



PATIENT

Owen Rueter

SPECIES

Canine

BREED

DLH

SEX

MN

AGE

7

WEIGHT

3.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74435

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- Presented for chronic congestion/sneezing firm nodule/mass palpated in left nasopharynx

Abnormal PE/Chem/CBC/UA Results: SDMA 19, glucose 163

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Approximately at the rostral aspect of the caudal third of the nasopharynx, a contrast enhancing ring shaped narrowing of the nasopharyngeal lumen is appreciated – the cross-sectional area is decreased by approximately 80%.

The right ocular bulb is absent, and the right orbital cavity presents a corresponding decreased volume.

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

The right tympanic bulla is partially obliterated by non-contrast enhancing soft tissue material and presents a mild thickened smooth osseous wall. The left tympanic bulla presents an increased volume, and the osseous lining is moderately thickened and presents multiple small drum-stick shaped spicules protruding into the lumen. The nasopharynx is distorted by the mass effect of the enlarged left tympanic bulla. 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 medial retropharyngeal lymph nodes are prominent.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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 left ventricular wall is subjectively prominent.

The bronchial walls are generalized mildly thickened and smooth. Multiple peripheral bronchial segments are obliterated by soft tissue attenuating material along with segmental saccular dilation – presenting a 'tree-in-bud' pattern.

The lung parenchyma presents the expected architecture and attenuation behavior.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasopharyngeal stenosis, caudal third of nasopharynx
- History of chronic left sided otitis media and secondary osseous remodeling and expansion of the tympanic bulla – secondary mass effect on pharynx
- Right sided otitis media
- Bronchial lung pattern along with a tree-in-bud pattern
- Subjective thickening wall left ventricle of the heart

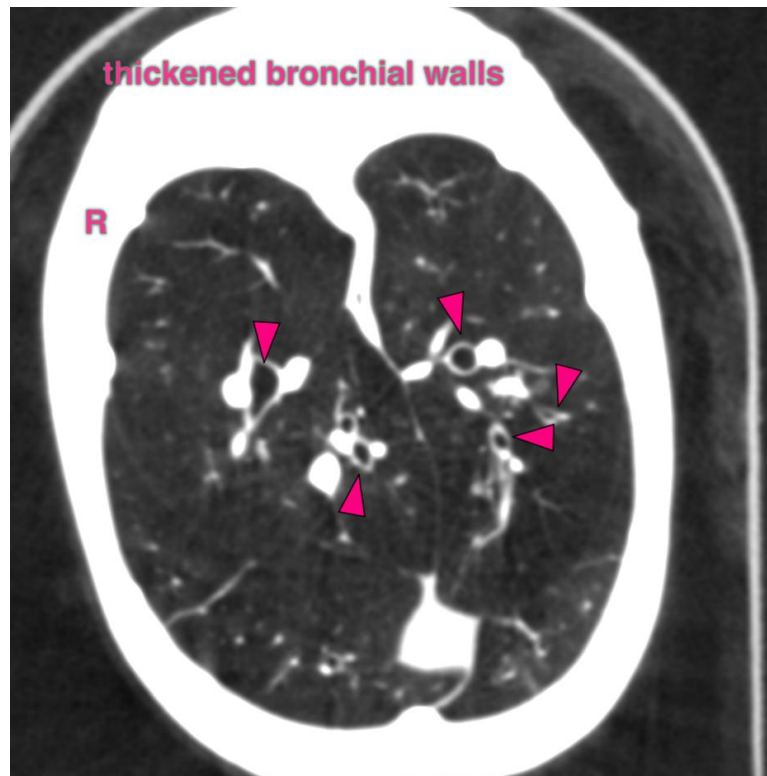
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with nasopharyngeal stenosis due to ring shaped mucosal thickening/fibrotic ring level with the caudal third of the nasopharynx. The finding is a plausible explanation for the described clinical signs. An acquired inflammatory origin is considered likely here. Potential treatment options such as balloon dilation ± anti-inflammatory management might be discussed with internal medicine.

The clinically appreciated firm swelling is caused by the enlargement of the left tympanic bulla.

The bronchial lung pattern is indicative for feline bronchial disease, commonly primary allergic ± bacterial or viral superinfection. The tree-in-bud pattern is commonly a sequela to mucus plugging of peripheral bronchial segments secondary to chronic bronchial disease – the odds for neoplastic transformation of the bronchial walls are low.

The subjective thickening of the wall of the left ventricle can be indicative for hypertrophic cardiomyopathy; a cardiac echo is beneficial to rule in/out the diagnosis.





