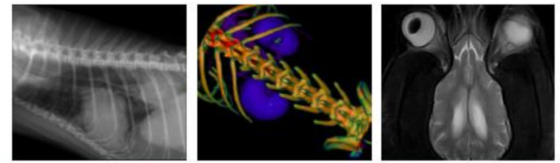


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Frank Lee

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

59099

DATE

6-28-23

PRESENTING CLINICAL SIGNS

Chronic drooling ~ 1year. Has been much worse in last 3 months after having a periodontal cleaning (no tooth extractions at that time). Has been treating for food allergies also with food trial and prednisone for itchiness. Hasn't been eating well recently. Started eating better after being offered a gravy-type food instead of pate. After starting buprenorphine 7 days ago is starting to feel and eat a little better. R/O include tumors in the mouth, esophagus, and stomach. Ears have always had a little debris in them but the patient does also shake his head frequently. Abnormal PE/Chem/CBC/UA Results: FIV positive. BUN & SDMA elevated on bloodwork today. Is currently on Atenolol for heart (mild hypertrophy). Glossitis noted during oral exam today (a biopsy was obtained after the CT scan). Endoscopy of esophagus and stomach was performed after the CT and deemed normal. Right tonsil appeared to be red and inflamed.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

Hypodontia is noted with mild multifocal signs of periodontal disease.

The right tympanic bulla contains a moderate amount of fluid attenuating material. Moderate thickening of the mucosal and osseous lining of the right tympanic bulla is seen. There is a focal soft tissue swelling in the dorsal right aspect of the nasopharynx with mildly increased contrast enhancement. The left tympanic bulla contains a mild amount of fluid attenuating contrast negative material. Minimal thickening of its osseous lining is seen.

The submandibular, parotid, and medial retropharyngeal lymph nodes present mild to moderate bilateral enlargement with variable degrees of contrast enhancement.

The left tonsil is mildly enlarged and everted and reveals mildly increased contrast enhancement.

Thorax

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

One cranial mediastinal lymph node is mildly enlarged. See image below.

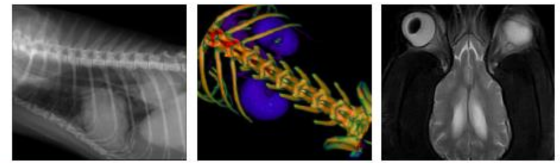
The cardiovascular structures including the pulmonary vasculature are within normal limits.

The lung presents a moderate generalized bronchial pattern with occasional peribronchial and subpleural infiltrates. No evidence of interstitial pulmonary nodules or masses is seen.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Frank Lee

SPECIES
Feline

BREED
Domestic Shorthair

SEX
MN

AGE

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Casselton Vet Service

REFERRING VET
Brad Bartholomay

INVOICE
59099

DATE
6-28-23

or peritonitis.

The nephrogram of both kidneys is slightly irregular.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver presents mild generalized enlargement with uniform attenuation and enhancement of the parenchyma. Slightly increased enhancement of the biliary tree and gallbladder wall is seen. Mild extrahepatic biliary duct dilation is noted.

The pancreatic and common bile duct are mildly dilated.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Mild generalized wall thickening is seen throughout the small intestine. The small intestinal wall measures between 3 and 3.5mm. No evidence of mesenteric lymphadenomegaly is noted.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic otitis media, moderate on the right, mild on the left side.
- Early chronic inflammatory nasopharyngeal polyp formation associated with the right hand sided otitis media.
- Mild to moderate submandibular, medial retropharyngeal, and parotid lymphadenomegaly.
- Enlargement of the left tonsil.
- Mild cranial mediastinal lymphadenomegaly.
- Bronchial lung pattern with peribronchial interstitial infiltrates.
- Hepatopathy with biliary system involvement.
- Suspect cholecystitis.
- Suspect pancreatitis.
- Mild diffuse small intestinal wall thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals chronic bilateral otitis media which is more pronounced on the right hand side and associated with chronic inflammatory polyp formation within the right dorsal nasopharynx. Further otoscopic workup is recommended. The findings may at least in part explain the patient’s clinical signs.

Differential diagnosis for the left tonsillar enlargement includes hyperplasia, tonsilitis, and less likely early neoplasia.

Differential diagnosis for the lymphadenomegaly in the head region and cranial mediastinum includes reactive hyperplasia versus neoplastic infiltrate such as lymphomatous or metastatic. FNA recommended for further definition.

