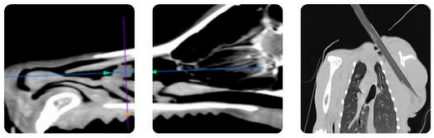

PATIENT

Luna Nuttal

SPECIES

Feline

BREED

Spyhnx

SEX

F

AGE

4

WEIGHT

4

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Patricia Sanchez Sanchez

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Patricia Sanchez Sanchez

INVOICE

74056

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- Chronic rhinitis and ear wax.
- Possible concern about polyps

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review, totaling three series. Images were acquired in the transverse plane using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A mild, multifocal accumulation of hypoattenuating fluid material is present in nasal cavities. The turbinate architecture is preserved, with no evidence of turbinate destruction.

There is no evidence of a contrast-enhancing intranasal mass effect or radiopaque foreign material. The paranasal bones are intact, with no evidence of osteolysis or hyperostosis. The cribriform plate is intact.

No nasopharyngeal polypoid lesion is identified. However, in the mid portion of the nasopharynx, the intraluminal air contrast pattern appears mildly asymmetric on transverse images, and a possible thin membranous structure is suspected at this level, or linear fluid accumulation. The soft palate is within normal limits.

The tympanic cavities are air-filled. Small nodular soft tissue attenuating structures are present in the region of the tympanic membranes bilaterally. The right measures approximately 3.6 × 6.2 mm. The left measures approximately 3.9 × 6.7 mm.

Additionally, the epithelial lining of the horizontal portion of the left external auditory canal appears mildly irregular. The remaining portions of the external auditory canals are unremarkable.

The frontal sinuses are air-filled and within normal limits.

Temporomandibular joints are bilaterally congruent.

No evidence of intracranial mass effect, falx cerebri shift, or ventriculomegaly is identified.

The globes and retrobulbar spaces are within normal limits.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

All teeth are present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild multifocal fluid accumulation within the nasal cavities with preserved turbinate architecture, most consistent with mild non-erosive non-specific rhinitis.

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- No CT evidence of a nasopharyngeal polyp. Mild asymmetry of the nasopharyngeal air column with thin linear lesion, possible a thin nasopharyngeal *membranous structure. Differential diagnoses include just fluid retention.
- Small bilateral nodular soft tissue structures in the topography of the tympanic membranes. Differential diagnoses include inflammatory polyps, accumulation of inflammatory debris, or focal thickening of the tympanic membrane.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

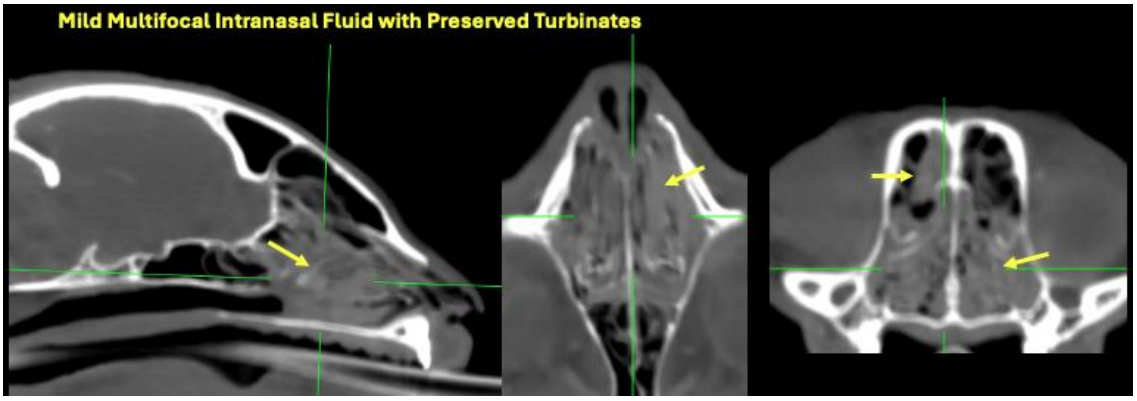
The CT findings are most consistent with mild nonspecific rhinitis, characterized by mild intranasal fluid accumulation with preservation of the turbinate architecture. Differential considerations include lymphoplasmacytic rhinitis, viral rhinitis, and allergic rhinitis, while fungal rhinitis or nasal lymphoma without mass effect are considered less likely.

