



PATIENT

Piper Parker

PRESENTING CLINICAL SIGNS

Increase sneezing, watery discharge, per o saw blood drops in sneeze. Mainly blood-tinged or blood spot noticed from left nostril. Hx of upper respiratory flare-ups
 Abnormal PE/Chem/CBC/UA Results: Left nasal discharge. Positive for Mycoplasma, Negative for all others.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Pre/post contrast studies provided for review.

BREED

Ragdoll

COMPUTED TOMOGRAPHIC FINDINGS

Head:

SEX

Female Spayed

The neurocranium shows normal findings. Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

AGE

17 Years

The ventral part of the right bulla is completely obliterated with fluid dense material. The bulla wall, the petrosal bone and the tympanic membrane are inconspicuous.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

The left bulla is completely obliterated with fluid dense material. The bulla wall, the petrosal bone and the tympanic membrane are inconspicuous.

External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion.

HOSPITAL NAME

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The right nasal cavity is regularly ventilated with mild swelling of the mucous membranes. Marked accumulation of fluid is noted in the rostral and ventral left nasal cavity adjacent to the apical root of 204. Conches at this level are shortened. The 204 presents a significant lysis/erosion of the root with direct contact to the nasal cavity.

REFERRING VET

Meaux

The maxillary/mandibular teeth are age appropriate apart from that.

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Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

Thorax:

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The lungs present a marked broncho-interstitial pattern with nodular-like, ill-defined opacities throughout. There is no evidence of pleural thickening, fluid accumulation or free pleural gas.

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Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

Diaphragm is normal.

SPECIES

Feline

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive lesion/lysis root 204 with signs of a dental rhinitis
- Signs of a bilateral otitis media
- Broncho-interstitial lung pattern with nodular-like opacities

BREED

Ragdoll

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**SEX**

Female Spayed

CT findings of 204 do explain the changes of the left nasal cavity and the reported patient's history. Lysis of the root is uncommon for a resorptive lesion. (Secondary) Root abscess is possible. I have concerns this to be neoplastic as seen with squamous cell carcinoma. Extraction and biopsy are recommended.

AGE

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Filling of the bullae often is an incidental finding without clinical relevance and may be secondary to insufficient mucous clearance/chronic infection. Evidence of an aggressive lesion is missing, the petrosal bone, bulla wall and the tympanic membrane are currently respected.

INTERPRETED BY

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CT findings of the lungs are prominent and likely represent chronic and active bronchopneumonia as seen with chronic and superinfected bronchitis due to feline asthma. The multiple soft tissue dense spots probably represent accumulation of fluid/mild abscess formation and are unlikely for a neoplastic process as seen with metastasis/lymphoma. Final assessment could be complemented with BAL for cytology and swap for microbiologic culture.

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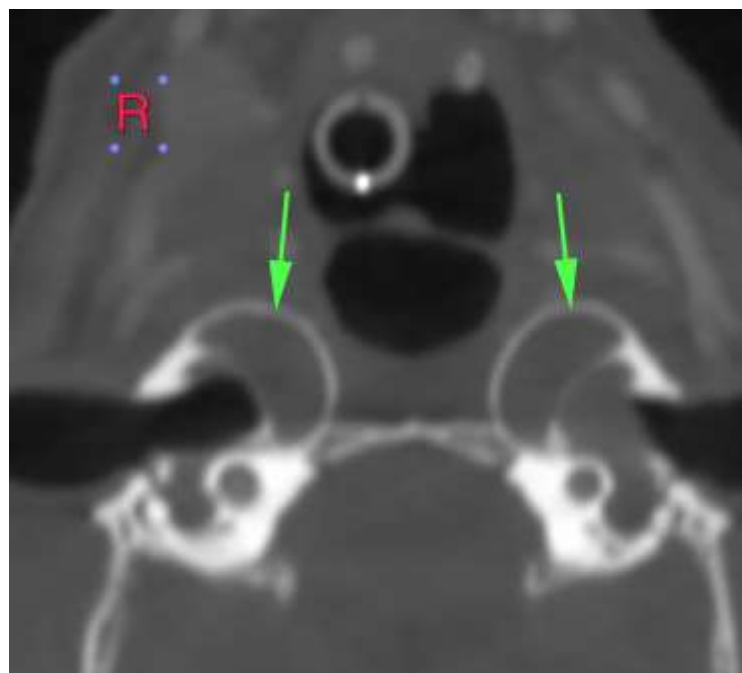
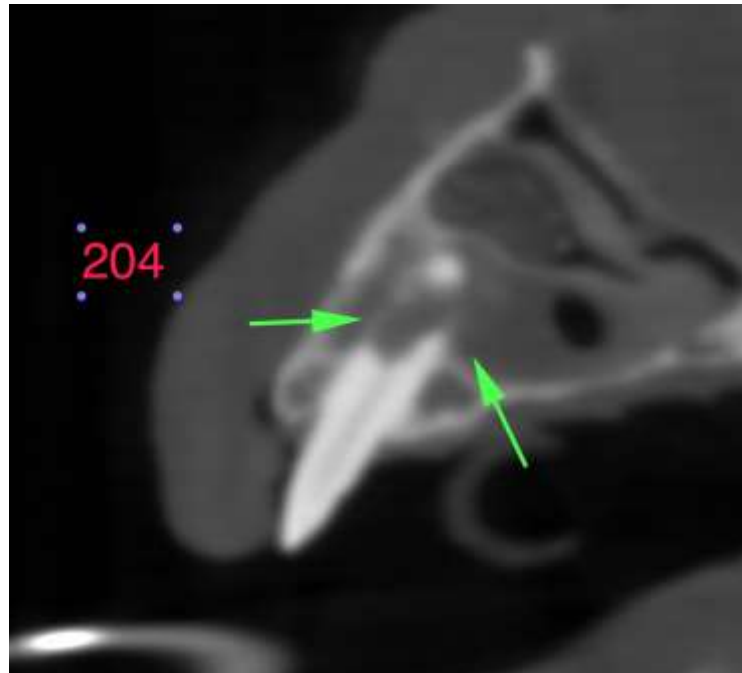
Meaux

