



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Margo Mowery

SPECIES Feline

BREED DSH

At Primary Vet- Chronic respiratory infections, possibly mass/polyp noted 1-27-22 Green nasal discharge- both nostrils, mostly R Congestion Increased respiratory effort Inappetence Chronic/intermittent URIs. Clavamox drops- 0.25ml q12hr for 10 days Prednisolone 5mg- 1/2 tab SID for 7 days then EOD for 7 doses Mirataz Transdermal 5gm- 1in strip applied to ear pinnae SID x 7days. 2-3-22 Improved on medications, still increased respiratory effort Still sounding congested, but that has been a normal for P as long as O has had her.
Abnormal PE/Chem/CBC/UA Results: consistent stertor heard during exam, more pronounced when neck palpated. Pharyngeal/palatal/nasal mass- suspect attachment to tissues in the region CBC/Chem uploaded

COMPUTED TOMOGRAPHY OF THE SKULL

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

SEX FS

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

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

INTERPRETED BY 4 Years, 4 Months

Advanced destruction of the nasal conchal & turbinate structures is visible and a mild amount of non-contrast enhancing soft tissue material is attached to the nasal mucosal lining.

HOSPITAL NAME Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME Casselton Vet Service

The tympanic bullae are filled with soft tissue attenuating and peripherally mild contrast enhancing soft tissue material. The osseous segment of the auditory tube bilaterally is moderately to markedly widened. Lysis of the tympanic part of the right temporal bone with perforation of the cranial fossa is seen; peripheral contrast enhancing soft tissue material is mildly protruding into the cranial fossa at the same level. Multilobulated masses are protruding into the nasopharynx with a stalk like structure extending into the auditory tube bilaterally. The nasopharyngeal mass presents a cauliflower like caudal surface. In the rostral aspect the nasopharyngeal mass(es) are extending up into the caudoventral segment of the nasal cavity. The external ear canals are within normal limits.

REFERRING VET Dr. Dylan Boyer

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 COMPUTED TOMOGRAPHIC DIAGNOSIS

- INVOICE** 50167
- Destructive rhinitis
 - Nasopharyngeal mass with extension into the nasal cavity with complete upper airway obstruction
- DATE** 2-8-22
- Bilateral chronic otitis media and pressure atrophy of the osseous segment of the auditory tube bilaterally
 - Right sided osteolysis/pressure erosion of the tympanic part of the temporal bone with perforation of the cranial fossa



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INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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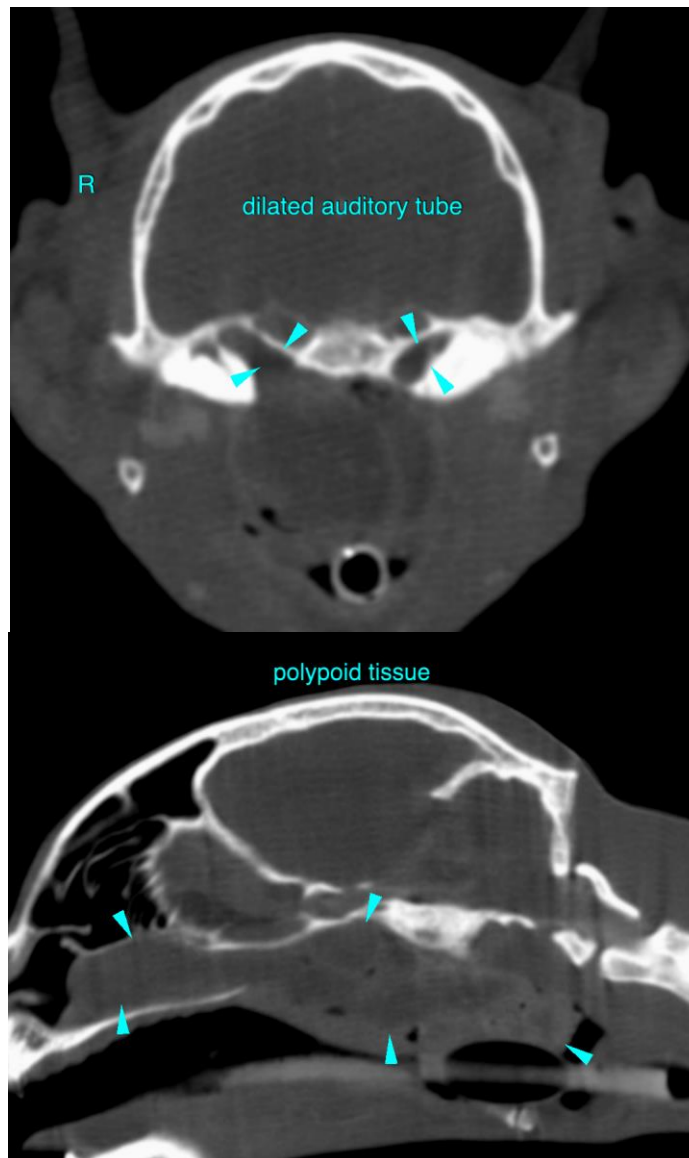
DATE

