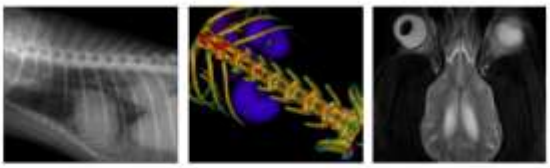

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Timothy Mena

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

1 Year

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

49349

DATE

1-5-22

PRESENTING CLINICAL SIGNS

Pet had rhinoscopy last month. Biopsy results: GROSS: 1 slide(s); 1 site(s); 1 tissue(s) labeled nasal turbinate: 0.7x0.4x0.4cm. MICROSCOPIC: The specimen consists of fragments of multifocally ulcerated mucosal epithelium over a dense proliferation of well differentiated fibrous connective tissue, infiltrated by focally moderate numbers of small lymphocytes and plasma cells. There are a few areas of hyperplastic submucosal glands containing secretory material and neutrophils. There is affected tissue at the margins. DIAGNOSIS: Inflammatory nasal polyp.
Abnormal PE/Chem/CBC/UA Results: PE eaxm prior to CT: difficult to examine but a wheezing noise heard several times during handling. Unable to determine if its an upper airway noise.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

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

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.

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 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.

Thorax

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

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 is uniform and considered within normal limits.

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

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Mild thickening of the bronchial walls is seen. The cranioventral aspects of the lung parenchyma present patchy regions of ground-glass attenuation.

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 abnormal dilation.

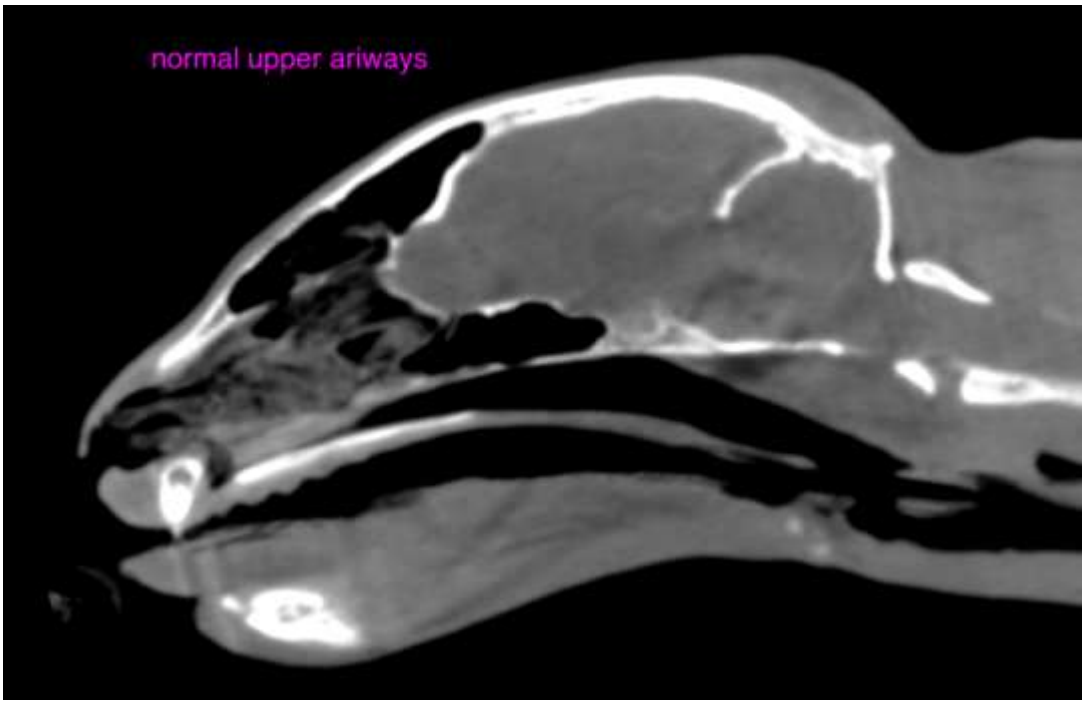
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bronchial lung pattern with mild interstitial component
- Normal skull, no evidence of inflammatory nasopharyngeal polyp

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial pattern is suggestive for inflammatory lower airway disease and infectious causes – viral, bacterial, parasitic, protozoal – or allergic causes are considerations. Based on the clinical signs, bronchoscopy including BAL might be used as an advanced diagnostic test.

The upper airways present without abnormalities, at this point there is no evidence of recurrence of polyp formation.



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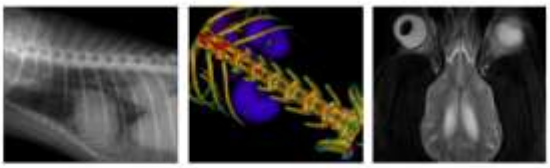

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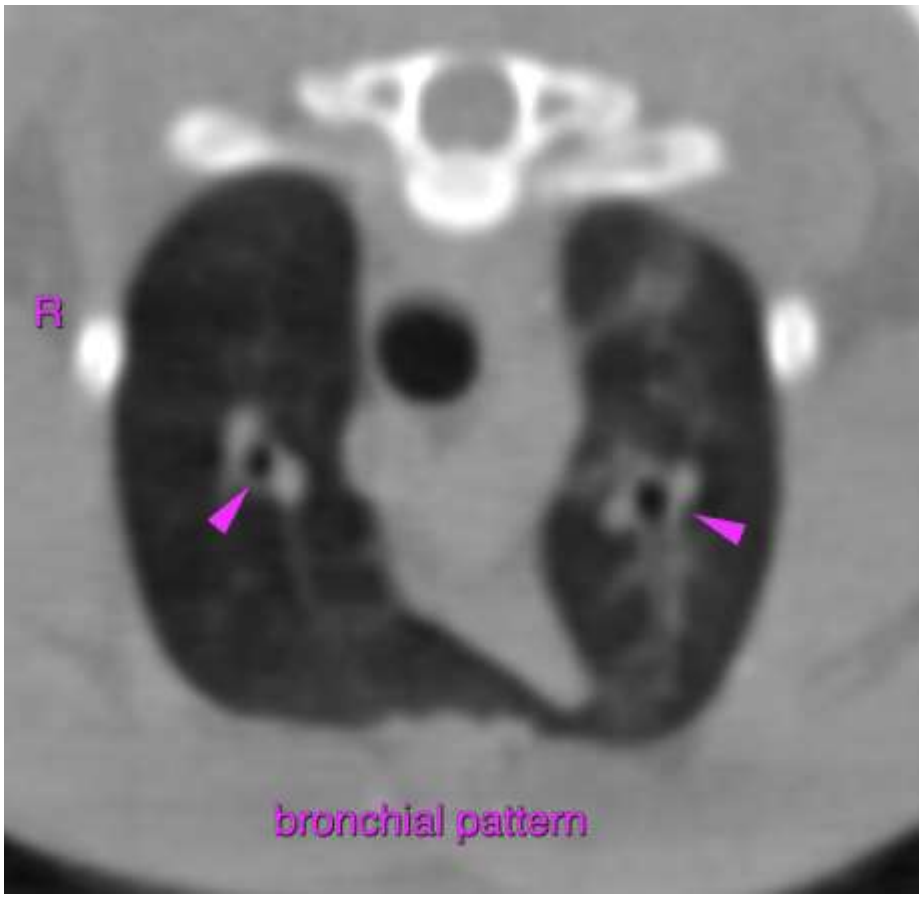

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com