



PATIENT

Kitty Guzman

PRESENTING CLINICAL SIGNS

Pt is an employees cat. Pt had been noted to have anisocoria (mydriasis OD, myosis OS) for past 3 months. Anisocoria occurs randomly (owner is not able to appreciate whether the anisocoria is associated with any activities, etc.). Pt is otherwise healthy; dental procedure performed after the CT (several teeth fell out, a few others were extracted (the upper right arcade was most affected)).

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/chemistry: no significant findings

BREED

Domestic Short Hair

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

M/C

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.

AGE

6

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDF

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

HOSPITAL NAME

Petroglyph Animal
Hospital

The hypotympanum of the right tympanic bulla is completely filled with fluid attenuating contrast negative material. Mild swelling of the mucosal lining of the tympanic bulla is seen. The osseous wall of the tympanic bulla is mildly expanded, presents mild generalized thickening, and pinpoint defects. No evidence of structural changes of the inner ear or intracranial extension is seen. The right external auditory meatus presents within normal limits.

Mild bilateral submandibular and medial retropharyngeal lymphadenomegaly is seen.

REFERRING VET

Amanda Espinosa

The salivary glands present within normal limits.

The dentition is incomplete. Multiple teeth present periodontal changes with horizontal atrophy of the alveolar crest in all quadrants.

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Thorax

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.

DATE

4-7-22

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

A mild generalized bronchial lung pattern is seen and evenly distributed throughout all lung lobes.



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

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Feline

- Chronic right sided otitis media.
- Mild bilateral medial retropharyngeal and submandibular lymphadenomegaly.
- Multifocal periodontal disease.
- Mild bronchial lung pattern.

BREED

Domestic Short Hair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no structural abnormality of the brain. An MRI of the brain could be considered as well as complementary CSF analysis should the clinical signs persist or deteriorate, since inflammatory/infectious, cerebrovascular, and other pathology can be occult on CT.

SEX

M/C

Moderate chronic right sided otitis media is present and requires further workup and treatment. At this time, there was no structural evidence of inner ear pathology or intracranial extension.

AGE

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The lymph node changes are compatible with reactive hyperplasia/lymphadenitis and may be secondary to the significant dental disease and/or otitis.

The bronchial lung pattern suggests potential for chronic lower airway disease such as allergic or infectious. Further definition is recommended in case of pertinent clinical signs.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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Amanda Espinosa

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SEX

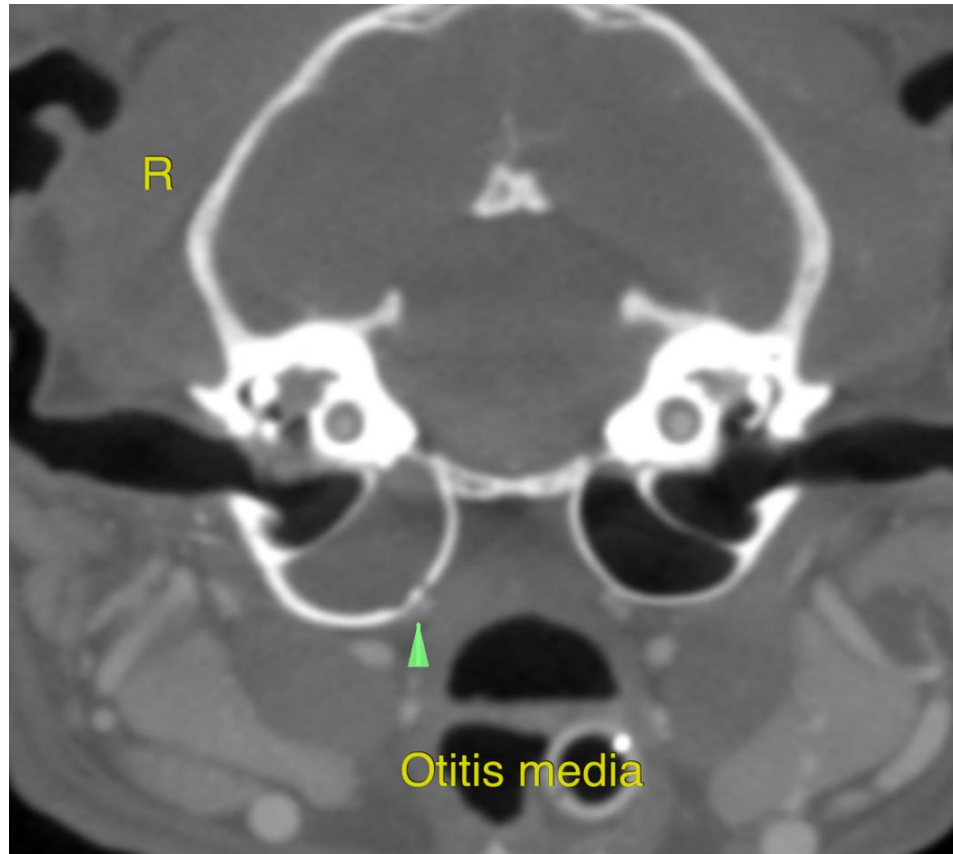
M/C

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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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