No CT evidence of a nasopharyngeal polyp. However, mild asymmetry of the nasopharyngeal air column with a suspected thin membranous structure is observed. *These findings may represent a nasopharyngeal membrane with partial stenosis, mild fluid retention, or inflammatory mucosal change. However, diagnosis of a nasopharyngeal membrane can be difficult based on CT alone, particularly when there is no significant luminal narrowing, as in this case. Small amounts of retained fluid may simulate a membranous structure and result in a false-positive interpretation.

Endoscopic evaluation is therefore recommended, especially if abnormal respiratory sounds are present or the chronic rhinitis signs persist. Nasal flushing with cytology and culture may also be considered.

Nasopharyngeal endoscopy may help further characterize the suspected membranous structure and exclude a mid-nasopharyngeal membrane or other structural lesions.

Small bilateral nodular soft tissue structures adjacent to the tympanic membranes, together with mild epithelial irregularity of the horizontal portion of the left external auditory canal, may represent inflammatory polyps, focal tympanic membrane thickening, or accumulation of inflammatory debris. Otoscopy is suggested.



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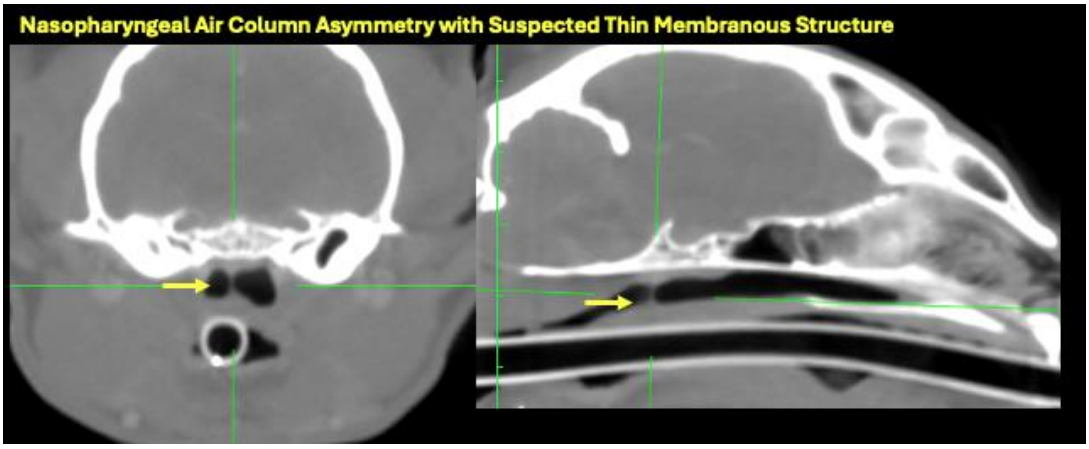

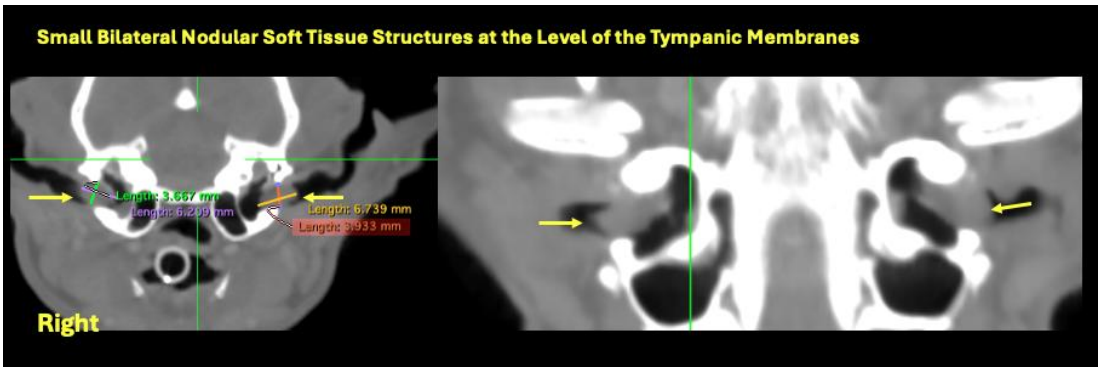

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com