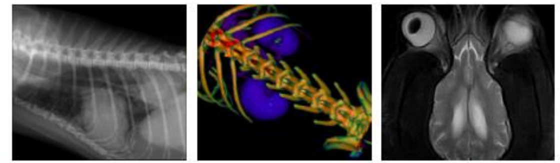

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PATIENT

Tuesday 28948F-CT
Titsworth Completely Cat Clinic

SPECIES

Feline

BREED

Calico

SEX

FS

AGE

8 Years, 10 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Gentle Doctor Animal Hospitals

REFERRING VET

Pete Bashara, DVM

INVOICE

54905

DATE

11-1-22

PRESENTING CLINICAL SIGNS

Referral imaging for chronic, progressive bilateral rhinitis symptoms - has had on and off therapy for several years including current use of antibiotics, antifungal as well as systemic and inhaled steroids. Last week RDVM with sedated nasal flush with no yield but suspect visualization of mass-like change of the upper left oral pharynx. In for imaging today with biopsy as possible
Abnormal PE/Chem/CBC/UA Results: Stable renal values but minor increase in liver enzymes - suspect steroid related - normal thyroid values and normal PT/PTT reported

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 101-103, 106, 201-203, 206, 207, 209, 301-303, 309, 401-403 are absent.

The nasal cavity is partially obliterated, L>R, by fluid attenuating material, attached to a moderately thickened nasal mucosal lining. Advanced destruction of the nasal conchal & turbinate structures is appreciated, R>L. The caudal aspect of the right nasal cavity is obliterated by a hypoattenuating, mild expansile lesion with central irregular mineralization, perforating the medial wall of the right orbit. Lysis of the cribriform plate with perforation of the cranial fossa is appreciated. Level with the perforated cribriform plate, focal thickening of the meningeal lining is appreciated. Both frontal sinuses present advanced hyperostosis.

Both tympanic bullae are filled with non-contrast enhancing soft tissue material and the osseous lining is irregular mildly thickened and presents multifocal osteolytic lesions. Lysis of the tympanic part of the left temporal bone with perforation of the cranial fossa and localized mild thickening of the meningeal lining is noted. The external ear canals are within normal limits.

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

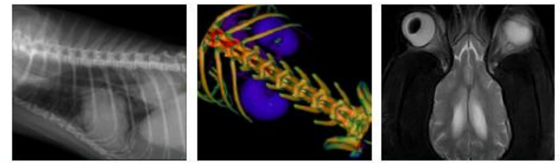
The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Advanced destructive rhinitis with chronic osseous remodeling of the surrounding osseous structures presenting lytic lesions and zones of hyperostosis, perforated cribriform plate with possible local meningitis
- Advanced otitis media, L>>R, with perforation of the cranial fossa and possible focal meningitis
- Multiple absent teeth, see above

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of chronic rhinitis and the changes of the nasal cavity are most suggestive for chronic rhinosinusitis with marked nasal mucosal thickened, advanced osseous remodeling and lysis of the cribriform plate. The expansile lesion in the caudal aspect of the right nasal cavity can be a sequela to trapped exudate or presents a granuloma due to underlying mycotic rhinitis.



