



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Philemon Kertsman  
**SPECIES** Feline  
**BREED** Birman  
**SEX** Neutered Male  
**AGE** 3 Years

History: Philemon has had 3 episodes of retching & lethargy/dull mentation in the last 1.5 weeks. During his first 2 episodes, his clinical signs resolved within a few hours. Bloodwork and xrays were unremarkable. On July 11, he started retching again but became dull, lethargic, ataxic, and fell on his side. Previous history of dry and neuro FIP (2021) - treated with GS100. Physical exam: dull, pyrexia (39.7C now resolved), weak menace OD, normal menace OS, normal PLR OU, weak nasal stim on the right, normal palpebral OU. He was ambulatory with pelvic limb ataxia. Proprioceptive positioning and hopping were delayed in the pelvic limbs and he was reactive on thoracolumbar palpation. Neurolocalization: multifocal intracranial CSF: wnl

**MAGNETIC RESONANCE IMAGING OF THE SKULL**

T2 weighted, FLAIR, SWI, diffusion weighted, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

The brain presents the expected anatomy and bilateral symmetry with normal signal intensity and contrast enhancement. Post contrast administration, at the ventral and rostral aspect of the left olfactory bulb, increased meningeal contrast uptake is present.

The ventricular system presents the expected dimensions, morphology and the CSF signal is within normal limits in all sequences.

The tympanic bullae are aerated and the bony lining is thin.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

In the caudal aspect of the left nasal cavity, post contrast administration focal thickening of the mucosal lining of the nasal turbinates is appreciated.

A diffuse T2 and FLAIR hyperintense soft tissue swelling of the retropharyngeal tissue level with the right tonsil is noted; post contrast administration the soft tissue structures at the same level are diffuse contrast enhancing.

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The medial retropharyngeal lymph nodes are prominent.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Focal meningeal contrast uptake level with left olfactory bulb
- Nasal mucosal thickening level with left turbinates
- Focal cellulitis retropharyngeal tissue region right tonsil
- Lymphadenopathy medial retropharyngeal lymph nodes
- Normal brain

**REFERRING VET**

Dr. Alison Little

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focal meningeal contrast uptake level with the left olfactory bulb in combination with the ipsilateral mucosal thickening of the left nasal turbinates is increasing the odds for underlying

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7/13/23



**PATIENT** neoplastic disease – round cell tumor would be most likely. A potential is granulomatous disease, like in case of mycotic infection.

Philemon Kertsman

The focal zone with steatitis in the region of the right tonsil in combination with the nasal and meningeal changes is increasing the odds for neoplastic infiltration as well. The appreciated retropharyngeal changes are a potential source for the described retching. Recommend clinical evaluation of the right tonsil/right pharyngeal wall ± FNA sampling.

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Recommend FNA sampling of the medial retropharyngeal lymph nodes.

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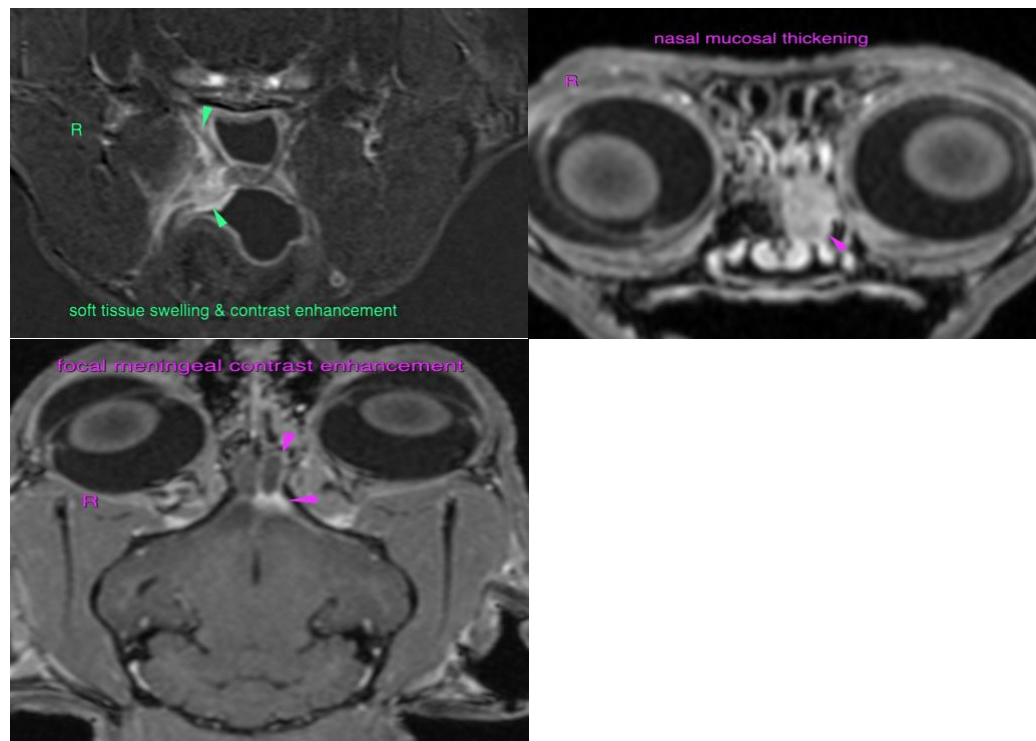
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**REFERRING VET**

Dr. Alison Little

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.

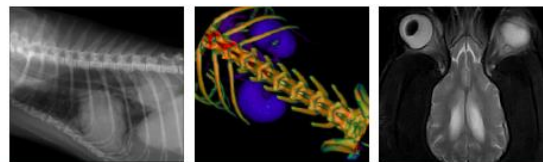
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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
info@sonopath.com

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