



PATIENT

Holly McLennan

PRESENTING CLINICAL SIGNS

acute onset of respiratory noises noted start of April- started with wheezing, progressed to coughing + sneezing with audible stertorous breathing and intermittent open mouth breathing on PE. BW unremarkable. On oral examination there hard + soft palate deviated ventrally (suspect mass effect). Able to view nasopharynx but very stenotic.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head in soft tissue and bone windows and thorax in soft tissue and lung windows available for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Head

SEX

Naso-esophageal tubing is present as well as endotracheal tubing.

FS

AGE

11 Years

An irregular shaped ill-defined soft tissue attenuating mass is occupying and expanding the nasopharynx. The mass has a broad base to the dorsal roof of the nasopharynx and measures approximately 2.8 cm in length as well as 1.6 cm in height and 2 cm in width. The soft palate is deviated ventrally. The mass is situated relatively far caudal within the nasopharynx and extends into the laryngopharynx. Moderate nonuniform contrast enhancement is seen on the post contrast study. No evidence of aggressive osteolytic lesions of the petrous temporal bone, skull base, or tympanic bullae is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A moderate amount of fluid is accumulating within the nasopharynx and on the floor of the nasal cavities.

The tympanic bullae are filled with fluid attenuating contrast negative material. The osseous lining of the tympanic bullae is smooth.

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The medial retropharyngeal lymph nodes present mild bilaterally symmetric enlargement.

Thorax

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

REFERRING VET

Dr. Westgarth

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

51619

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

A mild generalized bronchial lung pattern is noted and evenly distributed throughout the lung. There is no evidence of interstitial pulmonary nodules or masses.

DATE

4-18-22

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasopharyngeal soft tissue mass meeting neoplastic criteria.
- Bilateral presumably secretory/obstructive otitis media.
- Mild bilateral medial retropharyngeal lymphadenomegaly.
- Mild bronchial lung pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

The CT study reveals an expansile soft tissue mass within the nasopharynx causing upper airway obstruction. Based on the CT appearance, soft tissue neoplasia such as lymphoma and soft tissue sarcoma is considered more likely than a chronic inflammatory nasopharyngeal polyp. However, final diagnosis will require histology and (excisional) biopsy could be considered for further definition.

SEX

FS

The otitis media may well be secretory/obstructive owing to occlusion of the auditive tubes secondary to the mass effect; however, infectious otitis cannot be ruled out entirely and otoscopic workup is recommended.

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Note the presence of a mild bronchial lung pattern which may be due to allergic lower airway disease. Infectious bronchitis such as viral, bacterial, and less likely parasitic is a possible differential diagnosis.

