



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Meeko Hastings

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
1 Year

In October 2022 Meeko presented to his rDVM for neuter, his MR stated: The kitten has been treated several times at Dr. Dawn's for respiratory infection (not documented in records) He still has a snotty nose and is sneezing. The kitten has mucoid nasal discharge. Heat and lung sounds are normal. Negative for FIV/FeLV. In April 2023 patient presented to rDVM for draining wound on forehead (no known trauma); DVM treated with 25mg SQ convenia, meloxicam, and clindamycin. In May 2023 patient presented to rDVM : "Owner reports the abscess on the forehead is back. It was gone for about a month after the Convenia injection but the Clindamycin did not help. " rDVM repeated previous treatment with "The area of the abscess opening was clipped and scrubbed. The opening was enlarged and explored. A pocket of slimy mucous was found dorsal to the right eye. The material was flushed from the cavity using Betadine solution." Repeated convenia, meloxicam and clindamycin. Patient presented to us today for referral/CT. Plan to take a post-contrast thorax CT was decided after viewing pre & post-contrast of the head. We sent in a culture & sensitivity of the drainage and are awaiting results.

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

Severe mucosal swelling and fluid accumulation is seen within both nasal cavities and the bilateral frontal and presphenoidal sinuses. There is moderate turbinate destruction within both nasal cavities. An osseous defect is seen in the nasal frontal suture area to the right of the midline. A contrast enhancing drainage tract can be traced from the right nasal cavity onto the dorsum of the nose through this osseous defect.

The bilateral medial retropharyngeal lymph nodes and bilateral submandibular lymph nodes present mild symmetric enlargement.

Thorax

A moderate generalized bronchial lung pattern is seen with occasional peribronchial infiltrates and interstitial scarring.

The cranial mediastinal and tracheobronchial lymph nodes are mildly enlarged.

A small thymic remnant is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe bilateral chronic destructive rhinosinusitis with osseous defect of the nasal bone and a drainage tract on the dorsum of the nose.
- Mild bilaterally symmetric submandibular and medial retropharyngeal lymphadenomegaly.
- Mild mediastinal lymphadenomegaly.
- Moderate bronchial lung pattern with interstitial infiltrates and scarring.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Dr. Laurie Huckle

INVOICE

58956

DATE

6-21-23



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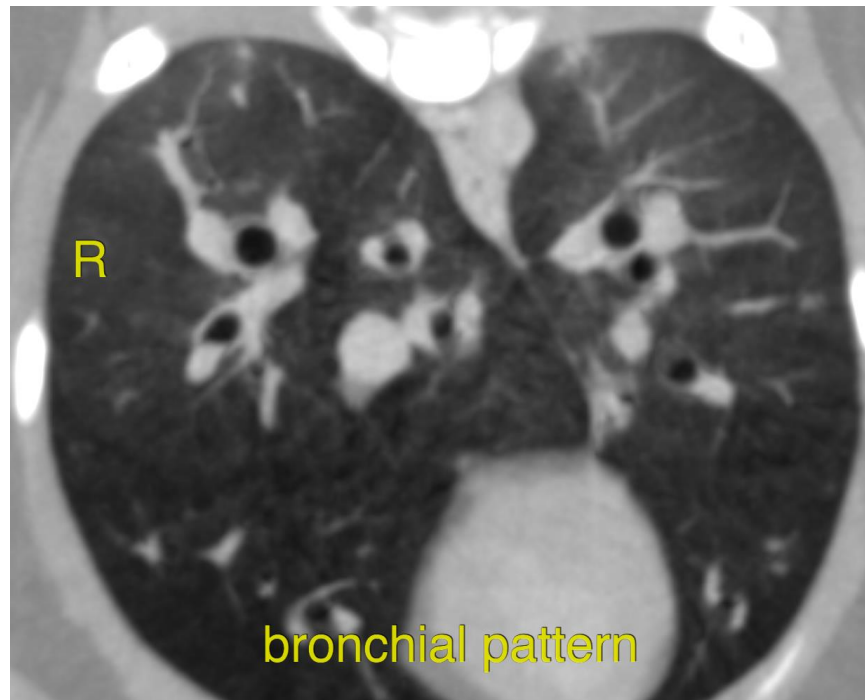
6-21-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals severe bilateral chronic destructive rhinosinusitis with a drainage tract on the dorsum of the nose that connects to the right nasal cavity. However, the septum between the nasal cavities presents multiple interruptions so technically there is a connection with the bilateral nasal cavities and paranasal sinuses. Fungal rhinosinusitis such as with cryptococcus or aspergillus is a primary differential diagnosis. Severe chronic bacterial infection cannot be ruled out entirely as a differential diagnosis. Noninfectious or viral rhinitis are unlikely based on the severity of the changes. Further definition by means of rhinoscopy as well as lower airway endoscopy with sampling is recommended.

