



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Marion Presented for chronic stridor. No other issues  
Abnormal PE/Chem/CBC/UA Results: Normal

**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.

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

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Skull

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

**SEX**

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A moderate amount of mild foamy, fluid attenuating material is appreciated in the nasal cavity bilaterally. Moderate destruction of the nasal conchal structures is seen, R>L. The nasopharynx is occupied by a roundish, soft tissue attenuating and peripheral contrast enhancing mass, measuring 18 mm in diameter. The nasopharyngeal mass presents with a small stalk like base, extending through the left Eustachian tube into the left tympanic bulla. The osseous segment of the left auditory tube is moderately widened. The left tympanic bulla contains a moderate amount of fluid attenuating material.

**AGE**

1 Year

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.

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.

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The left medial retropharyngeal lymph node is moderately enlarged, the short-to-long-axis ratio is maintained normal <0.5. The contrast enhancement pattern of the medial retropharyngeal lymph nodes is mildly heterogeneous.

Thorax

**REFERRING VET**

Dr. Runde

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.

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

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.

**DATE**

5-4-22

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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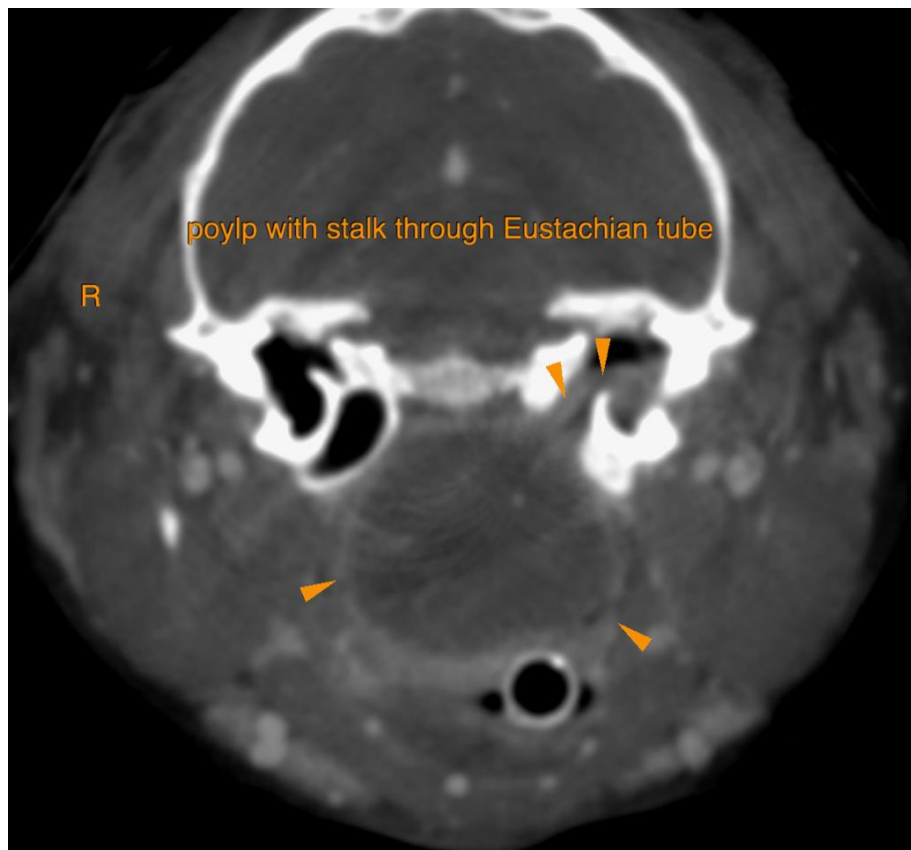
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left sided otitis media
- Inflammatory nasopharyngeal polyp, originating from the left tympanic bulla with complete upper airway obstruction
- Destructive rhinitis
- Lymphadenopathy medial retropharyngeal lymph nodes, L>R
- Normal thorax

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with inflammatory nasopharyngeal polyp, likely secondary to rhinitis (commonly primary viral ± bacterial superinfection) and accompanying otitis media. The nasopharyngeal polyp will trigger persistent rhinitis. Removing the polyp using traction technique is recommended.

