



PATIENT PRESENTING CLINICAL SIGNS

Oreo Jones
SPECIES
 Feline
BREED
 Domestic Shorthair
SEX
 FS

Oreo presents for an internal medicine consult regarding upper respiratory noise. Oreo was adopted by her family 6 years ago in May from Sanctuary One, they have lived in Bend as well then moved back here. She is a 100% indoor cat and has not ever been outside unsupervised since they have had her. 18 months ago, Oreo had a cold and then began a wheezing/ whistling upper respiratory noise. She has been treated with steroid which did seem to help temporarily. At this time, she has a raspy sound that is worse when she purrs. She never use to make noise when she drank but now has a bit of a gurgly noise. She coughs and sneezes a couple times a week but not excessively. If she eats too much or has an empty stomach she will vomit with effort then shake her head as if she is sneezing. Her people have noticed that there is a gurgle in her throat now and they have seen her throat puff out as she breathes. She sometimes has clear watery discharge from her nostrils. Oreo sometimes has a dry cough 2-3 times in a day for a few days and then it goes away. She also coughs with a moister sound and will regurgitate a bit or produce a hairball. Any other cats at home - none travel history - Bend, Medford, Redmond. Indoors only since adoption. Patient was very hard to intubate. Irritated, swollen, and abnormal tracheal opening and surrounding tissues were noted.

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

AGE COMPUTED TOMOGRAPHIC FINDINGS

14 Years
 The tooth elements 201, 301-303, 401-403 and 407 are absent. Triadan 404 with dental resorptive lesions.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

The mucosal lining of the larynx is generalized irregularly thickened and has a heterogeneous contrast enhancement pattern.

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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 ear canals are within normal limits.

REFERRING VET

Kimberly Winters

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The medial retropharyngeal lymph nodes bilaterally are prominent.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

56387

- Intramural laryngeal mass with secondary upper airway obstruction
- Lymphadenopathy medial retropharyngeal lymph nodes
- Dental resorptive lesion 404
- Multiple absent teeth

DATE

1-25-23



PATIENT

Oreo Jones

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural laryngeal mass is highly concerning for neoplastic infiltration of the laryngeal mucosa, such as lymphosarcoma, squamous cell carcinoma or melanoma. Theoretically granulomatous disease such as eosinophilic granuloma are considerations. The finding is a plausible explanation for the presenting clinical signs. Cytobrush, FNA sampling or biopsy are recommended for further definition.

SPECIES

Feline

Recommend FNA sampling of the medial retropharyngeal lymph nodes is recommended as well.

BREED

Domestic Shorthair

SEX

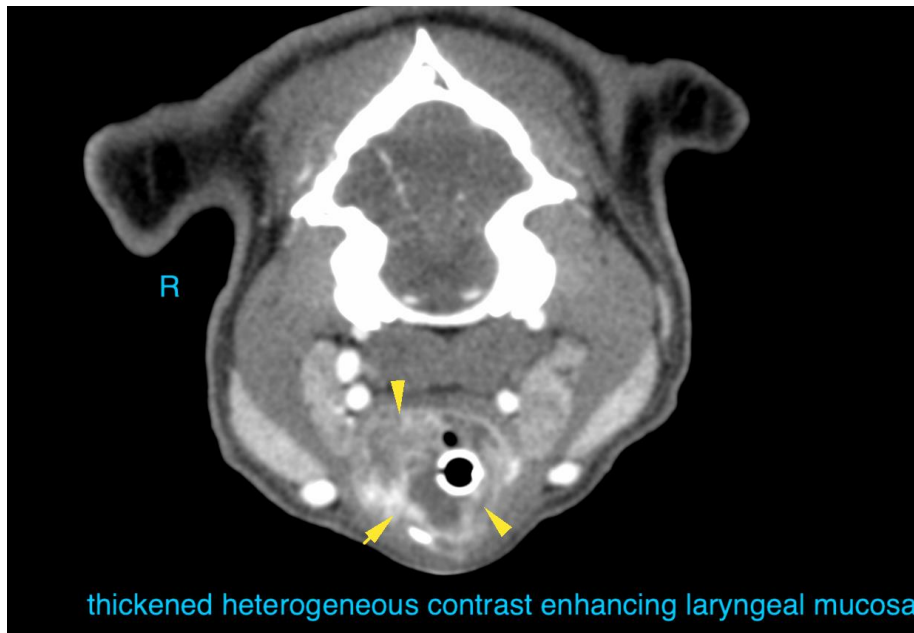
FS

AGE

14 Years

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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.

REFERRING VET

Kimberly Winters

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.

INVOICE

56387

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