



**PATIENT**

Giselle Klemash

**PRESENTING CLINICAL SIGNS**

Presented for increased respiratory effort  
Abnormal PE/Chem/CBC/UA Results: Normal

**SPECIES**

Feline

**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.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

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

**SEX**

FS

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

**AGE**

5

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The left tympanic bulla is occupied by soft tissue attenuating material, the osseous lining is mildly thickened, and the left tympanic bulla presents a mild increased volume. The caudal aspect of the nasopharynx is occupied by a large ovoid shaped mass, with the base appearing to be level with the opening of the left auditory tube. The mass is displacing the soft palate ventrally and protruding through the interpharyngeal foramen ventrally. The mass is occupying the complete area of the nasopharynx at the same level and is measuring approximately 32 x 17 x 26 mm in size. The mass effect on the retropharyngeal tissue causes splaying of hyoid apparatus.

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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 are prominent.

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Dr. Runde

Thorax

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

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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.

**DATE**

10-28-21

Generalized mild thickening of the bronchial walls is present.

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



**PATIENT** abnormal dilation.

Giselle Klemash

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Nasopharyngeal mass with complete upper airway obstruction
- Left sided otitis media
- Mild lymphadenopathy medial retropharyngeal lymph nodes
- Bronchial lung pattern

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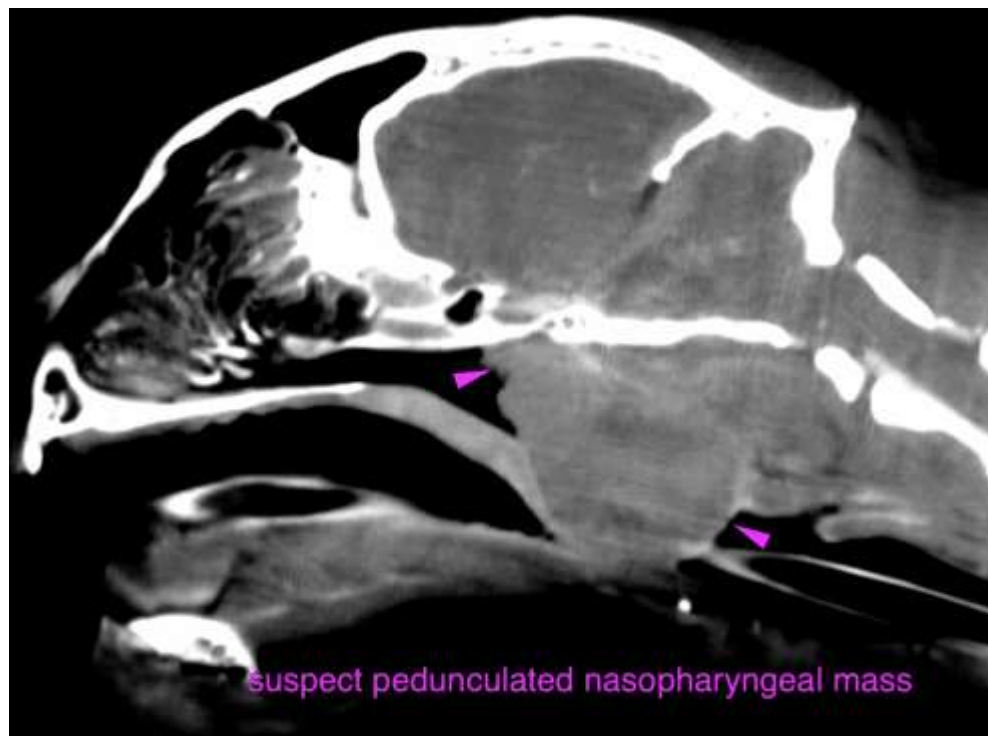
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The nasopharyngeal mass is highly suggestive for a nasopharyngeal inflammatory polyp with secondary upper airway obstruction. A mural nasopharyngeal mass is a consideration as well, such as round cell tumor, but considered less likely. If not done so yet, recommend retrograde evaluation of the nasopharyngeal mass and removal by traction technique should be feasible in case of pedunculated nasopharyngeal polyp. The left sided otitis media is a potential source for polyp formation.

The bronchial lung pattern is suggestive for bronchitis and allergic causes are considered likely – feline lower airway disease. Correlate with clinical signs such if cough is present.





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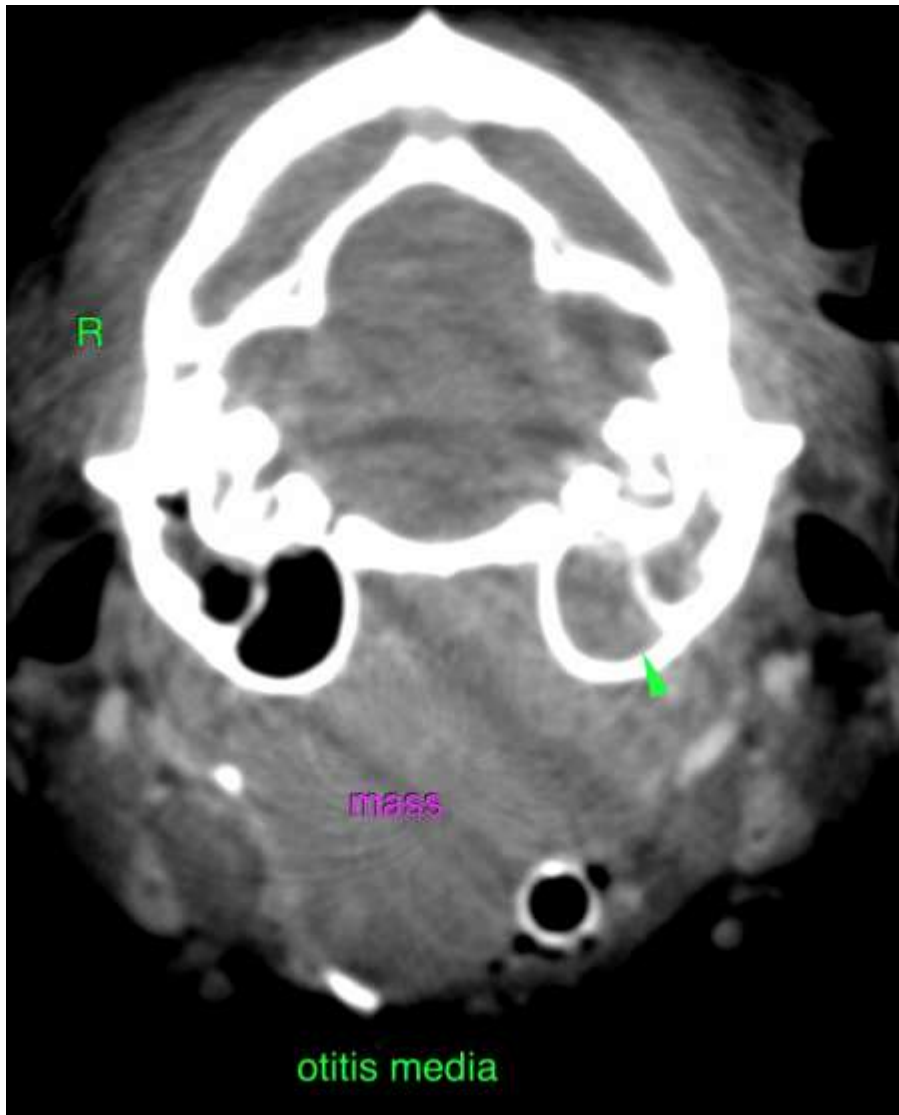
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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