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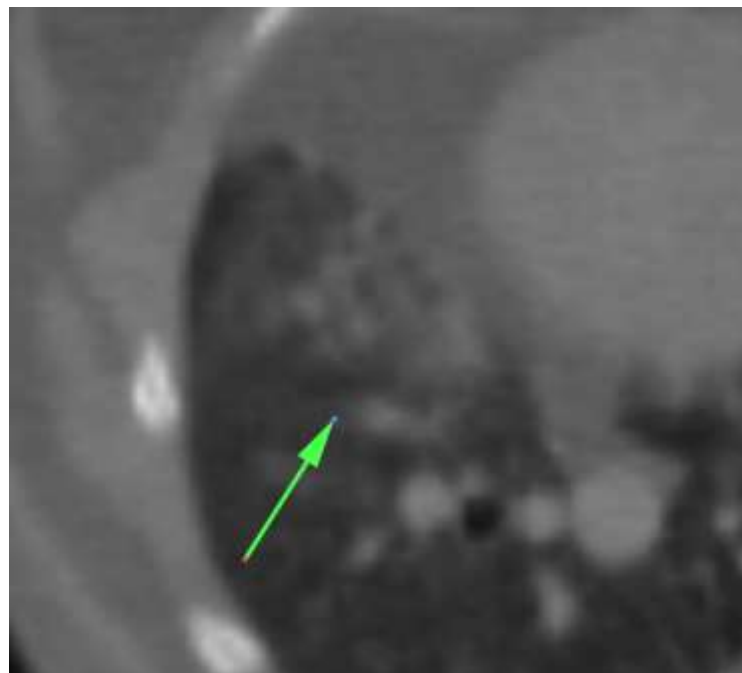
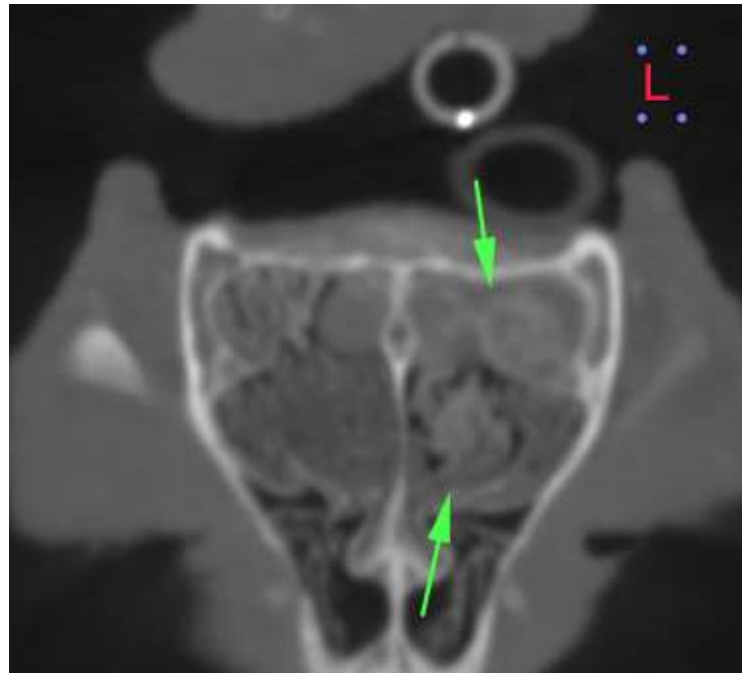
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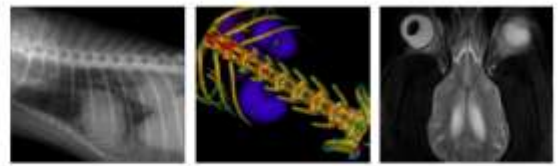
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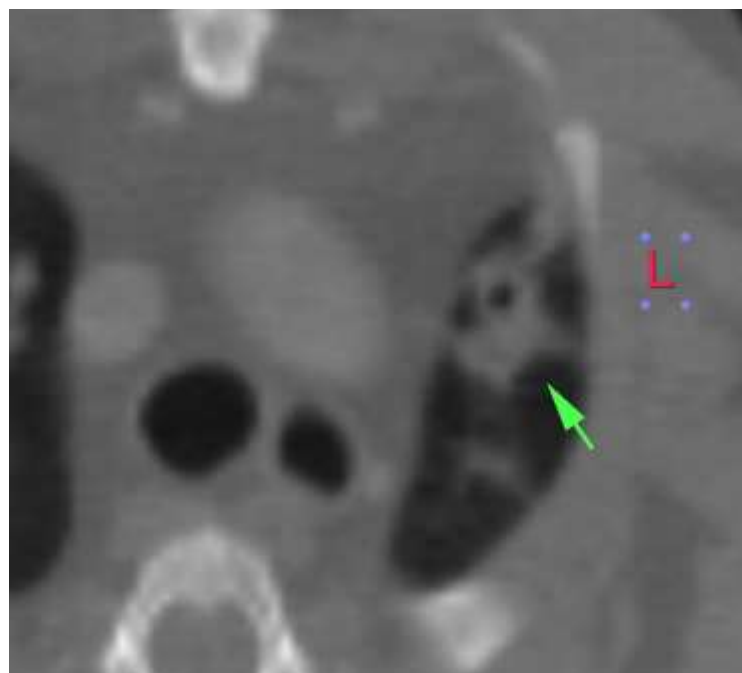
