



**PATIENT PRESENTING CLINICAL SIGNS**

Angel Rich OR was seen on monday for something stuck in throat - was given a shot of steroid and convenia. O says improved since then. but couldnt get more steroid tablets into her. now not wanting to eat much. O thinks there is something stuck in throat. is occasionally coughing/retching but makes this funny noise most of the time. no vomiting/diarrhoea. xrays taken - lateral and DV. revealing a soft tissue structure within trachea? just below larynx. cant feel it on palpation. lungs - poss tramlines present or vascular pattern? - is this 2ry to trachea problem (inflammation) or seperate issue. quickly popped scanner on chest - no obvious B lines seen

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

**SEX**

Female

The tooth elements 103, 106, 206, 209, 301, 307, 401, 403, 404 and 407 are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The nasopharyngeal tonsils are prominent and are bulging ventrally into the nasopharynx, partially obliterating the lumen of the nasopharynx. The mucosal lining of the larynx is subjectively generalized swollen.

**AGE**

12 Years

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 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.

Thorax

**REFERRING VET**

Hollie Sharp

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.

**INVOICE**

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The left atrium and its auricular appendage are dilated. The wall of the left ventricle is thickened.

Generalized mild thickening of the bronchial walls is appreciated. Multifocal throughout the lung parenchymal, randomly distributed, small zones (<3 mm) with ground glass attenuation of the lung parenchyma are appreciated.

**DATE**

7-13-23

The lung parenchyma presents the expected architecture and attenuation behavior.

The esophagus and stomach are generalized moderately distended by gas.

**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

Angel Rich

- Enlargement nasopharyngeal tonsils
- Possible generalized mural laryngeal swelling
- Mild bronchial pattern with mild patchy unstructured interstitial zones of the lung parenchyma

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Feline

- Left atrial enlargement & thickened wall left ventricle of the heart
- Multiple absent teeth, see above

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****BREED**

Domestic Shorthair

The prominent mucosal lining of the larynx can indicate infiltrative disease of the larynx such as neoplastic transformation (e.g. round cell tumor, squamous cell carcinoma) or inflammation (e.g. lymphocytic plasmocytic, eosinophilic, viral infection) or edema secondary to allergic irritant or insect bite. Recommend correlating this finding with findings from through laryngeal examination. If the swelling can be confirmed, cyto brush or FNA sampling are recommend.

**SEX**

Female

The prominent nasopharyngeal tonsils can present reactive hyperplasia or can indicate neoplastic invasion (e.g. round cell tumor). Consider biopsy of the nasopharyngeal tonsils as well.

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The mild bronchial lung pattern and zones of interstitial pattern of the lung are most suggestive for feline bronchial disease ± accompanying pneumonitis.

The cardiac changes are concerning for hypertrophic cardiomyopathy – a cardiac echo would be ideal for further assessment of the heart.