The findings of the lung suggest presence of concurrent bronchitis / bronchopneumonia.

The lymph node changes are compatible with juvenile lymphadenomegaly or reactive lymphadenitis.





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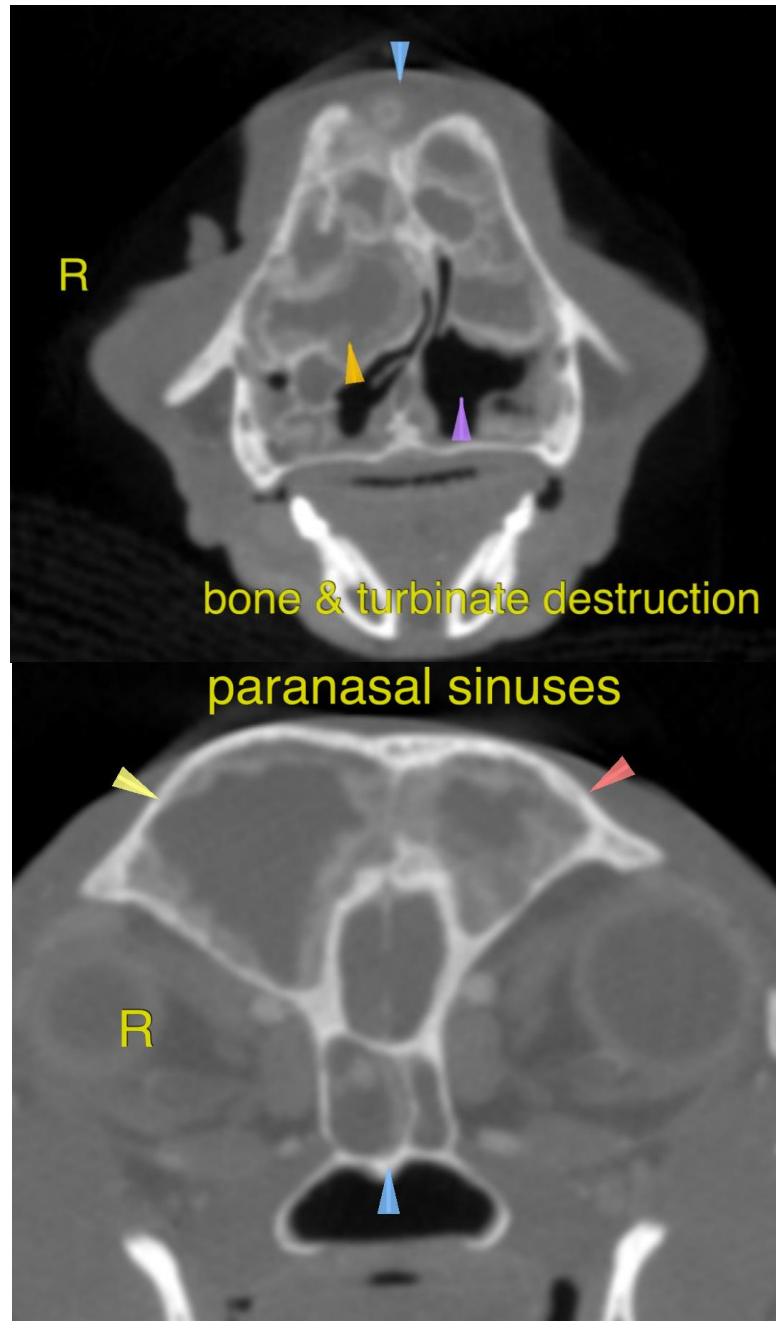
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bone & turbinate destruction
paranasal sinuses



