



**PATIENT PRESENTING CLINICAL SIGNS**

**Bubbles Goetz** Presented for a history of congestion, retching/gagging/coughing. Radiographs on presentation show a megaesophagus and severe gastric distension. The gastric distension resolved after 24 hours in hospital. Continues to eat and vomits occasionally.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Normal

**Feline COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

**DSH** Skull

The tooth elements 103, 104, 106, 204, 206, 301, 307 and 407 are absent.

**SEX** Moderate destruction of the nasal conchal & turbinate structures bilaterally is appreciated; post contrast administration, the nasal mucosal lining is moderately thickened. In the rostral aspect of the nasopharynx, marked swelling of the ventral mucosal lining is noted, in combination with marked ring-like narrowing of the nasopharynx..

**AGE** Both tympanic bullae are filled with non-contrast enhancing soft tissue material, the osseous lining is mildly thickened and irregular, R>L.

**8** 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 mandibular and medial retropharyngeal lymph nodes are prominent.

Thorax

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

**REFERRING VET**

Dr. Runde

The esophagus is generalized moderately dilated by gas and a small amount of gravity dependent fluid.

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.

Generalized mild thickening of the bronchial walls is noted.

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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.



**PATIENT**

Bubbles Goetz

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Nasopharyngeal stenosis with marked focal mucosal swelling in the rostral segment of the nasopharynx
- Destructive rhinitis
- Lymphadenopathy mandibular & medial retropharyngeal lymph nodes
- Megaesophagus
- Mild bronchial pattern
- Bilateral chronic otitis media, R>L – secondary to nasopharyngeal stenosis
- Multiple absent teeth

**SPECIES**

Feline

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DSH

**SEX**

FS

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a focal ring like narrowing of the nasopharynx is indicating nasopharyngeal stenosis with accompanying mucosal swelling; a plausible explanation for the presenting clinical signs. Both an acquired inflammatory origin or less likely here congenital malformation need to be considered. Theoretically local neoplastic infiltration of the nasopharynx is a potential (e.g. round cell tumor), but appears less likely due to the chronicity of clinical signs. Recommend retrograde evaluation of the nasopharynx to confirm the diagnosis. If confirmed, potential treatment options such as balloon dilation ± anti-inflammatory management might be discussed with internal medicine.

The megaesophagus might be a sequela to upper airway obstruction and has been described in a feline patient with inflammatory nasopharyngeal polyp formation.\* Other causes for megaesophagus include idiopathic, neuromuscular disorder, feline dysautonomia, paraneoplastic.

The bronchial lung pattern is consistent with bronchitis that might be triggered by the upper respiratory tract disease.

The prominent tributary lymph nodes of the skull are suggestive for secondary reactive hyperplasia.

\* Byron JK, Shadwick SR, Bennett AR. Megaesophagus in a 6-month-old cat secondary to a nasopharyngeal polyp. J Feline Med Surg. 2010 Apr;12(4):322-4. doi: 10.1016/j.jfms.2009.09.002. PMID: 19836983.

