



**PATIENT**

Patches Nichols

**PRESENTING CLINICAL SIGNS**

Presented for a 6 week hx of stridor and intermittent panting. No nasal discharge. Hx of a severe uri and bladder stones.  
Abnormal PE/Chem/CBC/UA Results: Normal Respiratory stridor, open mouth breathing

**SPECIES**

Feline

**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 are provided for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

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

**SEX**

In both nasal cavities, mild destruction of the nasal conchal structures is appreciated.

FS

The right tympanic bulla is filled with fluid attenuating material. In the nasopharynx, a cauliflower like/multinodular lesion is obliterating approximately 90% of the cross-sectional area and is attached to the stalk like structure, extending through the right Eustachian tube into the right tympanic bulla. The multinodular mass in the nasopharynx is protruding beyond the caudal rim of the soft palate. The osseous lining of the right tympanic bulla is mildly thickened and irregular.

**AGE**

9

In the left tympanic bulla, a small amount of non-contrast enhancing material is attached to the osseous lining.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The osseous segment of the auditory tube bilaterally is moderately dilated.

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**

Dr. Runde

The osseous and soft tissue structures of the neck are within normal limits.

Thorax

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

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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.

**DATE**

6-7-22

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

Generalized mild to moderate thickening of the bronchial walls is seen.

The lung parenchyma is hyperinflated and presents an increased volume.



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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Right sided otitis media
- Inflammatory nasopharyngeal polyp originating from the right tympanic bulla and secondary upper airway obstruction
- Mild conchal atrophy bilaterally
- Bronchial lung pattern
- Hyperinflation of the lung

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

The CT study is consistent with an inflammatory nasopharyngeal polyp, originating from the right tympanic bulla and secondary upper airway obstruction. The finding is a plausible explanation for the presenting clinical signs. Removing the polyp using traction technique is recommend, a right sided ventral bulla osteotomy can be considered alternatively.

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The bronchial lung pattern indicates inflammatory lower airway disease – with feline bronchial disease ('feline asthma') being most likely here. The hyperinflation of the lung can be iatrogenic, due to positive pressure breath hold technique or indicate air-trapping secondary to asthma.

