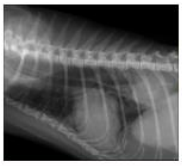
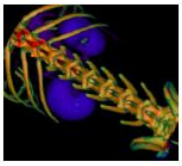
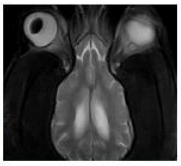




PATIENT

Reds Kiefer

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Borecky

INVOICE

53191

DATE

8-1-22

PRESENTING CLINICAL SIGNS

Obese and is a well-controlled diabetic w/Lantas insulin. Coughing and sneezing for a couple of weeks. Very nasally sounding. Attempts to vomit with nothing coming up. Did not improve on antibiotics. - No air movement through left nostril, good (normal) air movement in right nostril - Stridor on inspiration - Lungs auscult clear

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.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The choana are obliterated by a mild irregular marginated, soft tissue attenuating and mild contrast enhancing mass, mildly protruding caudally into the nasopharynx.

The nasopharyngeal tonsils are prominent.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The right external ear canal presents moderate shell-like mineralization.

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

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

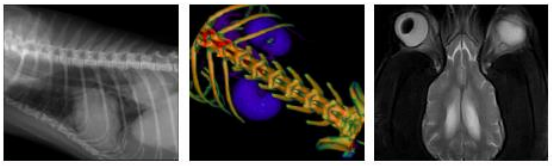
To the right of the midline, in the ventral aspect of the diaphragm, a defect measuring 1.2 x 1.5 cm is appreciated. The ventral aspect of the pleural cavity is occupied by a moderate amount of fat.

The lung lobes present a generalized moderate decreased volume with consolidation of the cranioventral aspects of the lung.

There is a generalized tree-in-bud pattern, predominantly of the peripheral bronchi & bronchiole, partially with interspersed punctuate mineralization.

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.

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



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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Choanal soft tissue mass with upper airway obstruction
- Prominent nasopharyngeal tonsils
- Generalized advanced tree-in-bud pattern with broncholithiasis
- Diaphragmatic hernia with prolapse of fat into the ventral aspect of the pleural cavity
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The described sneezing and impaired upper airway flow can be explained by the soft tissue mass lodged within the choanal, causing upper airway obstruction. The odds for neoplastic disease, such as round cell neoplasia, adenocarcinoma, fibrosarcoma, other are high. Theoretically nasal inflammatory polyp is a differential, but the odds are low. Recommend rhinoscopy or better retrograde evaluation of the nasopharynx including biopsy.

The fat within the ventral aspect of the pleural cavity is likely a sequela to the defect in the ventral portion of the diaphragm with prolapse of peritoneal fat into the pleural cavity.

The tree-in-bud pattern indicates obliteration of bronchi & bronchiole due to inspissated exudate, secondary to feline bronchial disease – a potential source for the clinically described cough. Theoretically bronchogenic carcinoma might present with an equal pattern, but I would consider this less likely here.

