

**PATIENT PRESENTING CLINICAL SIGNS**

**Lilly Culbert** For about 6 months, the owner has noticed noisy breathing. Extensive dental work done about a month ago with extractions and was diagnosed with gingivitis and stomatitis.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: EENT: no nasal, or ocular discharge; moderate amount of brown, waxy discharge AU, but no redness or inflammation; stertor apparent in the upper airway/nasal passages Otoscope - no abnormalities except more brown, waxy discharge deeper in the canal Thoracic auscultation: No heart murmur or arrhythmias ausculted; normal BV sounds in all lung fields Abdominal palpation: soft and non-painful; no masses palpated UG: FS MSI: Ambulatory x 4 with no lameness; BCS 6/9 Neuro: Alert and appropriate; no cranial nerve deficits. Nasopharyngeal stertor during normal respiration - rule out nasopharyngeal polyp vs rhinitis vs neoplasia vs other

**BREED**

DSH

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**SEX**

Spayed Female

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 103, 104, 106, 203, 204, 301-303 and 401-403 are absent. Retained fragments of the roots of triadan 103&203 are appreciated within the alveolar crest.

**AGE**

8 Years, 5 Months

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. In the rostroventral aspect of the frontal sinus bilaterally, a small amount of soft tissue attenuating material is appreciated. Level with the caudal fourth of the soft palate, ring like narrowing and segmental increased contrast enhancement of the mural lining of the nasopharynx is appreciated.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Mobile Pet Imaging

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.

**REFERRING VET**

Meaux

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.

**INVOICE**

54813

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

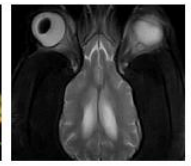
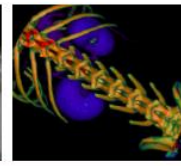
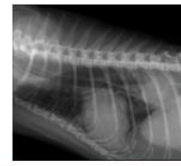
- Possible nasopharyngeal stenosis
- Mild sinusitis frontal sinus bilaterally
- Multiple absent teeth

**DATE**

10-26-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a focal ring like narrowing of the nasopharynx that might be caused by collapse secondary to general anesthesia or is indicating nasopharyngeal stenosis with accompanying mucosal swelling; the latter can be a plausible explanation for the presenting clinical signs. Both an acquired inflammatory origin or less likely here congenital malformation need to be considered. Recommend retrograde



**PATIENT**

Lilly Culbert

evaluation of the nasopharynx to confirm/ruling out the diagnosis. If confirmed, potential treatment options such as balloon dilation ± anti-inflammatory management might be discussed with internal medicine.

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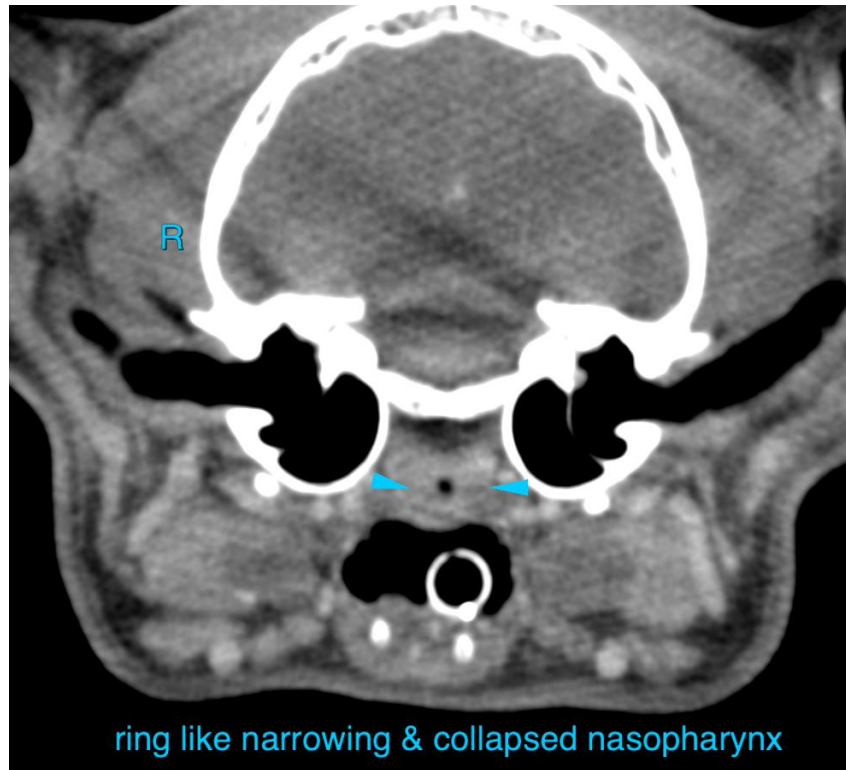
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**AGE**

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**HOSPITAL NAME**

Mobile Pet Imaging

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**

Meaux

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**

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**DATE**

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