



PATIENT PRESENTING CLINICAL SIGNS

Sophie Storey Abnormal breathing for a few years, noted a cystic structure on 11/17/21 under anesthesia. The rima glottis was rarely visualized but after aspiration, the mass was significantly deflated and the larynx was visualized. The fluid was white and cloudy. Recently began showing signs of cyst returning - increased resp effort, silent meows, lethargy, odd sounds when drinking

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL & NECK

A pre- and post-contrast CT study of the skull including the neck in a bone and soft tissue reconstruction is provided for review.

BREED

Domestic Shorthair

COMPUTED TOMOGRAPHIC FINDINGS

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

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The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The left arytenoid cartilage presents with a pre- and post contrast central hypoattenuating (approximately 10 HU), well-defined ovoid shaped mural mass, bulging into the lumen of the larynx. The hypoattenuating mass is measuring approximately 15 x 9 x 7 mm in size - causing medial deviation of the vocal fold.

AGE

10 Years, 12 days

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

INTERPRETED BY

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 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

Debbie Reynolds

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided Intramural mucosal laryngeal cavitory structure
- Otherwise normal skull & neck

INVOICE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although rare, given the history of preceding aspiration of the cavitory lesion, the presumptive diagnosis is a laryngeal intramural cyst. Due to reoccurrence, both sclerotherapy or surgical excision of the cavitory lesion are potential treatment options.* To rule out malignancy - most common in feline patients - a cyto brush might be considered prior to advanced treatment options.

DATE

3-5-22

* Rudolf, H., et al. "Ultrasonographic diagnosis of a laryngeal cyst in a cat." *Journal of small animal practice* 40.6 (1999): 275-277.



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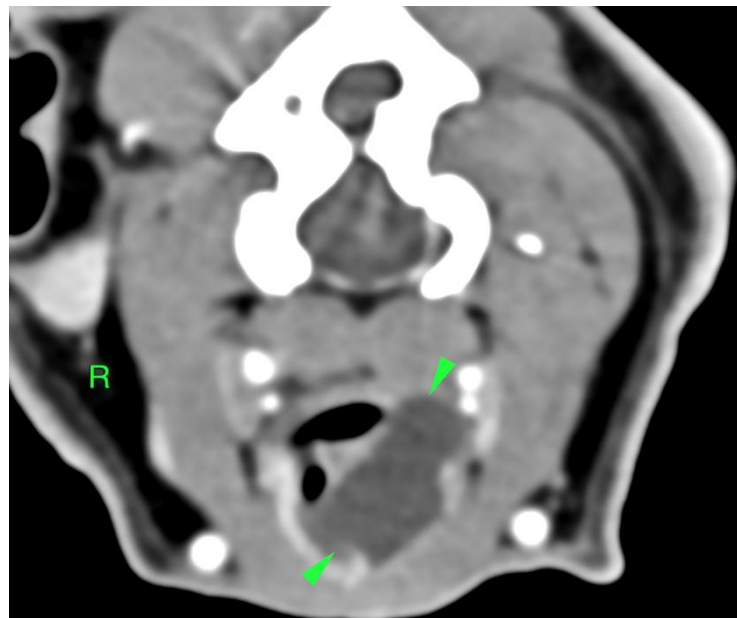
Debbie Reynolds

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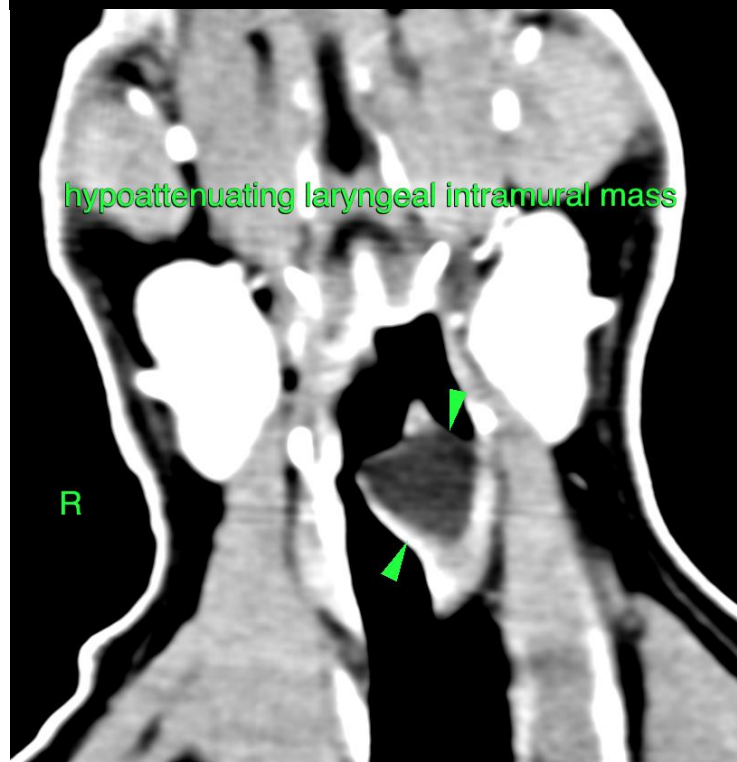
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laryngeal cavitory lesion



hypoattenuating laryngeal intramural mass



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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.

BREED

Domestic Shorthair

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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