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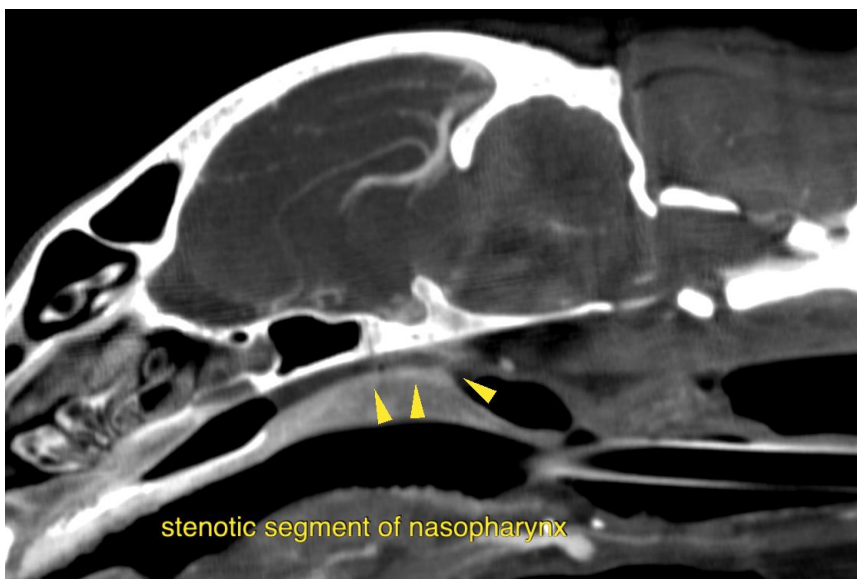
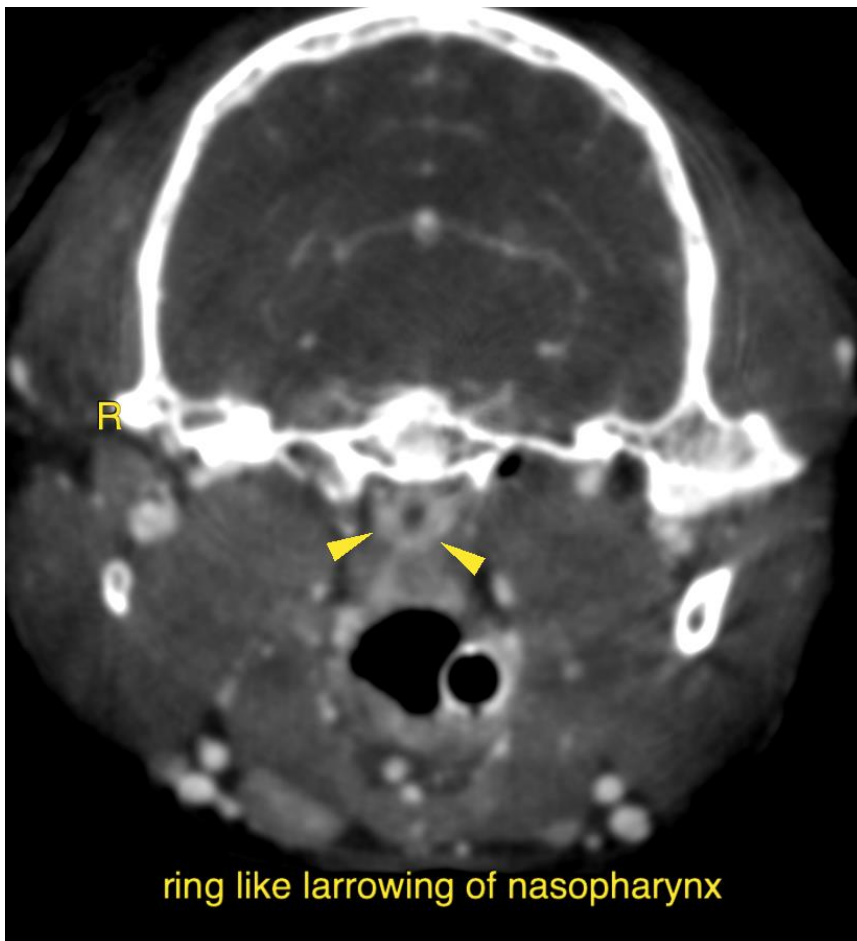
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