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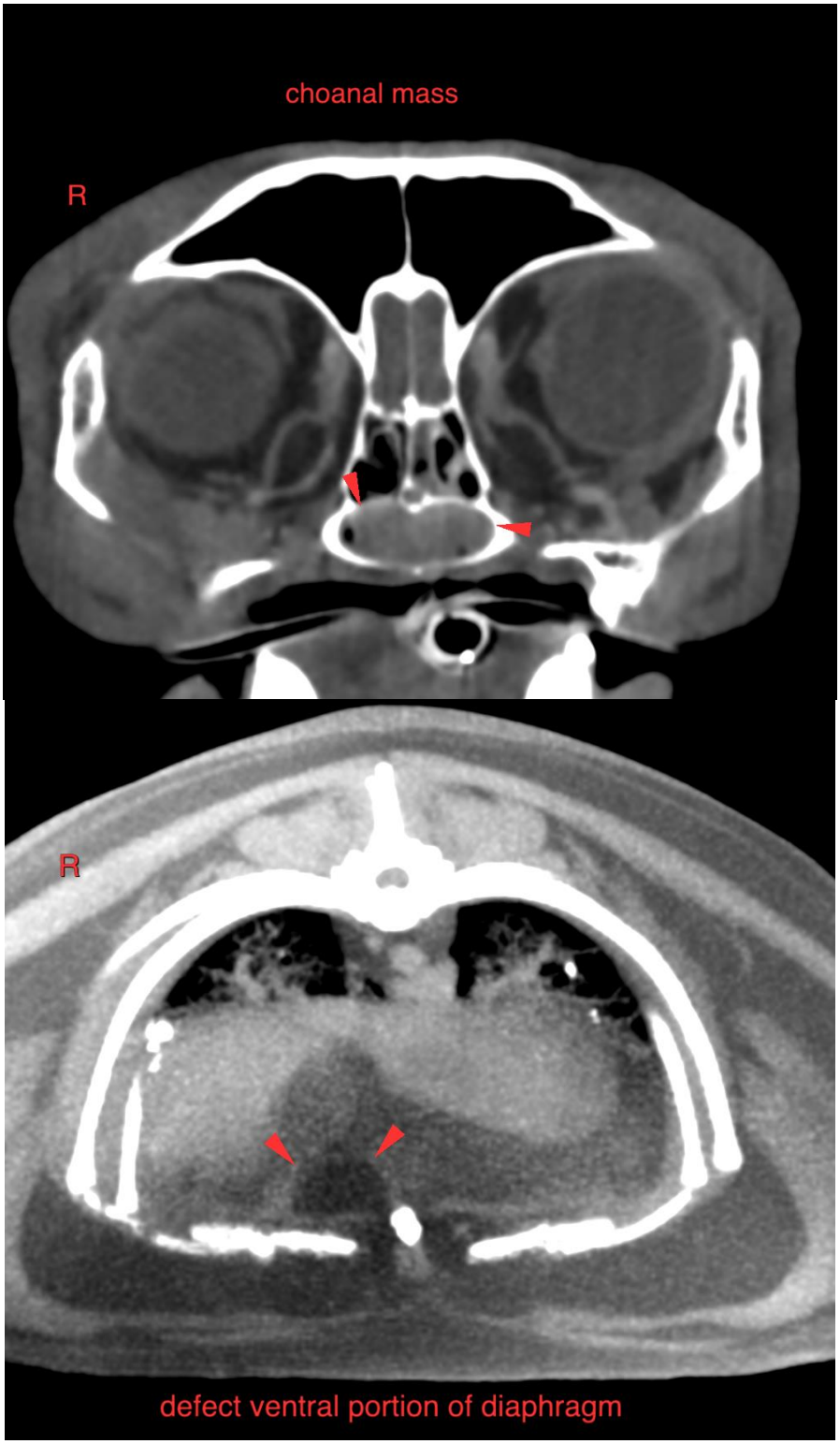

