



PATIENT PRESENTING CLINICAL SIGNS

Tiny Trochez Patient originally began sneezing with congestion. Chronic congestion. Partial improvements to antibiotics. After a course on clavamox sneezing improved but congestion remained the same. Abnormal PE/Chem/CBC/UA Results: CBC/Chem was unremarkable.

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

Male Neutered The nasal cavity presents mild atrophy of the nasal conchal structures, and a small amount of fluid attenuating material is attached to the nasal mucosal lining. Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

10 Years The left tympanic bulla contains a moderate amount of fluid attenuating material, and the osseous lining is prominent and smooth. Level with the left orifice of the auditory tube in the nasopharynx, an irregular polypoid lesion is visible, measuring approximately 8 x 6 x 15 mm in size; the polypoid lesion presents a thin stalk like contrast enhancing structure extending through the left auditory tube into the left tympanic bulla. Moderate widening of the osseous segment of the left tympanic bulla is seen. In the left tympanic bulla, a mild amount of non-contrast enhancing soft tissue material is attached to the mucosal lining of the right tympanic bulla. The external ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Clinic of Queens 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.

REFERRING VET

Dr. Piotr Kwasnik

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral otitis media, L>>R
- Nasopharyngeal polyp originating from the left tympanic bulla with partial upper airway obstruction
- Mild conchal atrophy due to preceding/ongoing

INVOICE

51168

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-26-22

The nasopharyngeal inflammatory polyp can be a sequela to chronic rhinitis – commonly primary viral ± bacterial superinfection – and will trigger persistent rhinitis due to upper airway obstruction. The findings are a plausible explanation for the described clinical signs. Removal of the polyp by traction technique appears feasible. Left sided ventral bulla osteotomy is a consideration if polyp reoccurs or is incompletely removed.