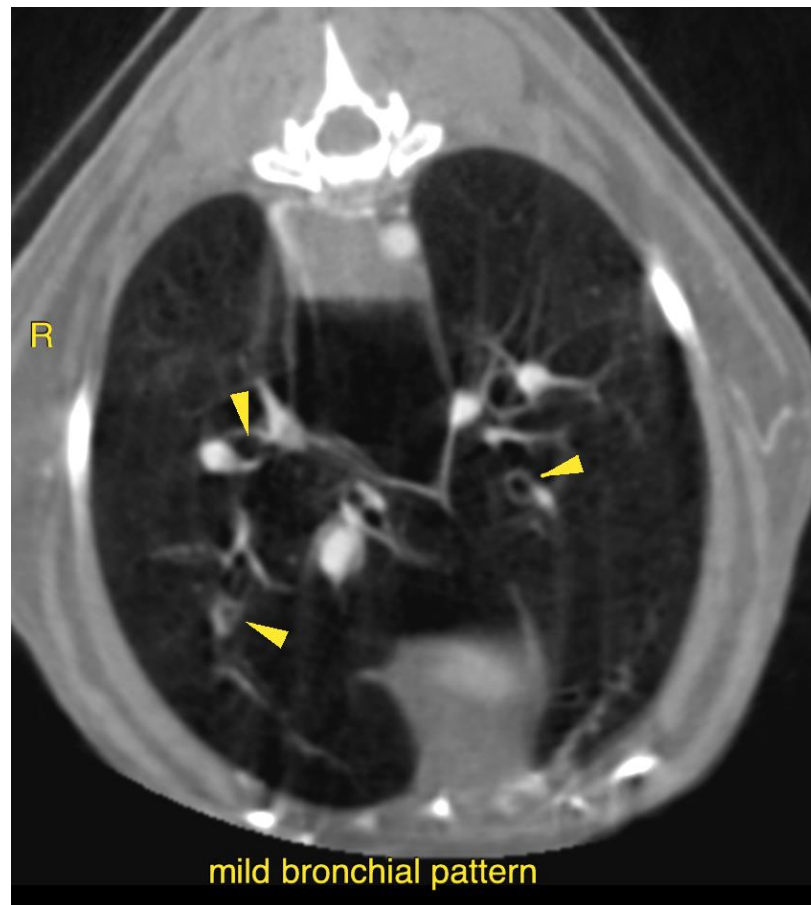
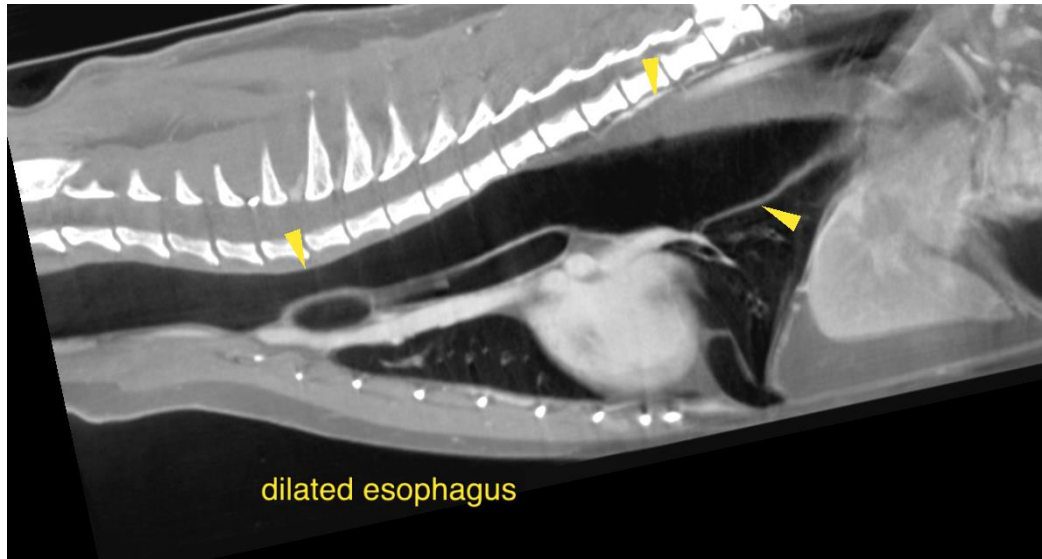
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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