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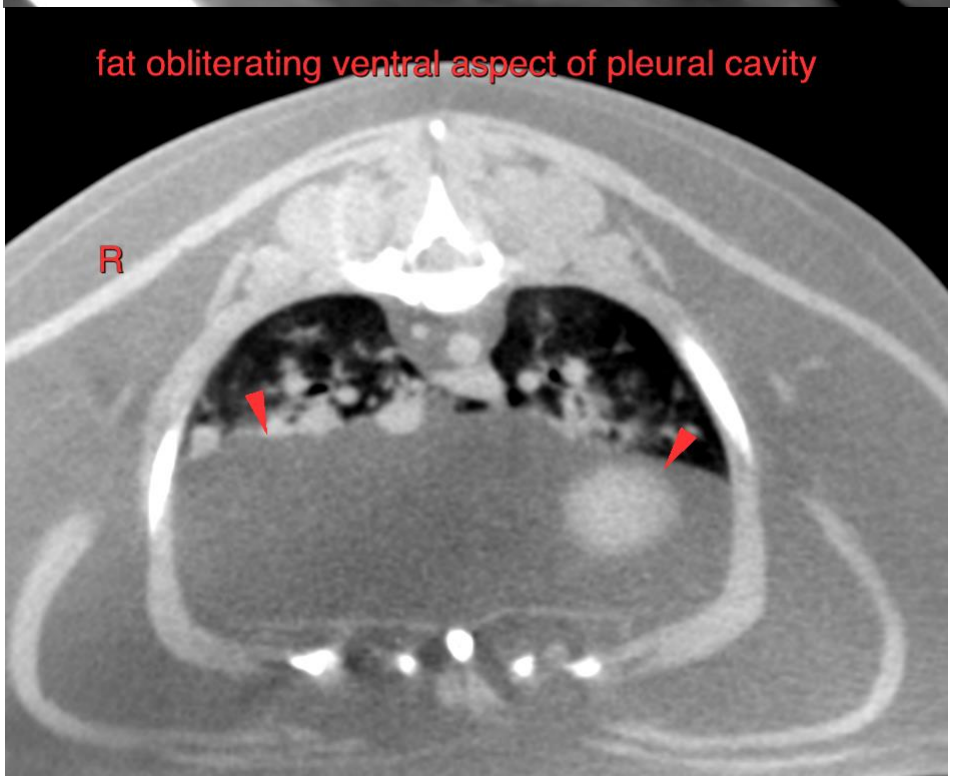

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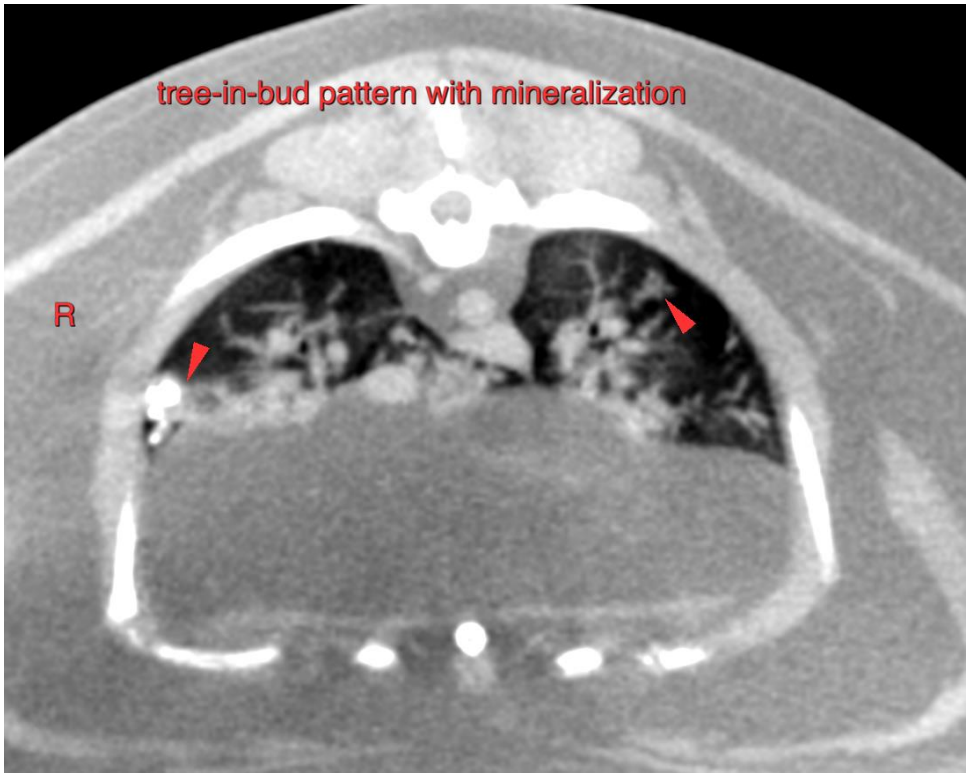

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com