



PATIENT PRESENTING CLINICAL SIGNS

Magic Mills Presented for a chronic left sided nasal discharge. 2 years ago a ct/rhinocopy was performed for a right sided nasal discharge (severe chronic bilateral destructive rhinosinusitis with calvarial hyperostosis - biopsies show neutrophilic/plasmacytic rhinitis) - respiratory panel was negative. The right sided discharge improved with a short course of corticosteroids
SPECIES Abnormal PE/Chem/CBC/UA Results: normal

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

BREED Plain and post contrast studies of the head and post contrast study of the thorax available for review. Breathing related motion artifacts are seen on the post contrast study of the thorax.

DSH

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Head

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Moderate turbinate destruction and regional turbinate mineralization are seen within the mid third of the right nasal cavity. A large osseous defect is seen within the right nasal bone and right bony orbita. Extensive mucosal swelling is noted within the right and left nasal cavity. There is a focal defect within the nasal septum within the mid third of the nasal cavities. The left nasal cavity presents moderate amounts of fluid adhering to the nasal turbinates. Mild multifocal turbinate destruction and early multifocal turbinate mineralization are seen. The cribriform plate is intact. The osseous lining of the left nasal cavity appears to be intact at this point.

AGE

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INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Both presphenoidal sinuses contain fluid attenuating material. The left frontal sinus presents severe hyperostosis of its external and internal laminae with luminal fluid accumulation. A mild amount of fluid and mild hyperostosis of the right frontal sinus are seen as well.

The submandibular and medial retropharyngeal lymph nodes are mildly enlarged.

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The parotid and mandibular salivary glands are prominent.

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A moderate amount of fluid attenuating material is accumulating within the nasopharynx. Minimal circumferential hourglass shaped narrowing of the nasopharyngeal lumen is seen.

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Thorax

Dr. Runde

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

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

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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



PATIENT abnormal dilation.

Magic Mills **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Moderate bilateral chronic destructive rhinosinusitis with calvarial hyperostosis and osseous defect of the right nasal and orbital bones as well as of the nasal septum.
- Minor acquired chronic inflammatory nasopharyngeal stenosis.
- Mild bilaterally symmetric submandibular and medial retropharyngeal lymphadenomegaly.
- Normal CT findings of the thorax.

BREED

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with chronic bilateral destructive rhinosinusitis with calvarial hyperostosis. Differential diagnosis includes chronic inflammatory rhinitis such as lymphoplasmacytic as well as infectious rhinitis such as chronic viral, bacterial, and less likely fungal rhinitis. The cribriform plate is intact. There appears to be emerging nasopharyngeal stenosis which is likely to be a consequence of the chronic/recurrent inflammation/infection.

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The lymph node changes are compatible with reactive lymphadenitis. Consider further definition by means of rhinoscopy with sampling if not performed already.