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Dr. med. vet. DipECVCI

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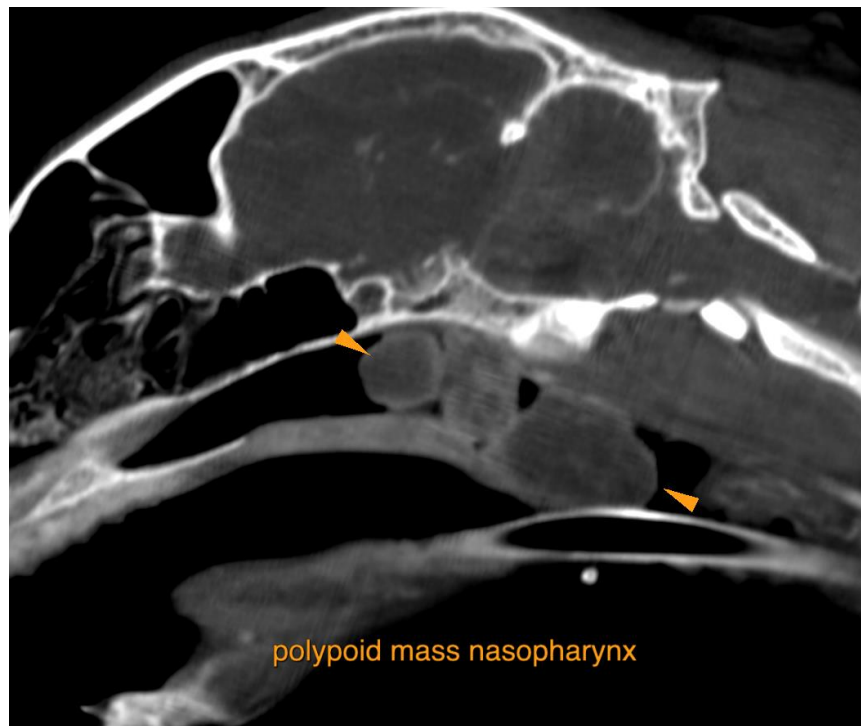
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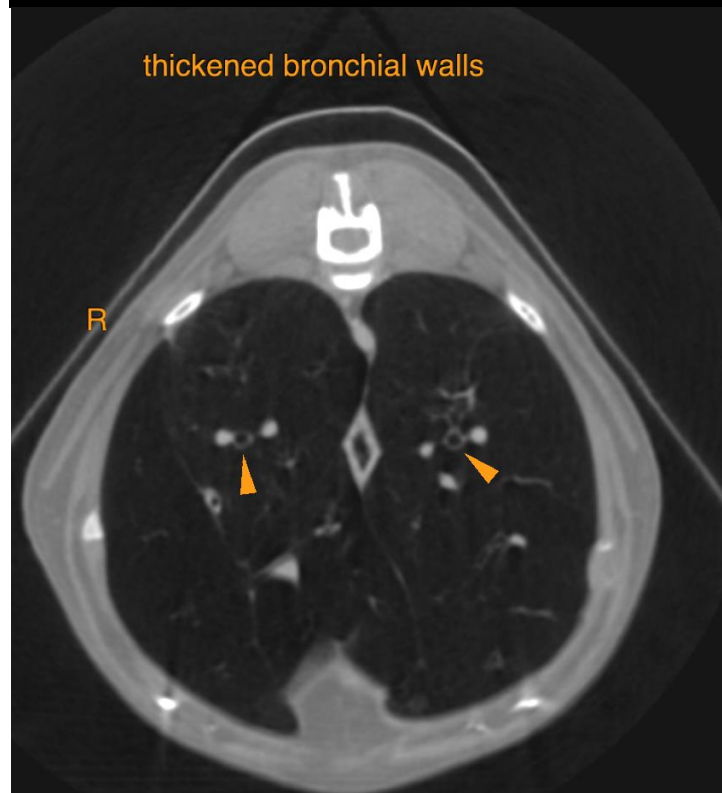
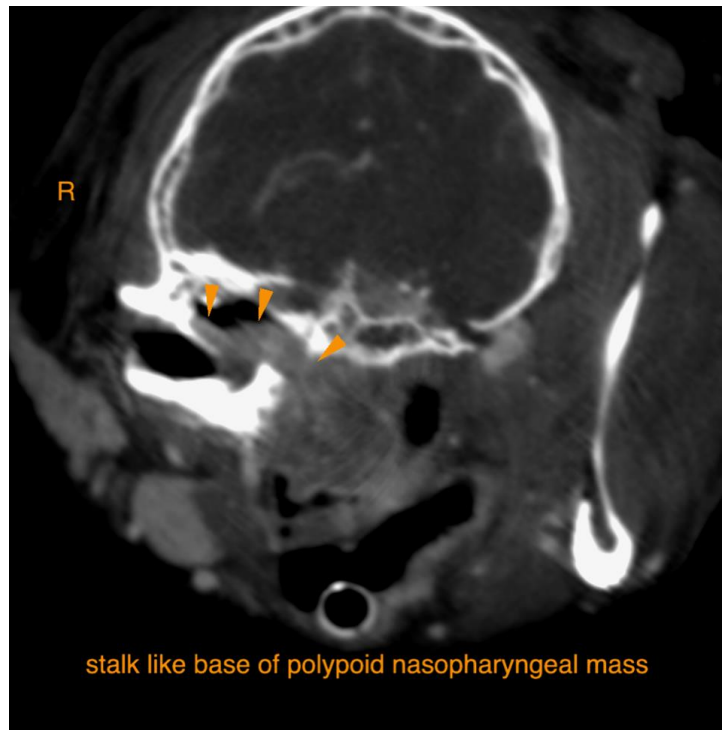
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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