2-8-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasopharyngeal mass(es) extending both caudally into the pharynx and rostrally into the caudal aspect of the nasal cavity are compatible with inflammatory nasopharyngeal polyp formation – with its base in the tympanic bulla bilaterally. Rhinitis with ascending infection may have triggered the otitis media and polyp formation. There is evidence of the polyp originating from the right tympanic bulla, is causing pressure erosion of the tympanic part of the right temporal bone with perforation of the cranial fossa. Theoretically neoplasia, such as lymphoma is a potential, but considered unlikely.

Recommend removal of the polyps using traction technique. Bilateral ventral bulla osteotomy is a possible accompanying treatment option as well.





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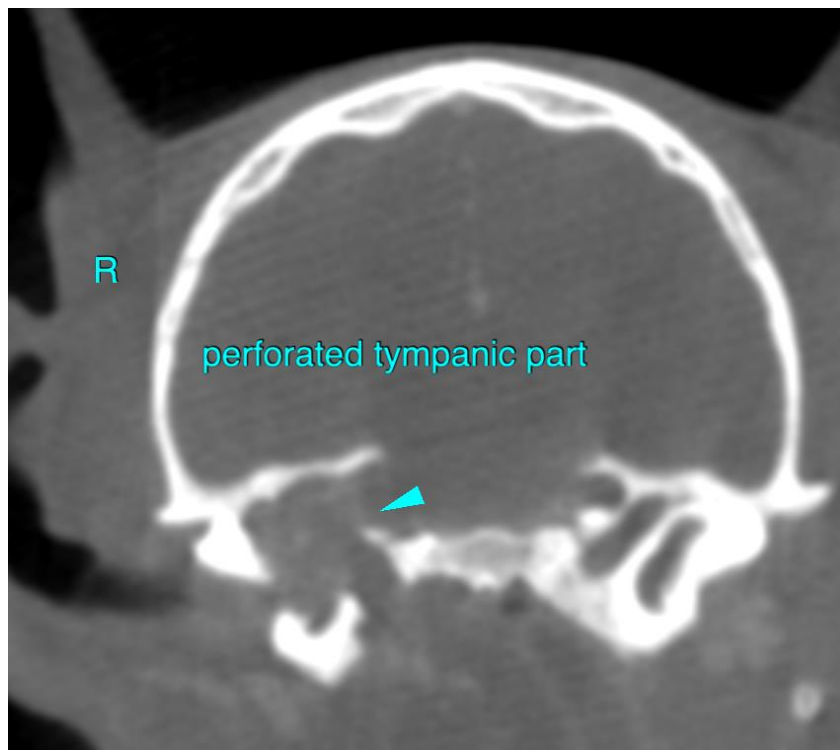
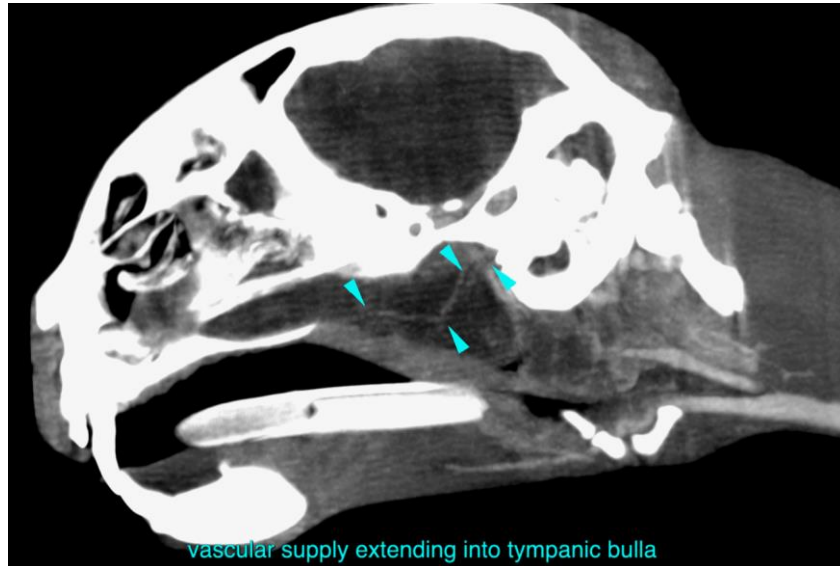
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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