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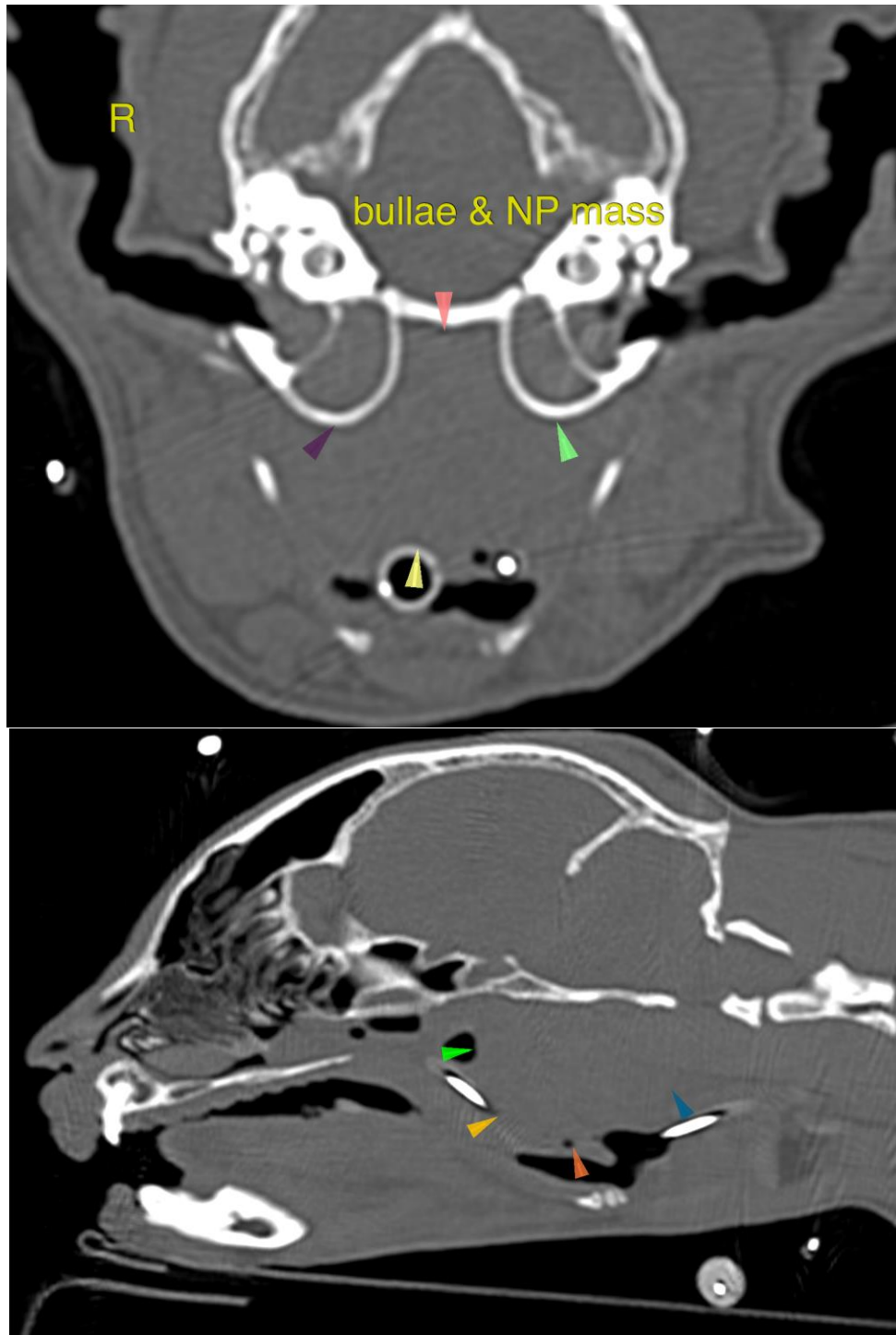
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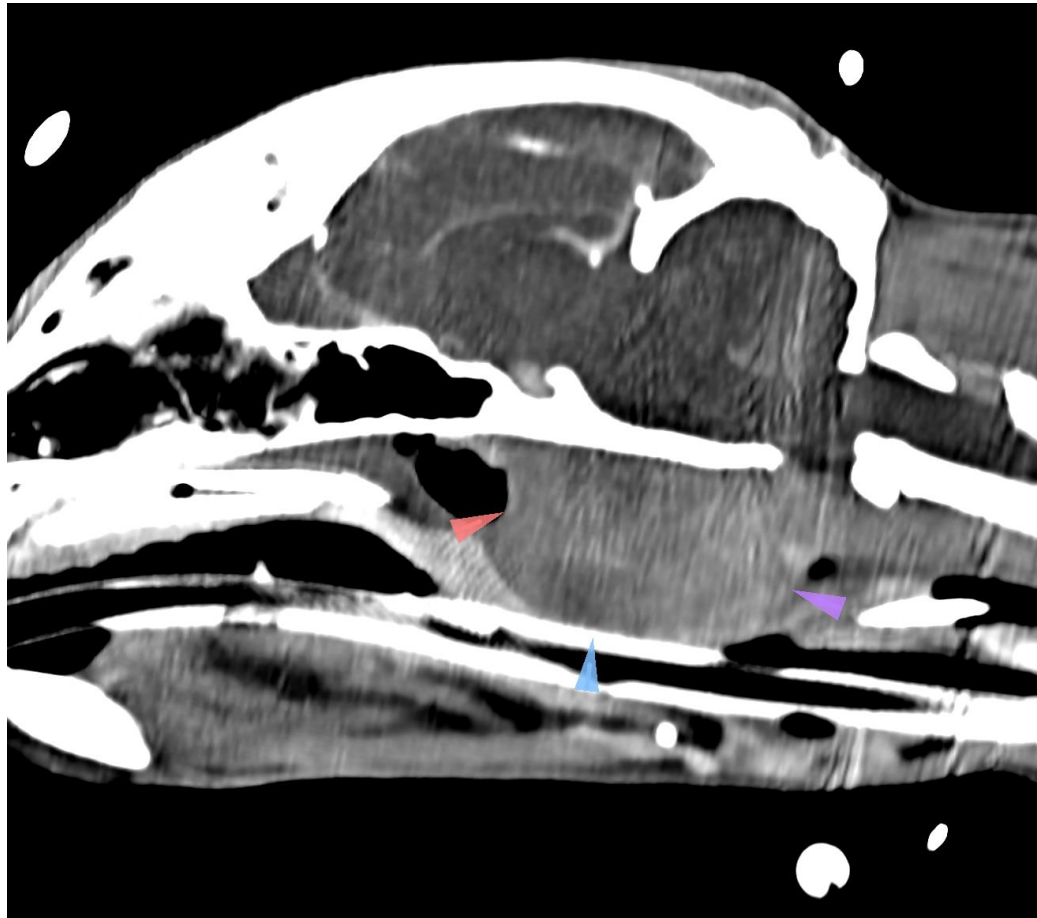
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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