PATIENT

Frank Lee

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

59099

DATE

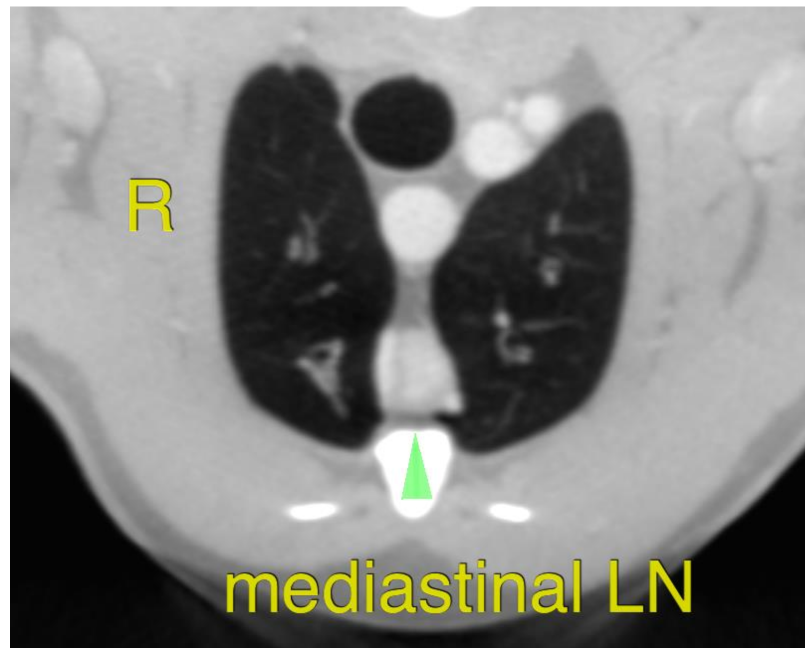
6-28-23

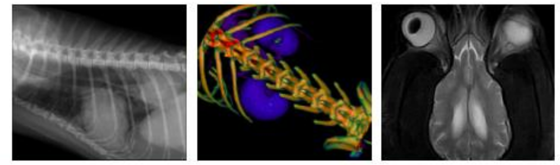
The findings of the lung and bronchial tree suggest presence of chronic lower airway disease. Allergic lower airway disease is considered most likely. Infectious bronchitis cannot be ruled out entirely. Correlate with the clinical findings in order to determine the need for further definition by means of airway endoscopy.

There was no evidence of a mass effect or other abnormality of the esophagus.

The findings within the abdomen strongly suggest presence of triaditis with cholangiohepatitis/cholangitis, pancreatitis, and enteritis such as inflammatory bowel disease. Diffuse lymphomatous infiltrate of the small intestine is a theoretical but less likely differential diagnosis.

The findings of the kidneys suggest potential for chronic nephritis.





SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Frank Lee

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

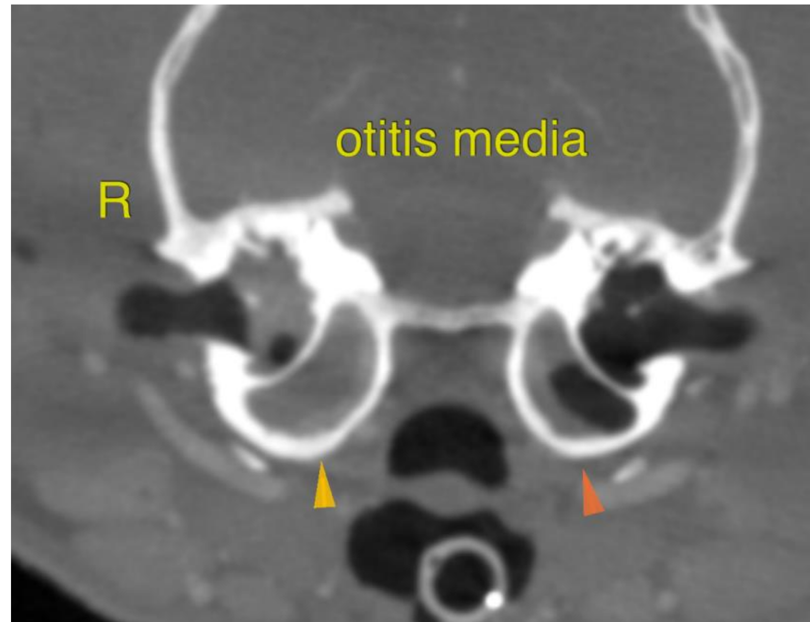
Brad Bartholomay

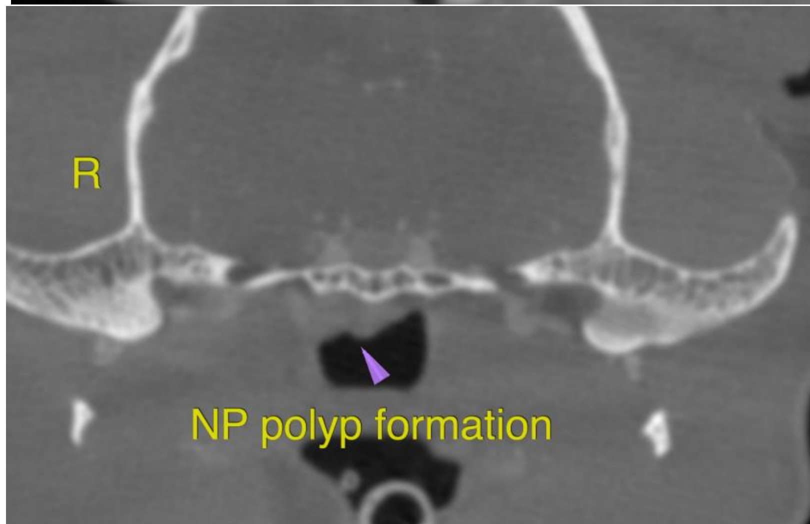
INVOICE

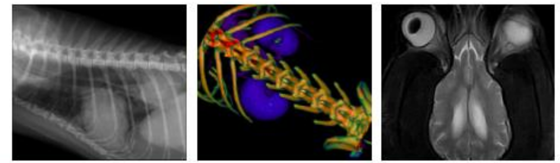
59099

DATE

6-28-23







SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Frank Lee

SPECIES
Feline

BREED
Domestic Shorthair

SEX
MN

AGE

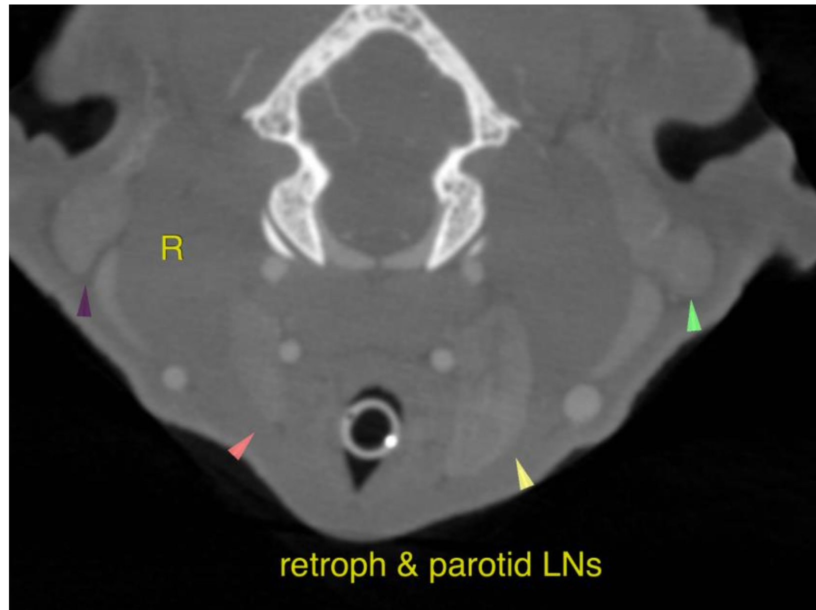
INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

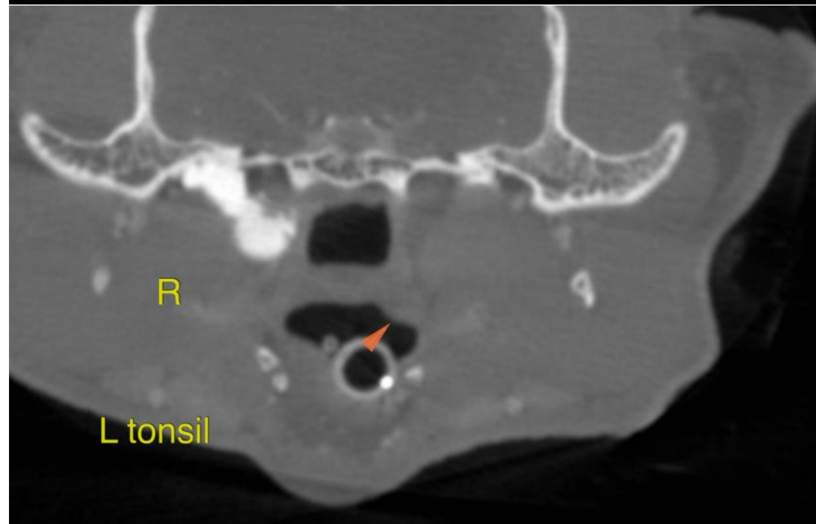
HOSPITAL NAME
Casselton Vet Service

REFERRING VET
Brad Bartholomay

INVOICE
59099

DATE
6-28-23





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.

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
info@sonopath.com