



PATIENT PRESENTING CLINICAL SIGNS

Tigger Hinckley
 1/31/2023 nose is bleeding, left side was bleeding for a referral from harrah vet, few days, hacking sneezing, cpr Cat had dental with extraction at other clinic on 9th. presented with selling and conj on left side of face. cat did not improve on swelling and conj so owner did a recheck on the 23. Owner feels that there is still no improvement so wanted us to take a look. Contacted prev clinic for records. Did not receive during appointment Cat was given a convenia at the time of re- exam. Jan 6- Initial symptoms were milky nasal discharge, L. nostril- a soft tissue "bubble" comes from the nose, L. eye tearing, no squinting or redness Jan:6-9; tooth extracted; antihistamine and eye drops -- bloodwork done there (possibly abnormal BG, but could be d/t stress 23rd- chest xrays (air depot hospital); herpes virus meds started; continued previously Rx meds - 7 day abo injection??, 14 day abo shot- Convenia - rechecked BG only - anti-inflammatory injection?? 27th recheck with Harrah vet; started Zpack (liquid, today was 5th dose, every 3 days until done) L. nostril with "mass effect"- 2 days ago R. side started bleeding today *will need azithromycin on Fri if doing every 3rd day dosing. * Air Depot AH; 405-737-0496 * Harrah Vet Associates 405-454-2401 (referred here)

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Kishore

INVOICE

56502

DATE

2-1-23

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 107, 204, 207 are absent.

In the left nasal cavity, focal accumulation of fluid attenuating material is appreciated with localized destruction of the nasal conchal & turbinate structures. The surrounding mucosal lining is thickened and has mild serrated margins. A strong contrast enhancing polypoid lesion is extending from the thickened nasal mucosal lining of the left nasal caudally into the nasopharynx, there is central mild mineralization of the polypoid lesion. The left frontal sinus is filled with fluid attenuating material. In the right nasal cavity, a small amount of fluid attenuating material is attached to the mucosal lining.

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

The left tympanic bulla is partially filled with non-contrast enhancing soft tissue material and a small amount of soft tissue material is seen in the right tympanic bulla. The osseous lining of both tympanic bullae is thickened and smooth. 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 mandibular lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided destructive rhinitis with localized conchal destruction and polypoid mucosal lesion extending into nasopharynx.
- Lymphadenopathy mandibular lymph nodes
- Bilateral chronic otitis media, L>>R
- Multiple absent teeth



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided rhinitis is likely triggered by the polypoid lesion extending from the mucosal lining into the nasopharynx and might originate from a caudal aberrant conchae. Both an inflammatory polyp/adenomatoid polyp or neoplastic transformation of the nasal mucosal lining (e.g. round cell tumor, adenocarcinoma) are considerations. Recommend retrograde evaluation of the nasopharynx and removal of the polypoid tissue with sampling for histopathology.

Recommend complementing workup by FNA sampling of the mandibular lymph nodes to differentiate between reactive hyperplasia or neoplastic infiltration.



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.

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