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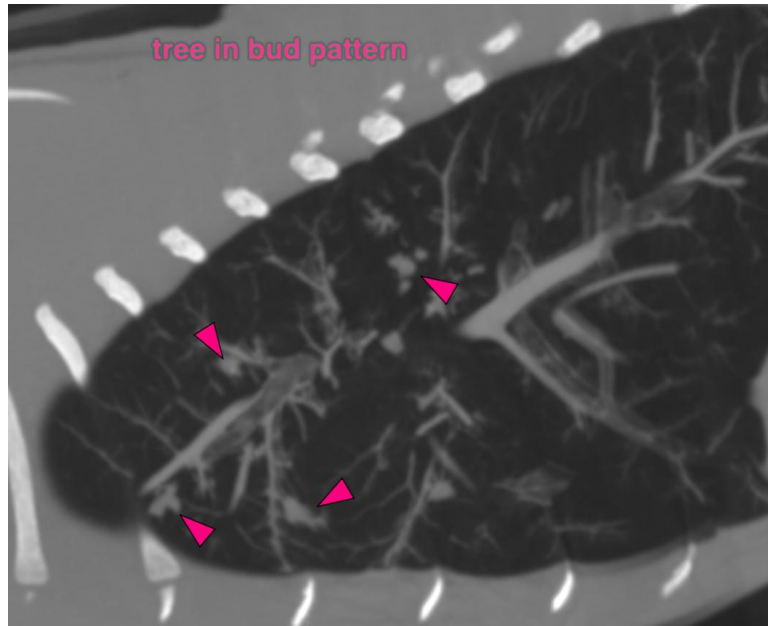
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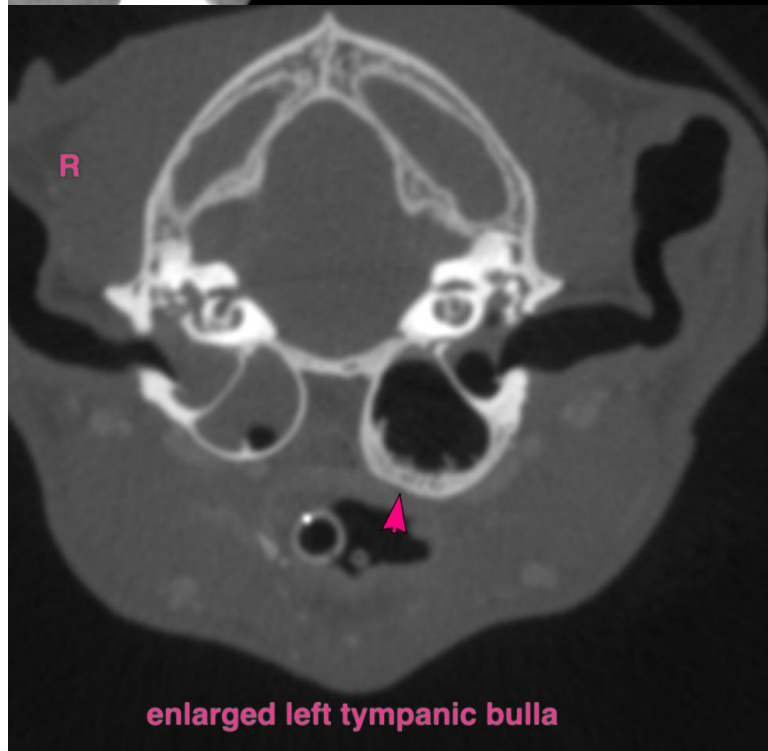
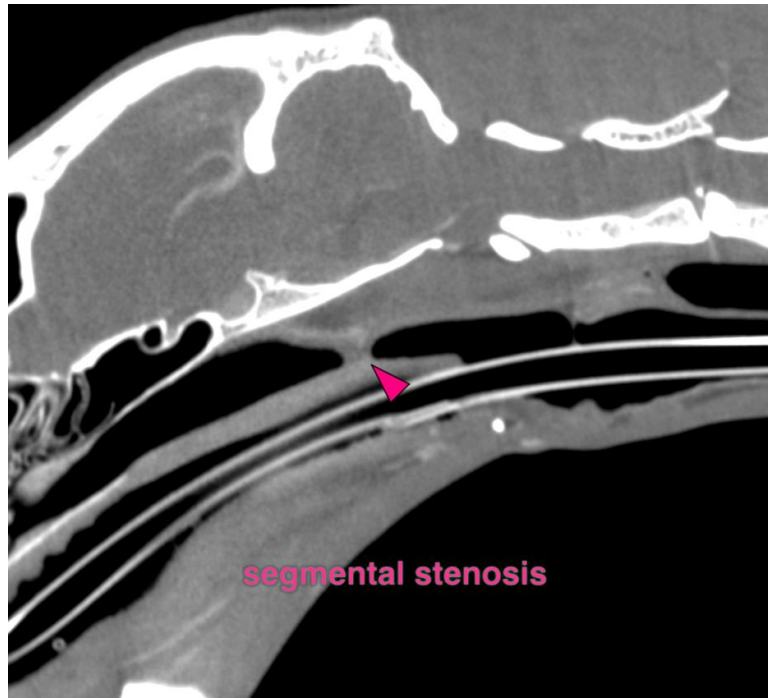
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com