Secondary reactive hyperplasia of the tributary lymph nodes.





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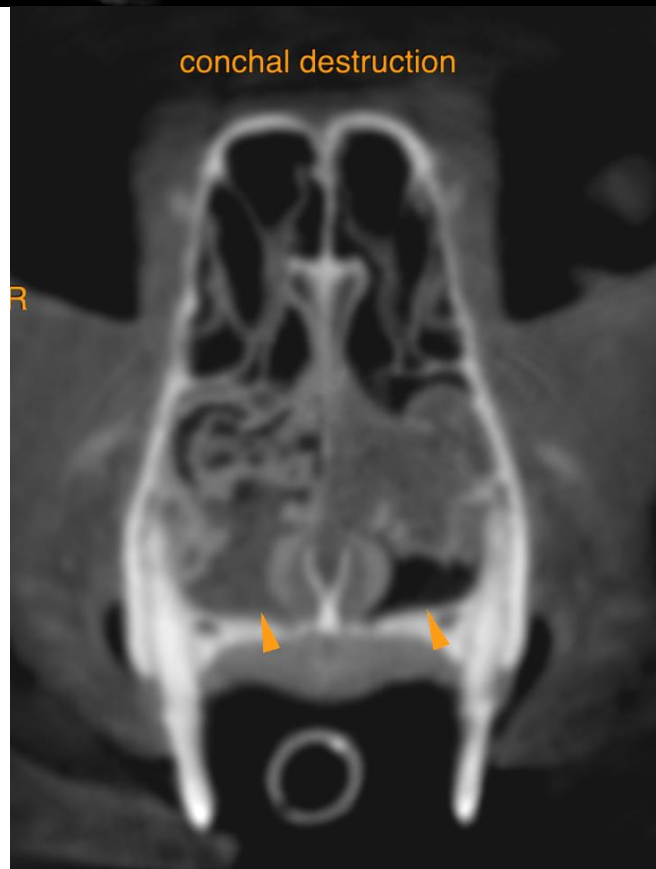
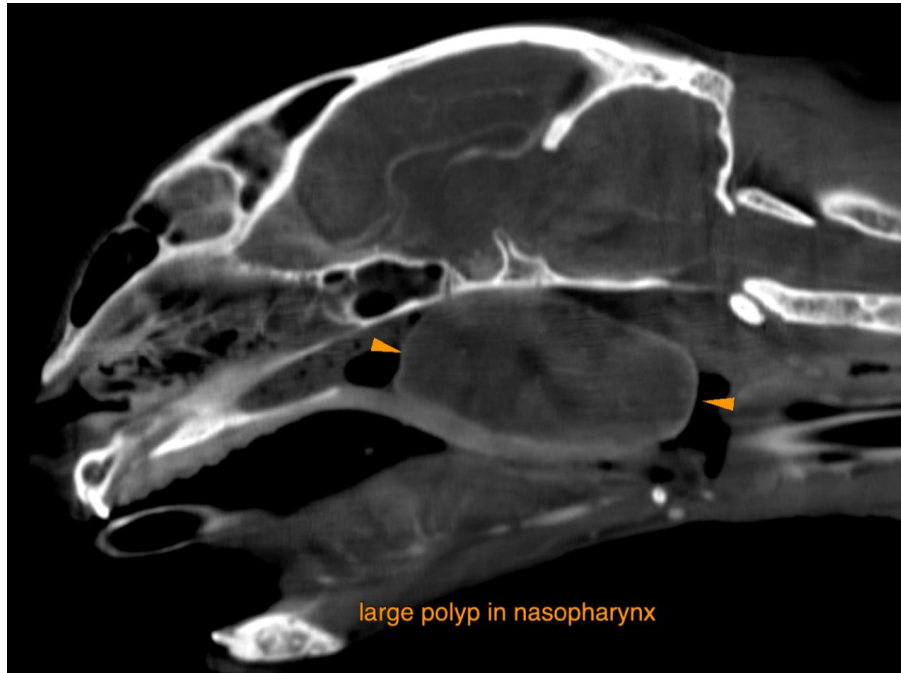
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**PATIENT**

Gracie Marion

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.

**SPECIES**

Feline

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.

**BREED**

DSH

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