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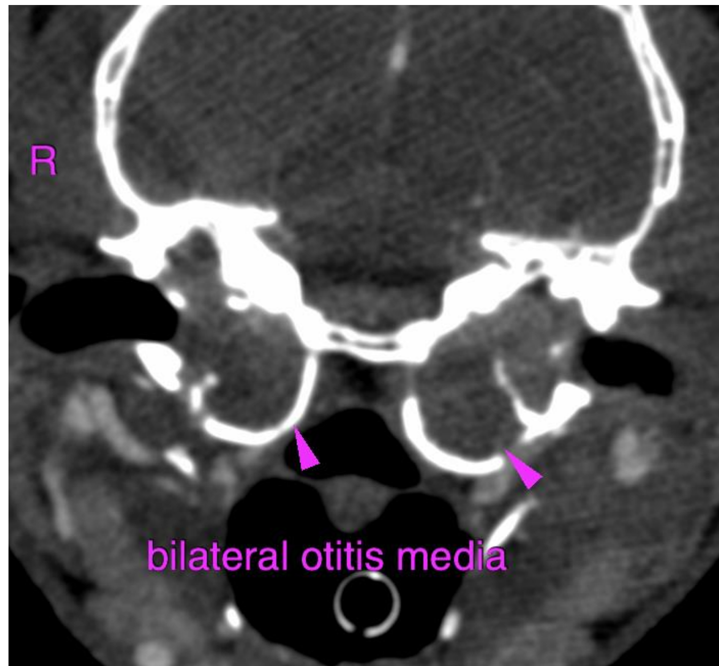
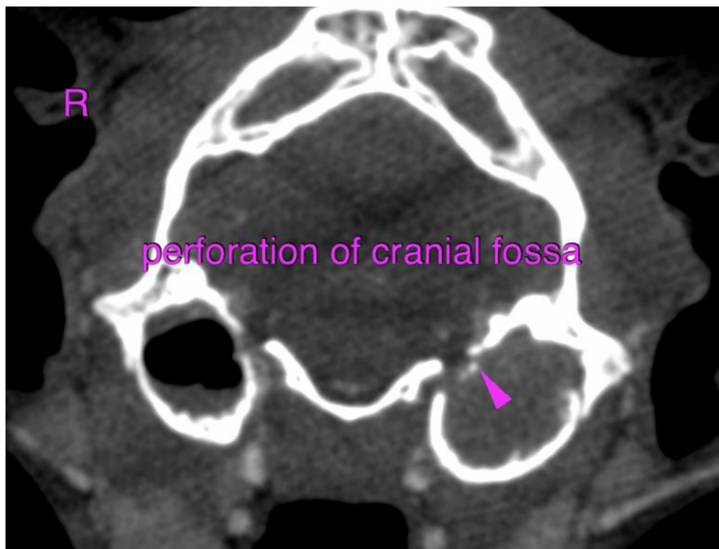
Anyway, given the marked mucosal swelling, diffuse neoplastic infiltration of the nasal mucosal lining needs to be ruled out by rhinoscopy including sampling for microbial culture and histopathology.

The otitis media is likely a sequela to the history of chronic upper respiratory tract infection with ascending infection by the Eustachian tube. The appreciated nasopharyngeal swelling can be a sequela to the chronic left sided otitis media with potential accompanying otitis interna and meningeal extend.





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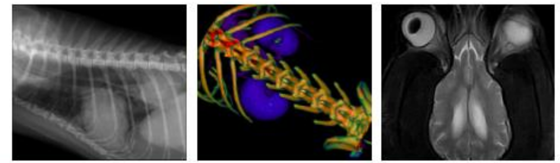

