



**PATIENT PRESENTING CLINICAL SIGNS**

**Lukas Roman**  
 We are referring Lukas a 10-month-old MN DSH for Skull CT. He has presented to our clinic with chronic history of upper respiratory problems/rhinitis. Last month went to the emergency clinic with head tilt and nystagmus. DDx benign polyp, allergic, or infectious rhinitis, nasopharyngeal stenosis, congenital malformations such as septal defect.

**SPECIES**  
 Abnormal PE/Chem/CBC/UA Results: CBC --- MON mild increased CHEM --- ALP mild increased 95U/L, AMY severe increased 2377U/L, TP decreased <0.1mg/dL  
**Feline**

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

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

**DSH COMPUTED TOMOGRAPHIC FINDINGS**

Regarding the anatomy, electronic image labeling is flipped, and R is considered as the right side of the patient and vice versa.

**SEX**  
Skull

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

**AGE**  
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

**10 Months**  
 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

The left tympanic bulla is aerated, the mucosal lining is not seen, the bony wall is smooth and thin.

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The right tympanic bulla is filled with fluid attenuating material and the osseous lining of the right tympanic bulla is markedly thickened, measuring up to 6.5 mm in width, and smooth. The osseous segment of the right auditory tube is mild to moderately widened. The nasopharynx is occluded by a peripheral contrast enhancing roundish mass, measuring 13 mm in diameter, with a stalk like extension protruding into the right Eustachian tube. The rostral segment of the nasopharynx contains a moderate amount of foamy fluid attenuating material. The external ear canals are within normal limits.

**REFERRING VET**

Dr. B. Acevedo

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 right medial retropharyngeal lymph node is moderately enlarged and presents a heterogeneous contrast enhancement pattern.

**INVOICE**  
Thorax

**51663**  
 The bony and surrounding soft tissue structures are within normal limits.

**DATE**  
 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.

**4-21-22**  
 The thymus is age related visible in the cranioventral mediastinum.

The cardiovascular structures including the pulmonary vasculature are within normal limits.



**PATIENT**

Lukas Roman

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

**SPECIES**

Feline

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

DSH

- Right sided chronic otitis media with marked hyperostosis of the osseous lining
- Inflammatory nasopharyngeal polyp originating from the right tympanic bulla/Eustachian tube
- Pressure atrophy osseous segment right Eustachian tube
- Lymphadenopathy right medial retropharyngeal lymph node
- Normal thorax

**SEX**

NM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with an inflammatory nasopharyngeal polyp originating from the right tympanic bulla, causing complete upper airway obstruction – explaining the presenting clinical signs. Removal of the polyp using traction technique is considered as the therapy of choice. If ventral bulla osteotomy is considered, be aware of the marked thickening of the osseous lining secondary to chronic otitis media.

**AGE**

10 Months

Secondary reactive hyperplasia of the right medial retropharyngeal lymph node.

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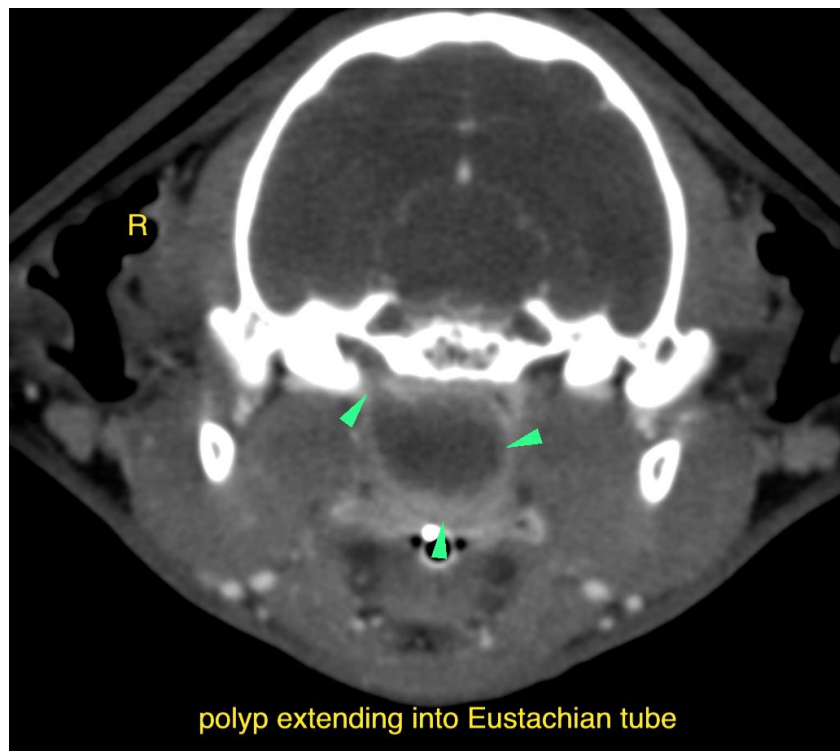
Dr. B. Acevedo

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4-21-22





**PATIENT**

Lukas Roman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

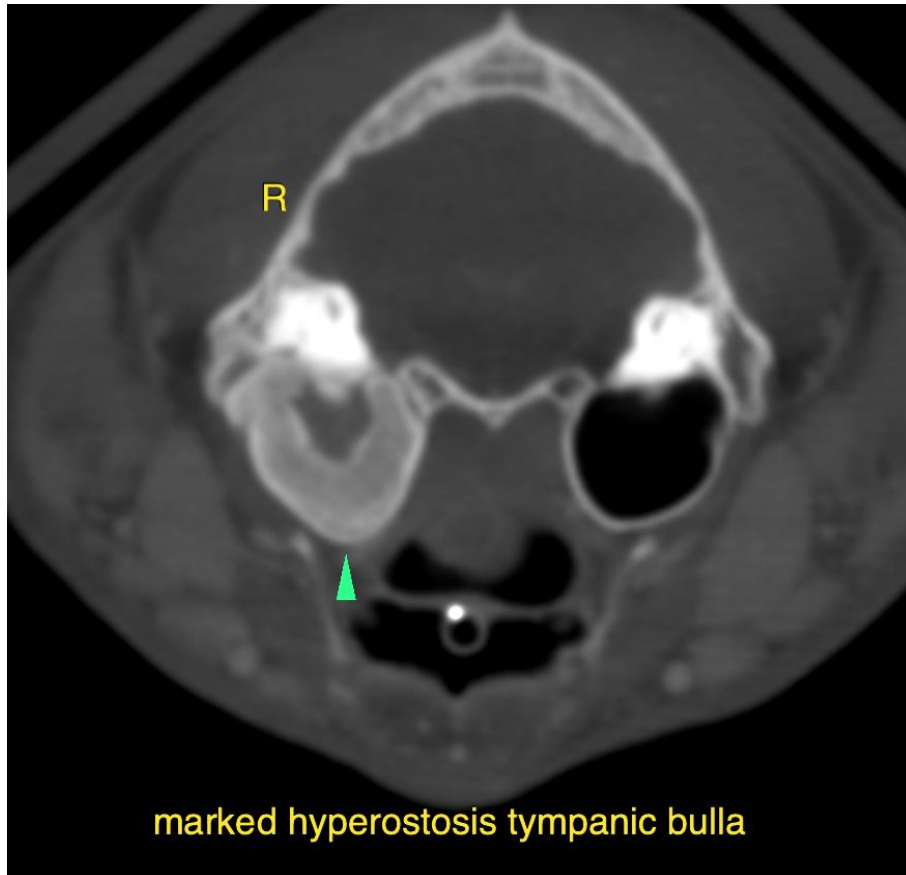
NM

**AGE**

10 Months

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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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