


PATIENT PRESENTING CLINICAL SIGNS

Nomo Lee Pet presented for CT Scan of skull and Thoracic MET Check. History of chronic bilateral nasal discharge, severe upper respiratory sounds and swelling at bridge of nose.
 Abnormal PE/Chem/CBC/UA Results:

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

Feline 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 COMPUTED TOMOGRAPHIC FINDINGS

DMH Skull

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

MN The nasal cavity is occupied by expansile, soft tissue attenuating and heterogeneous contrast enhancing material. Moderate destruction of the nasal conchal & turbinate structures is seen. Mild outward deviation of the osseous lining of the left nasal cavity is seen as well as multifocal moth eaten osteolytic lesions of the left nasal bone, left maxillary bone, left frontal and left palatine bone is seen.

AGE The ethmoid bone presents with moth eaten osteolytic lesion; the left sphenoid sinus is moderately widened. The nasal septum presents a moderate right sided deviation. A mild subcutaneous swelling is seen dorsal to the frontal sinuses. The

2 Years

INTERPRETED BY

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

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

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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 submandibular, lateral and medial retropharyngeal lymph nodes are prominent.

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Thorax

Borecky

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.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.



PATIENT The lung parenchyma presents the expected architecture and attenuation behavior.

Nomo Lee Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Feline • Expansile nasal soft tissue mass with polyostotic semiaggressive osteolytic lesions
- Lymphadenopathy tributary lymph nodes of the skull
- Normal thorax

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DMH Overall, I consider the odds for chronic destructive rhinitis with impaction of the nasal exudate higher than for nasal neoplastic disease as no specific mass is identified. Rule out primary viral rhinitis ± bacterial or mycotic superinfection and osteitis of the surrounding osseous structures with focal subcutaneous steatitis. The most likely underlying neoplastic disease is lymphosarcoma. If not done so yet, recommend rhinoscopy including sampling for biopsy and microbial culture as well as FNA sampling of the subcutaneous swelling at the dorsal aspect of the nasal frontal sinus. Check for patency of the left ventral nasal meatus, as it is occupied by soft tissue material and rule out left sided membranous choanal atresia.

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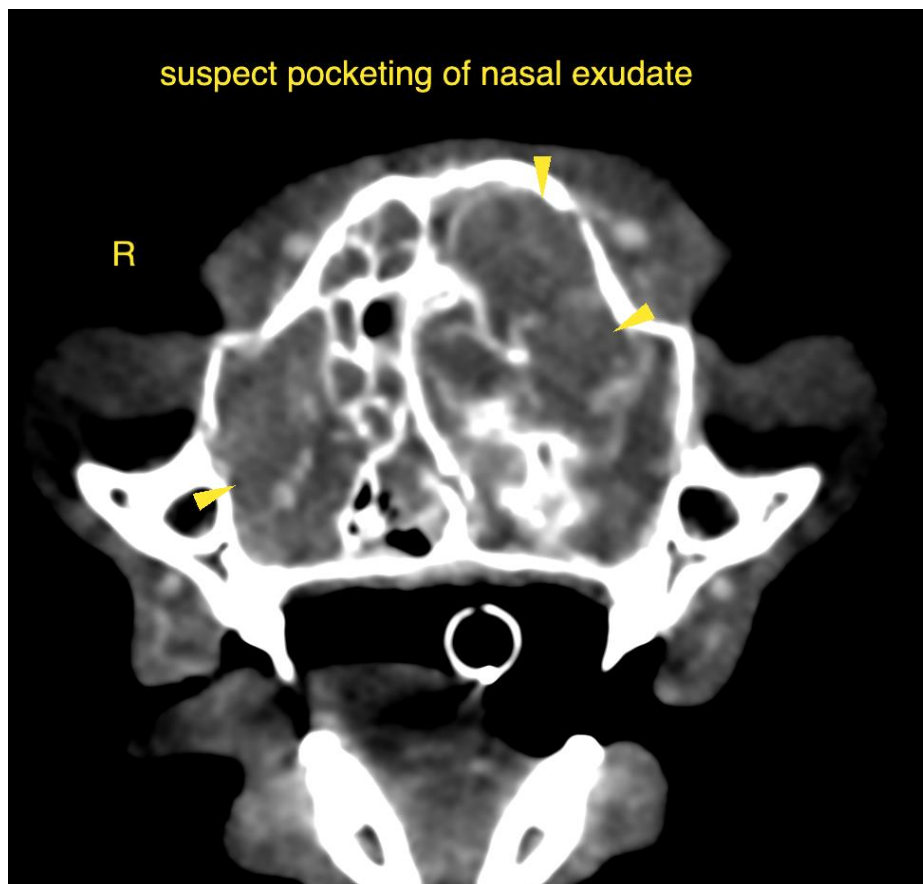
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PATIENT

Nomo Lee

SPECIES

Feline

BREED

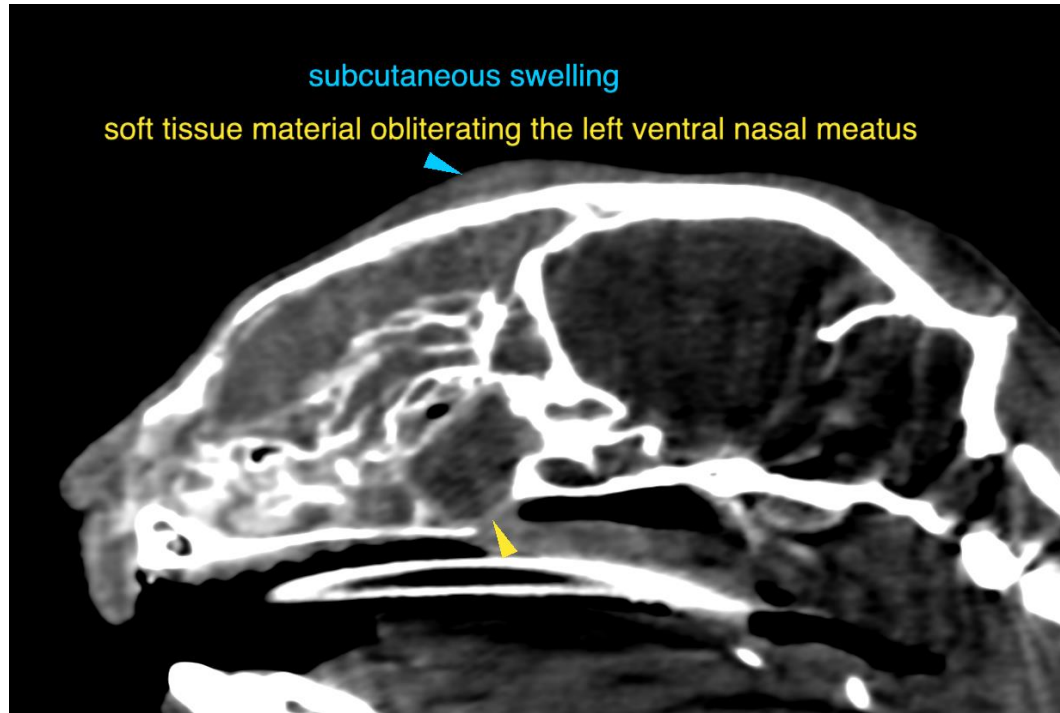
DMH

SEX

MN

AGE

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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.

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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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