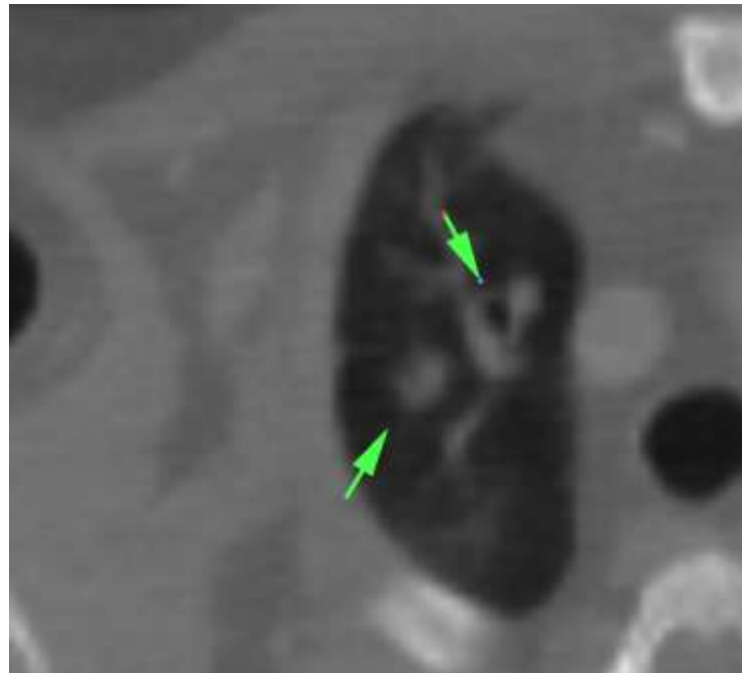
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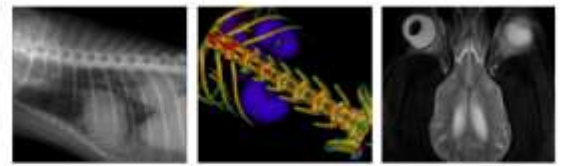
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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