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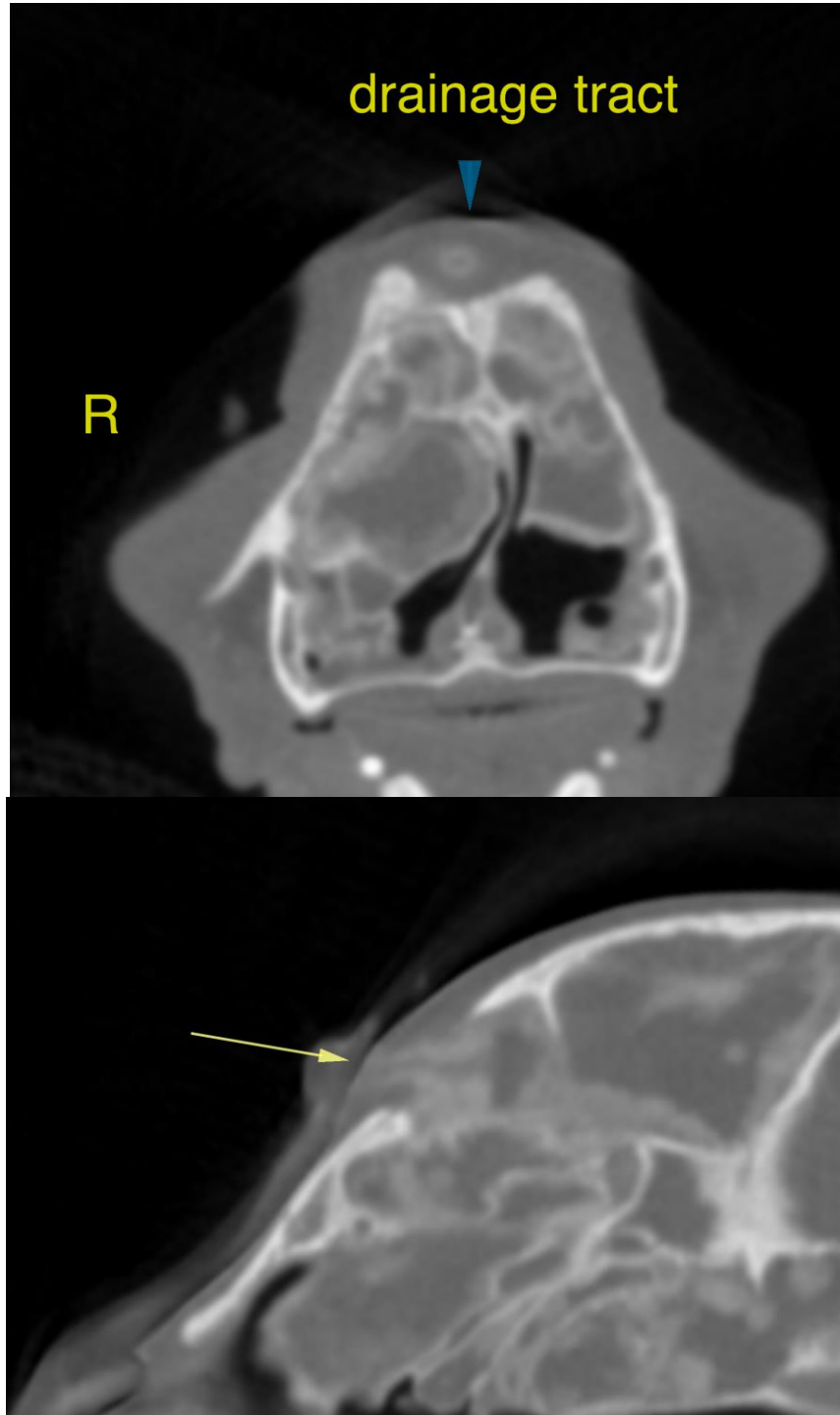
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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