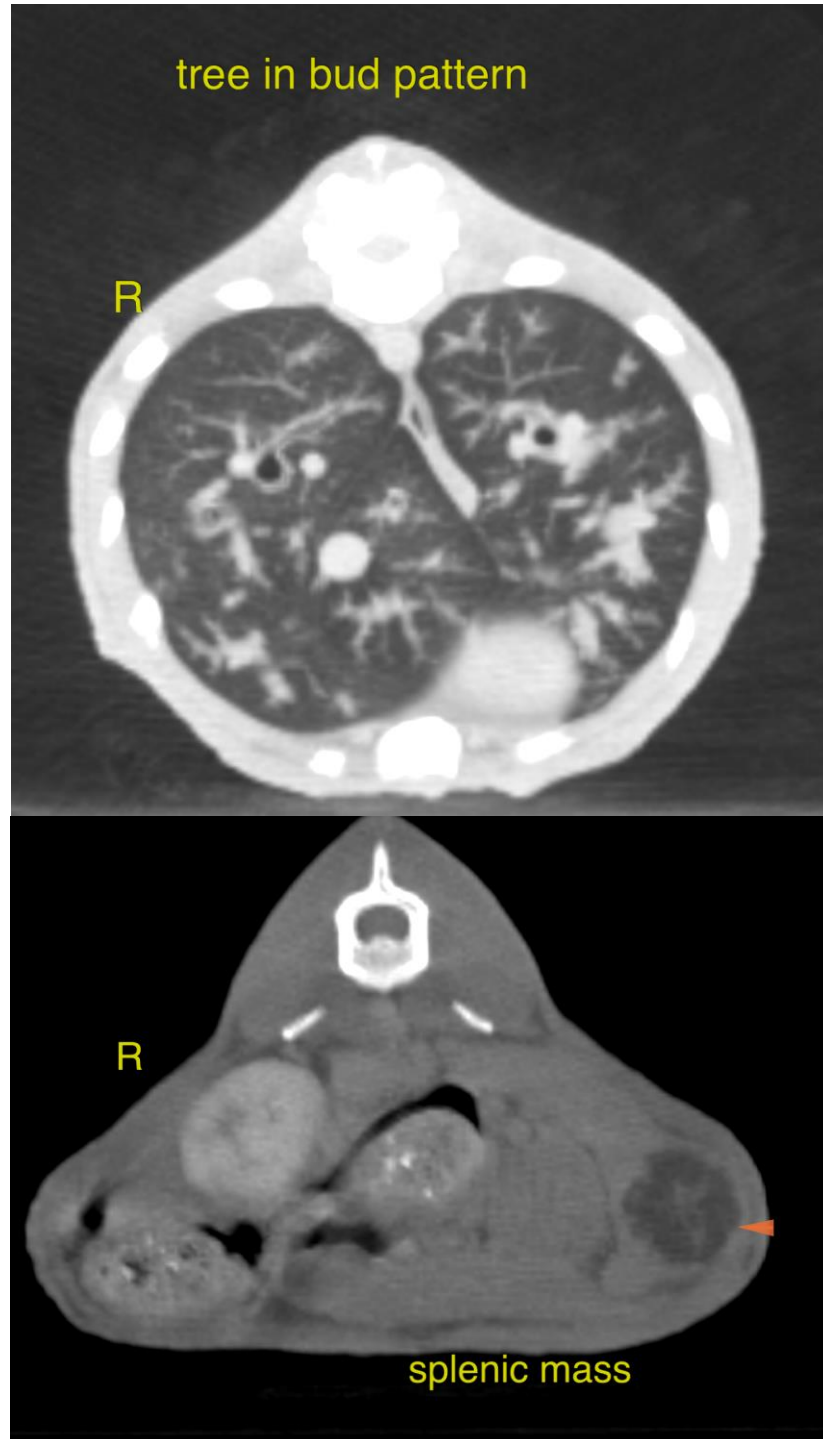
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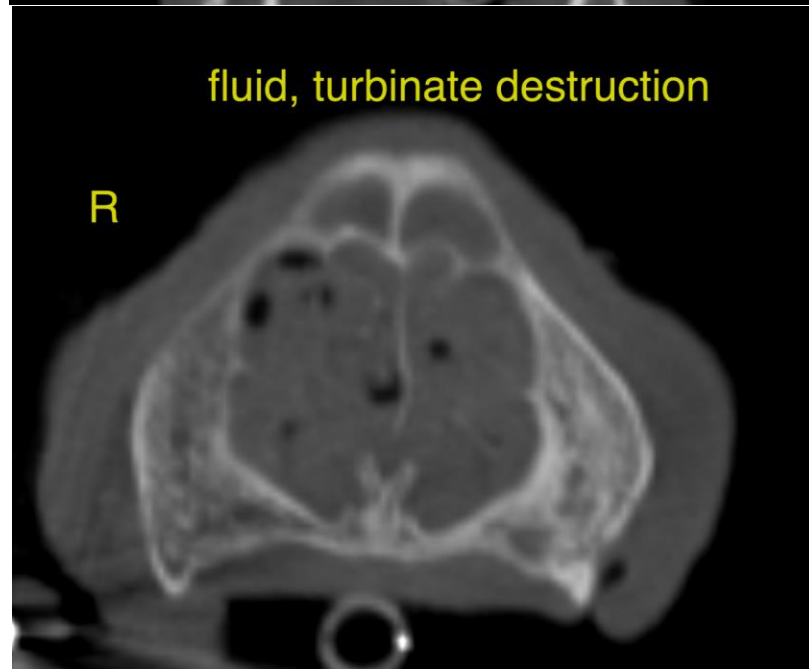
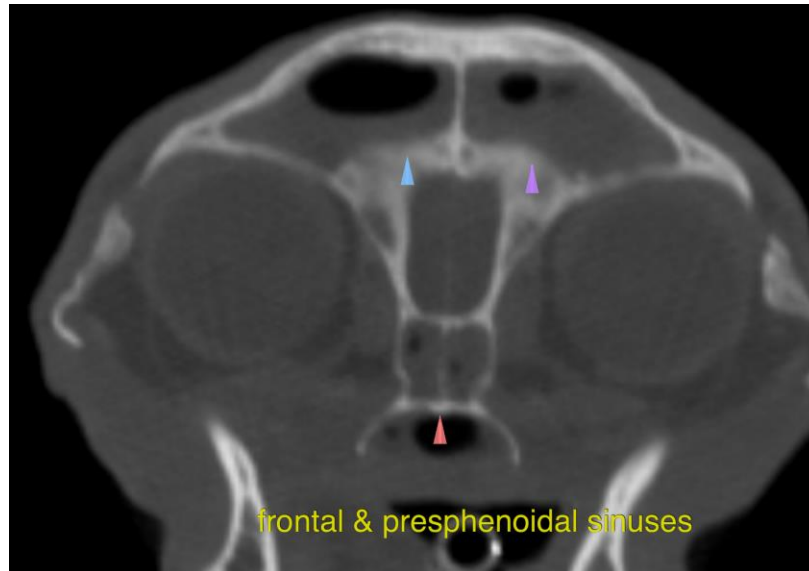
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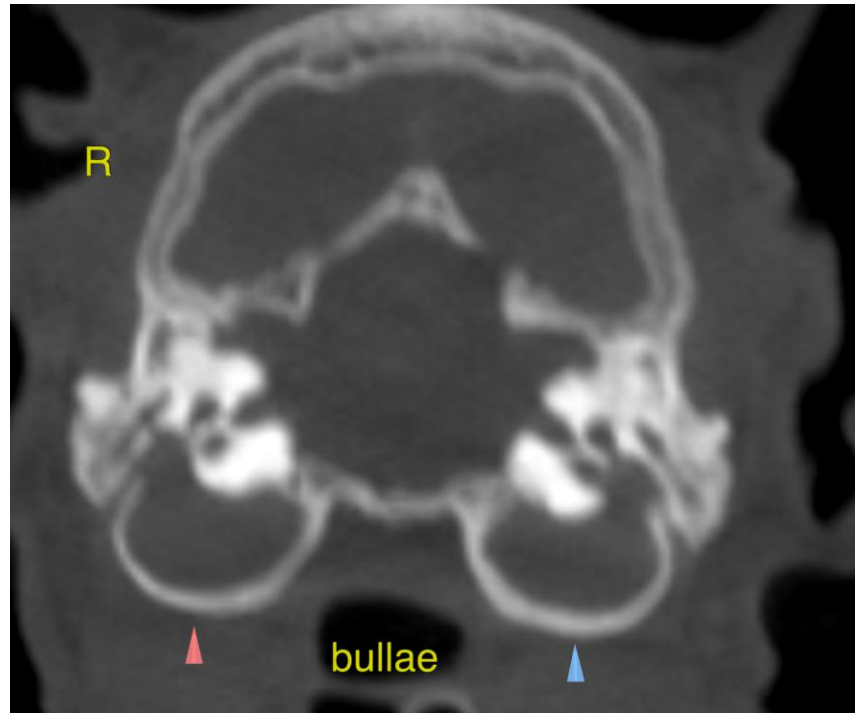
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**SEX**

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**AGE**

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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.

**HOSPITAL NAME**

Mobile Pet Imaging

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