



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Mikey Murray  
 Diagnosed with throat polyp previously and was removed by endoscope. Recently began to show signs of increased respiratory sounds. Possible regrowth of polyp. Would like to know exact location and to determine if surgery is an option.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Decreased BUN

**Feline COMPUTED TOMOGRAPHY OF THE SKULL & NECK**

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

**BREED DSH COMPUTED TOMOGRAPHIC FINDINGS**

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

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

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

**1 Year**  
**INTERPRETED BY** Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI  
 The left tympanic bulla is filled with soft tissue attenuating and peripheral contrast enhancing material. The wall of the left tympanic bulla is moderately thickened and smooth. The osseous part of the left auditory tube is markedly widened. The nasopharynx is occupied by a roundish mass that is connected to a stalk like structure emanating from the left auditory tube. The nasopharynx mass is measuring approximately 1.3 x 1.2 x 1.8 cm in size.

The wall of the right tympanic bulla is moderately thickened and smooth. The right tympanic bulla is aerated.

**HOSPITAL NAME** Bridgewater Veterinary Hospital and Wellness Centre  
 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 and present a heterogeneous contrast enhancement pattern.

**REFERRING VET** Dr. Kahlon  
 The osseous and soft tissue structures of the neck are within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- INVOICE** 49027
- Inflammatory nasopharyngeal polyp, originating from the left tympanic bulla
  - Left sided otitis media and pressure atrophy osseous segment left tympanic bulla
  - Secondary complete upper airway obstruction
  - Reactive hyperplasia of the medial retropharyngeal lymph nodes bilaterally
  - Suspect current state post right sided otitis media

**DATE**

12-14-21



**PATIENT**

Mikey Murray

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

1 Year

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Bridgwater  
Veterinary Hospital  
and Wellness Centre

**REFERRING VET**

Dr. Kahlon

**INVOICE**

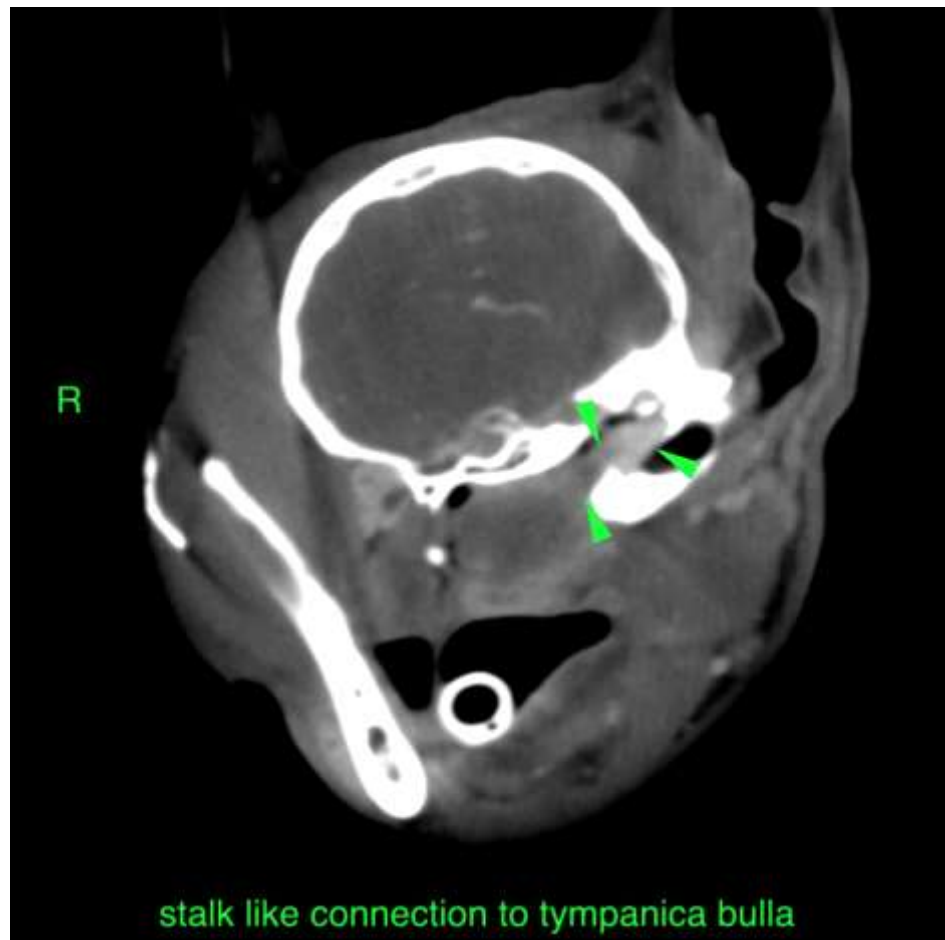
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with an inflammatory nasopharyngeal polyp, originating from the left tympanic bulla. Either removing the polyp using traction technique or ventral bulla osteotomy are feasible treatment options. As this is already relapse of polyp formation, complementing therapy by ventral bulla osteotomy might be beneficial.





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Mikey Murray

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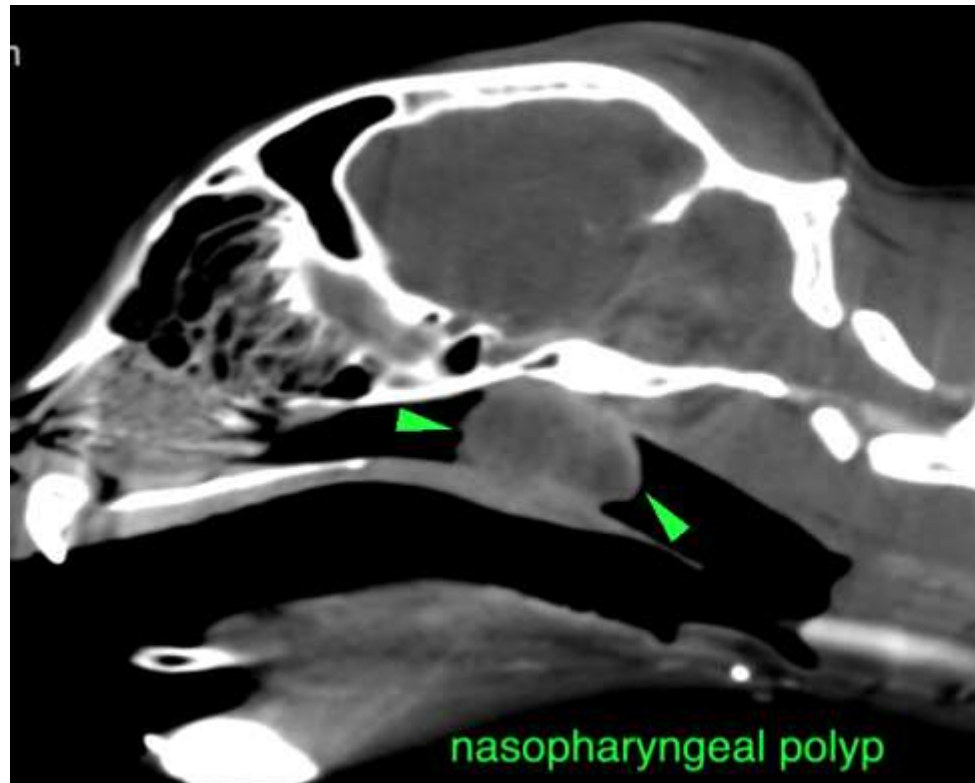
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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