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Tiny Trochez

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Male Neutered

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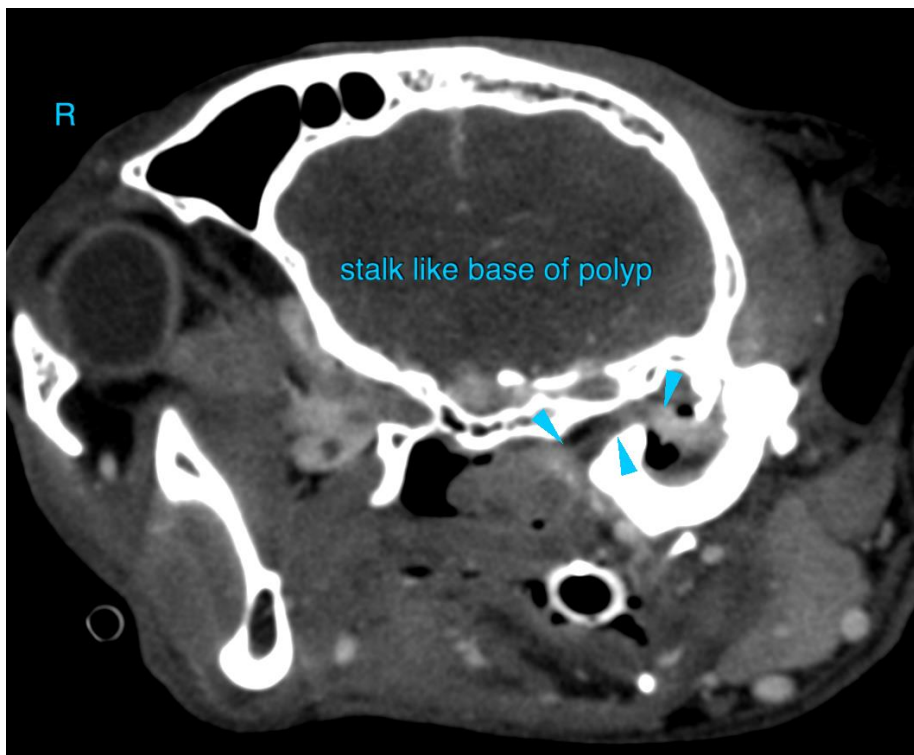
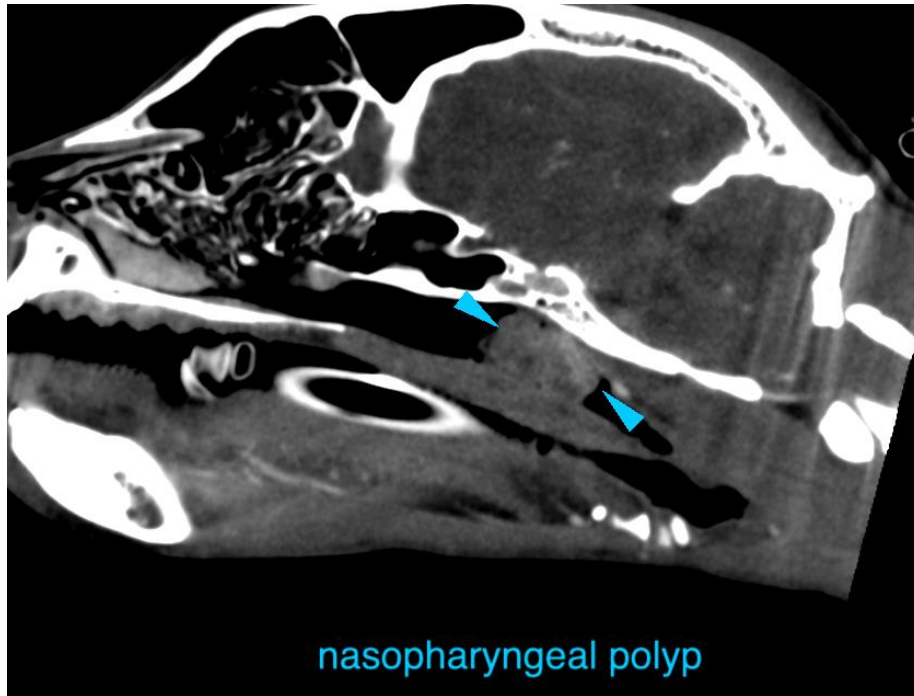
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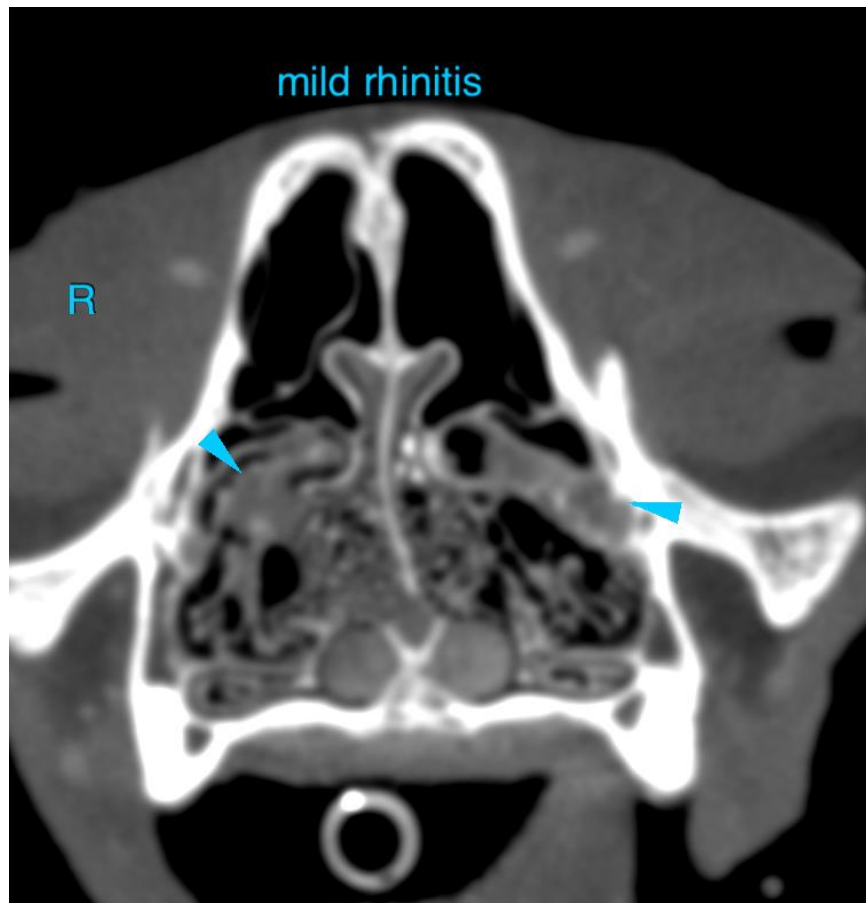
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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