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**PATIENT**

Angel Rich

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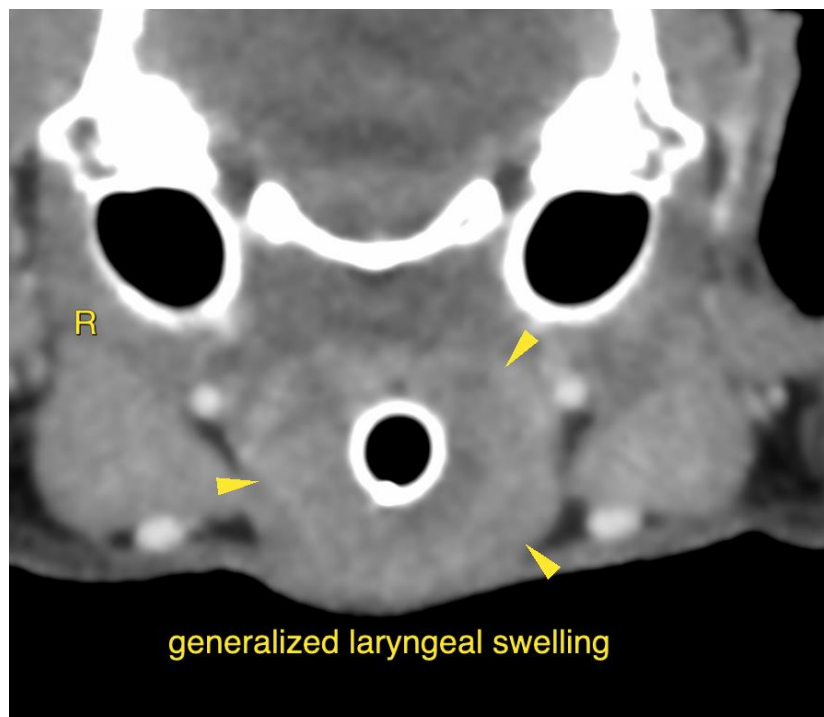
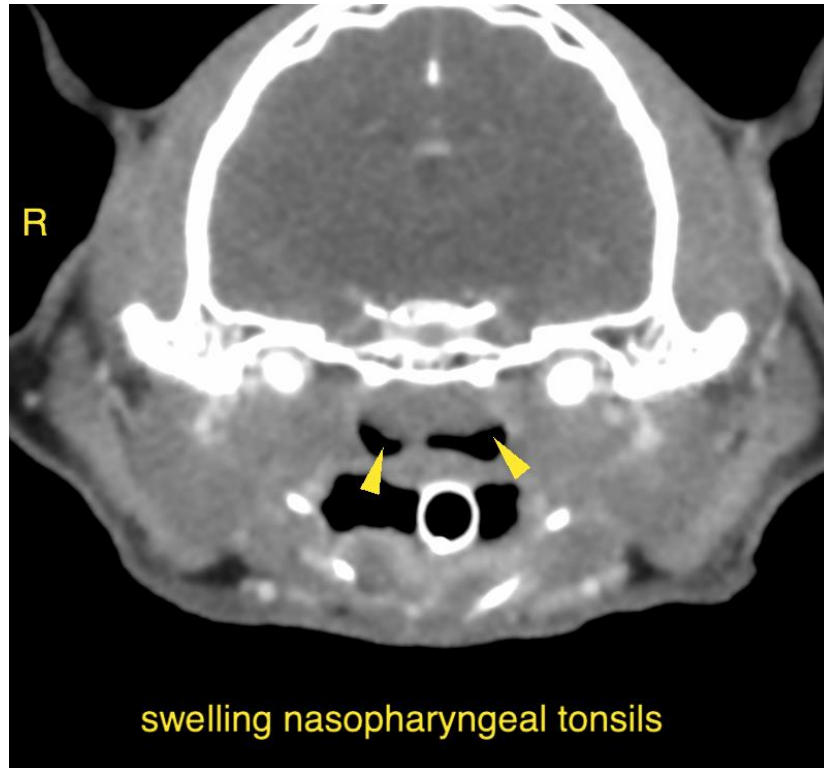
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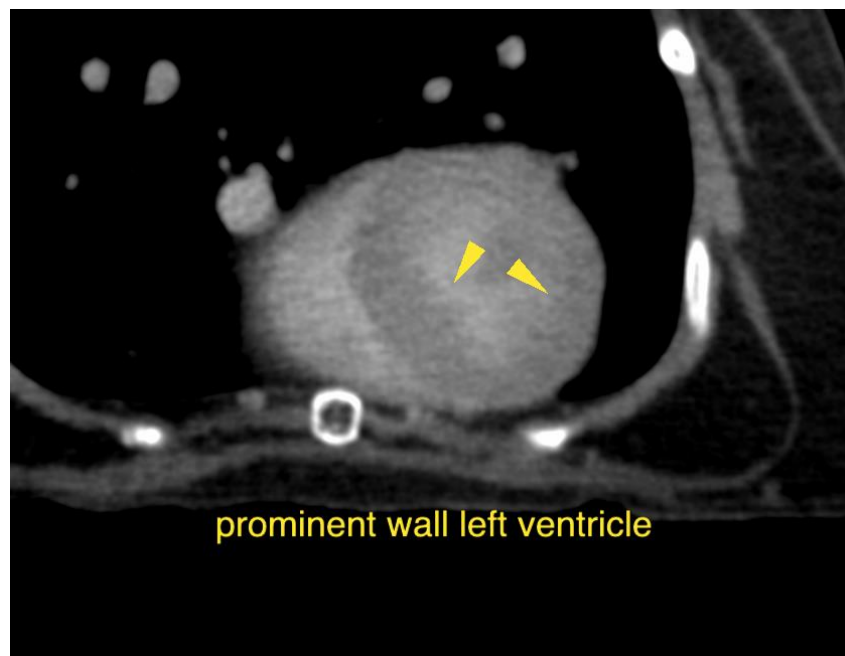
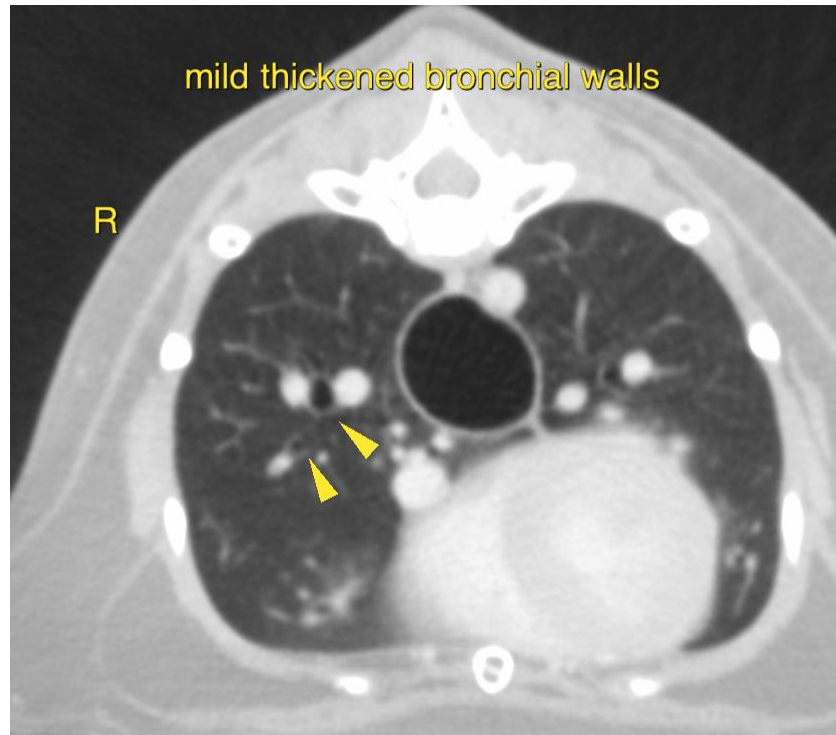
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**PATIENT**

Angel Rich

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  
[info@sonopath.com](mailto:info@sonopath.com)

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