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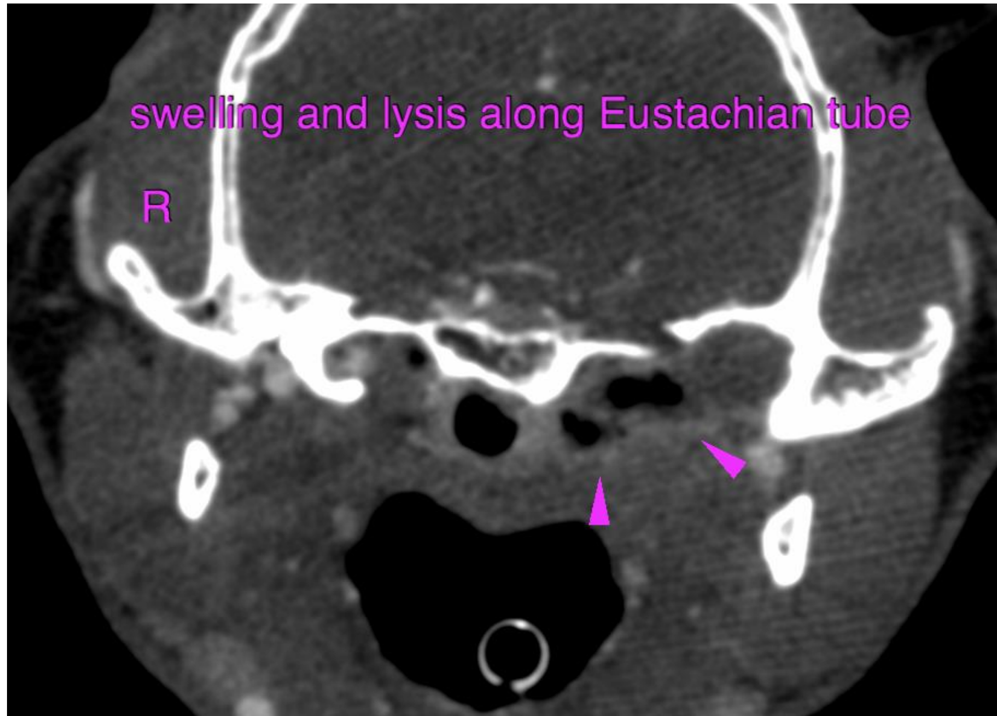

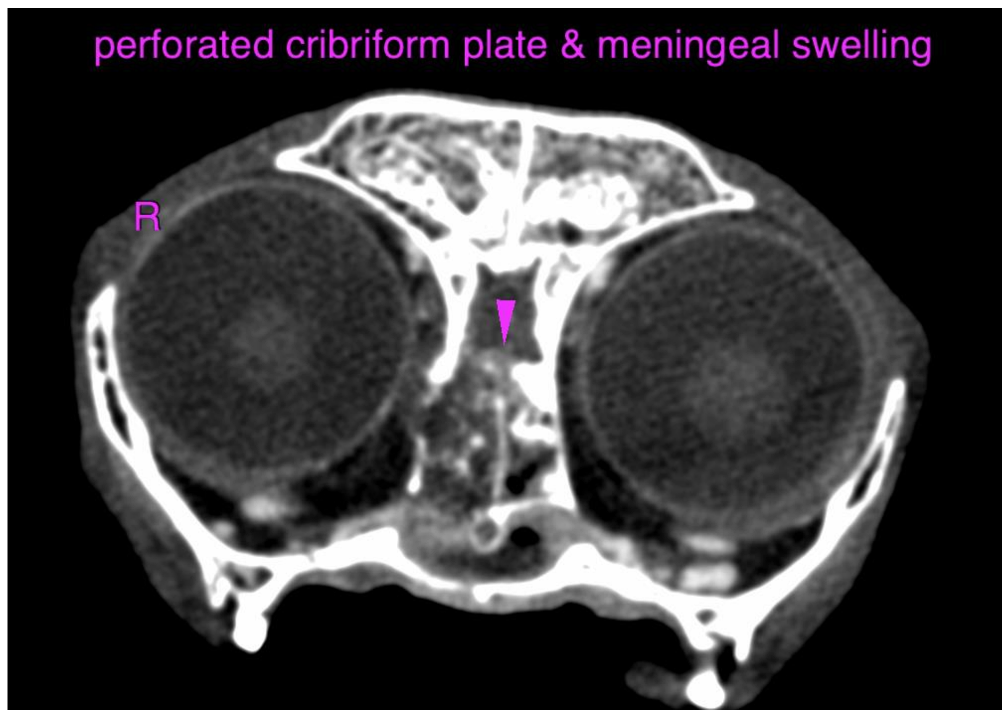

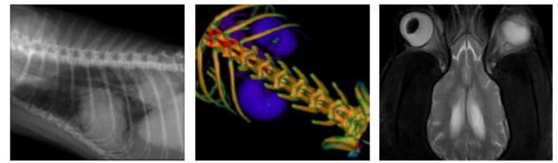

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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