



**PATIENT PRESENTING CLINICAL SIGNS**

Mr. Marbles  
McQuade

Hx: Reg vet: Greystance - back and ford for last 5-6 days 1. Gagging and retching for 5-6 days before this was abkel to keep food down Then V+/retched, did not bring up any food On last last 5-6 days, brought up flem/saliva Vids show: stternous wheeze after drinking and when having mouth open 2 . Checked by reg vet 3-4 days ago, Xray didnot requiredsedation, according to O: Xray revealed some gas pattern Blood test: was normal at the time Med: given antinausea injection 3-4 days , did not help no take home med 3 . Used to have hairball in past but would selft resolved 4. Weight 5 days ago 8.2kg PE: QAR, very relaxed, normal for cat EEN nsad CRT 1s MM pm H 160, mod syncn pulse, adfected by fatty tissue R 32, nomral sound to effort, mild dtriodr noted Trachea/ thorat palpation: sensitive, eleicit the same pattern as O not4ed at home Abdp: fatty, no pain noted T 38.6 A: Cardiovascular stable from PE Hx suggest GI , but Hx from HGx suggested otherwise, no D+ hence the V+ episode could be retching than GI V+ Retching and stidor: upper airway vs oropharyngeal dz Lab: 1. Blood (accoridng to O from ggreaystance Vet) : normal 2. Sedation + Xray: a. Oropharyn examintion: marked injected vascular bed on ened of soft palte, mod enalrged topsile, marekd oematus epiglosise and structures dorsal to oesopahgous opening b. Xray: 3 chest views - relatively normal c. CT scan with contrast 1.5ml/kg 350mg/ml IV Tx: 1. Sedation: medetomidine 0.03ml IV Induction: Alfxan tiltration, tital of 1.5ml given 2. Dexamethason 0.2mg/kg 0.8ml IV 3. Omeprazole 1.0mg/kg 0.8ml IV 4. TGH on Pred 5mg tapering dose + Omeprazol 10mg SID 5d CC: - initial adv for endoscope, though when asked around was est \$4-6000 hence O could not pay - was initeded to go for endoscope wit CVH - after PE, adv can performe endscope though will not give all info hence can approach from start with sedation> then Xray > then decide. Est 4-500 for Xray. - post sedationm: adv finindsing of swollen throatr. options: 1. CT 2. Biopsy 3. Med O opted for 1 and 3 P: awaiting for CT report

**SPECIES**

Feline

**BREED**

Domestic Medium  
Hair

**SEX**

Male

**AGE**

10

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK**

**INTERPRETED BY**

Plain and post contrast studies available for review.

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC FINDINGS**

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.

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

**REFERRING VET**

Bao Truong

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

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The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**DATE**

8-23-22

The salivary glands present within normal limits.



**PATIENT**

The visible dentition is within normal limits.

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The larynx presents moderate generalized soft tissue swelling. A mild amount of fluid attenuating material is accumulating between the laryngeal cartilages. A moderate amount of fluid attenuating material is present within the post-laryngeal upper cervical trachea level with the endotracheal tube.

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Feline

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Generalized laryngeal soft tissue swelling.
- Laryngotracheal fluid accumulation.

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Hair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study of the nasal cavities and paranasal sinuses is within normal limits. The CT findings however suggest potential for laryngeal or laryngotracheal disease. The diffuse laryngeal soft tissue swelling may represent uncomplicated edema, inflammation, and less likely infiltrative pathology. The fluid accumulation within the trachea may be an expression of regional inflammation. It may, however, also be associated with the endotracheal tubing. Correlate with the visual inspection and/or endoscopic assessment of the upper airways as available.

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Male

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**REFERRING VET**

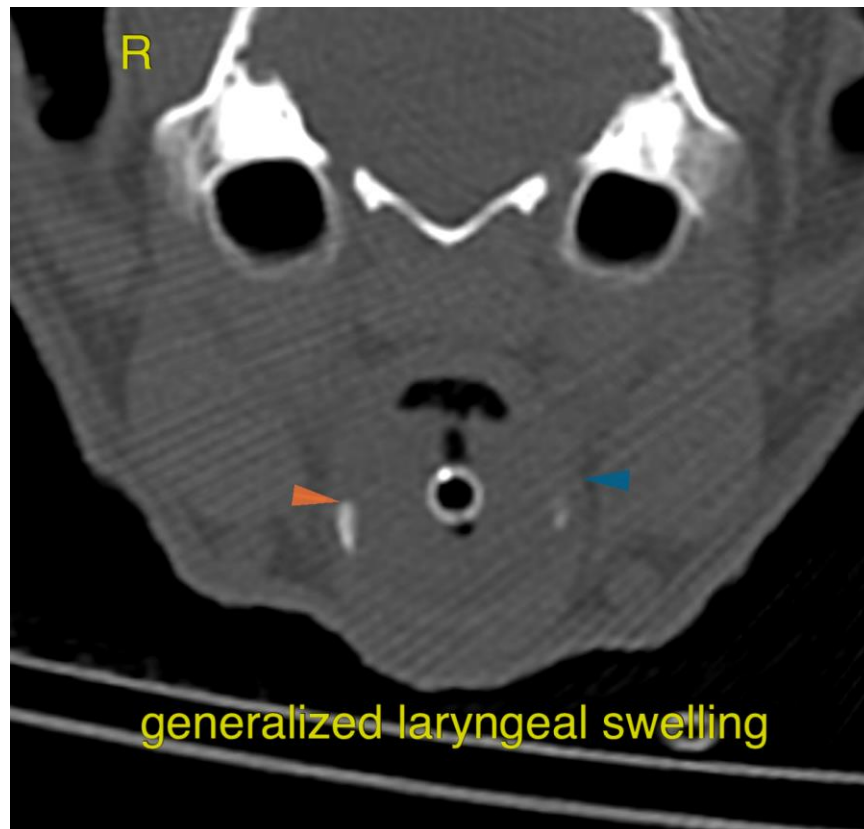
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**PATIENT**

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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.

**BREED**

Domestic Medium  
Hair

**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  
Nele.Eley@sonopath.com

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