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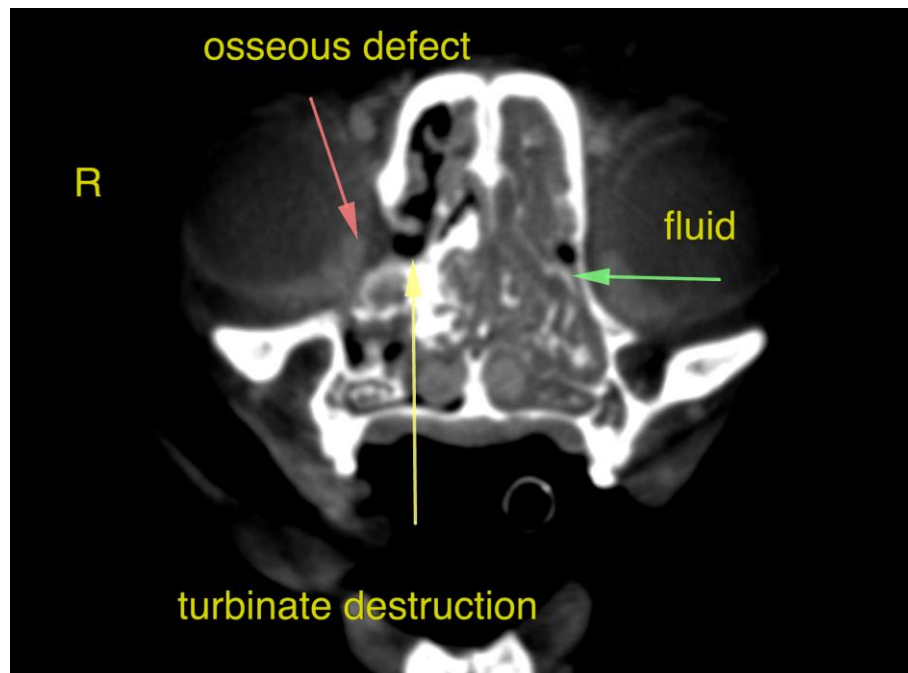
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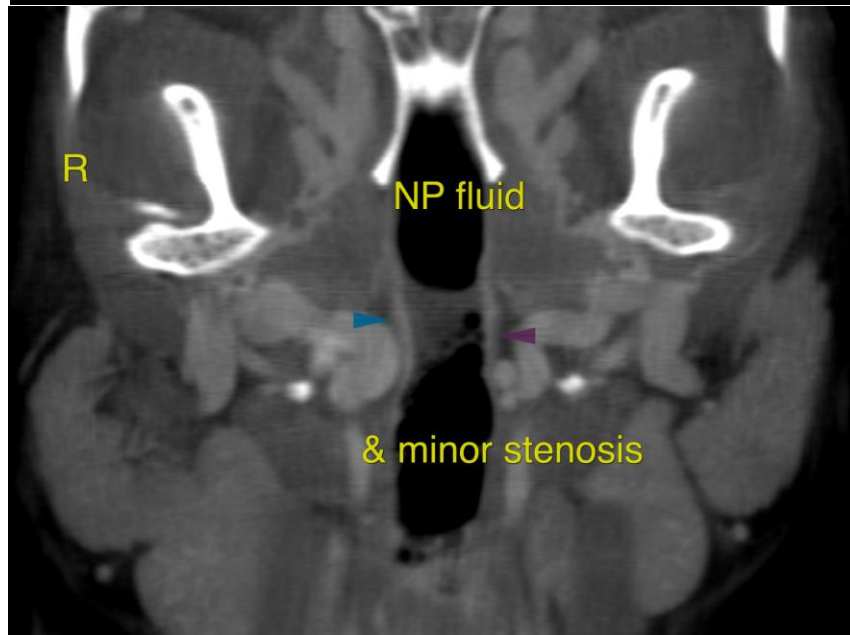
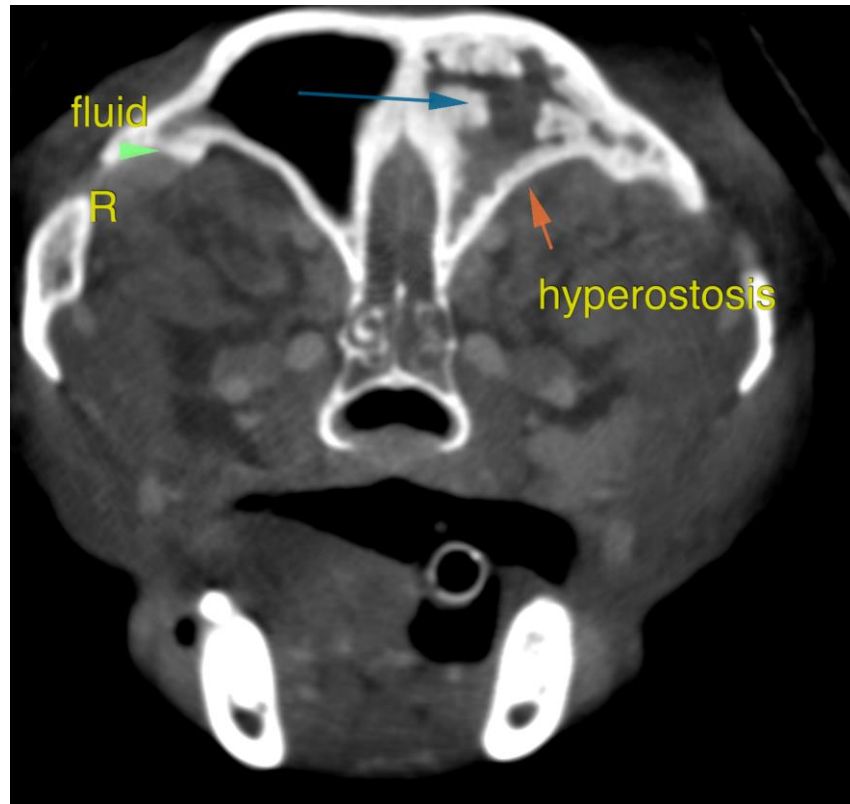
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Feline

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