



**PATIENT PRESENTING CLINICAL SIGNS**

Branson Youse Presented for chronic intermittent upper airway stridor which gets worse with excitement and chronic intermittent vomiting. Owner reports complete resolution of clinical sign when patient was treated with a course of corticosteroids several month ago only to return within 2 weeks of stopping treatment. On intubation noted a primarily right sided laryngeal mass which was biopsied.  
Abnormal PE/Chem/CBC/UA Results: Sdma 27, ca 11.5, wbc 23.74,

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX**

**BREED**

DSH

A high resolution pre- and post-contrast CT study of the head and thorax are provided for review. One pre-contrast series of head & cervical tissues, two post-contrast series of the head & cervical tissues and one post-contrast series of the thorax.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Head

MN

There is a soft tissue hypoattenuating mass with enhanced border surrounding the larynx, however, is more prominent located at the right side. The mass has multilobular characteristics and measures approximately 2.0cm x 0.9cm x 0.5cm. The mass causes partial obstruction in the airway passage.

**AGE**

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The collimated portion of the nasopharynx is normal.

The retropharyngeal lymph nodes are asymmetrical with mild to moderate bilateral enlargement and mild heterogeneous attenuation. The right medial retropharyngeal lymph node measures 1.1cm x 0.37cm. The left medial retropharyngeal lymph node measures 3.6cm x 1.6cm.

**INTERPRETED BY**

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

The tympanic bullae and external auditory canals are normal.

The nasal cavity and frontal sinuses are not collimated.

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The left thyroid gland is enlarged, mildly globous in shape, and mildly heterogeneously enhancing. It measures 1.1cm x 0.53cm. The right thyroid gland measures 0.7cm x 0.3cm.

**Thorax**

A moderate bronchial pattern with areas of a honeycombing pattern are seen throughout all lung lobes, and more peripheral multifocal tree-in-bud pattern.

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Dr. Runde

The trachea and main bronchi are normal.

The sternal lymph node is mildly enlarged, the tracheobronchial and cranial mediastinal lymph nodes are normal.

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The cardiovascular structures are normal.

The pleural space and diaphragm are normal.

**DATE**

4-12-23

Multifocal complete or incompletely bridged cervical and thoracic spondylosis deformans is seen.



**PATIENT** On the collimated abdomen, a multifocal pinpoint mineral focus on the renal recess and/or pelvis is noted.

Branson Youse No other abnormalities are identified.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Multilobular, partially circumferential laryngeal mass. The differential diagnosis includes round cell neoplasm, such as laryngeal lymphoma, or granuloma. Partial obstruction of the airway.
- Retropharyngeal lymphadenitis, reactive or metastatic.

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- Enlarged, mildly globous shape left thyroid gland. The differential diagnosis includes nodular hyperplasia, adenoma, less likely adenocarcinoma.
- Moderate generalized pulmonary bronchial pattern with tree in bud appearance and reactive sternal lymphadenitis. The differential diagnosis includes allergic lower airway disease, chronic bronchitis, infectious bronchitis.

**SEX**

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- Multifocal cervical and thoracic spondylosis deformans.
- Microcalcifications in the renal recess or pelvises.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The computed tomographic findings of the larynx mass are correlated to the previous history of the airway stridor and detected mass on the intubation procedure. The confirmation of the etiology is associated with the performed biopsy. The tomographic findings of the pulmonary parenchyma support the other clinical signs. Continuing medical therapy for inflammatory and/or infectious chronic bronchitis is suggested. If the patient does not improve, bronchoalveolar lavage may be useful in obtaining samples for cytology, culture, and sensitivity.

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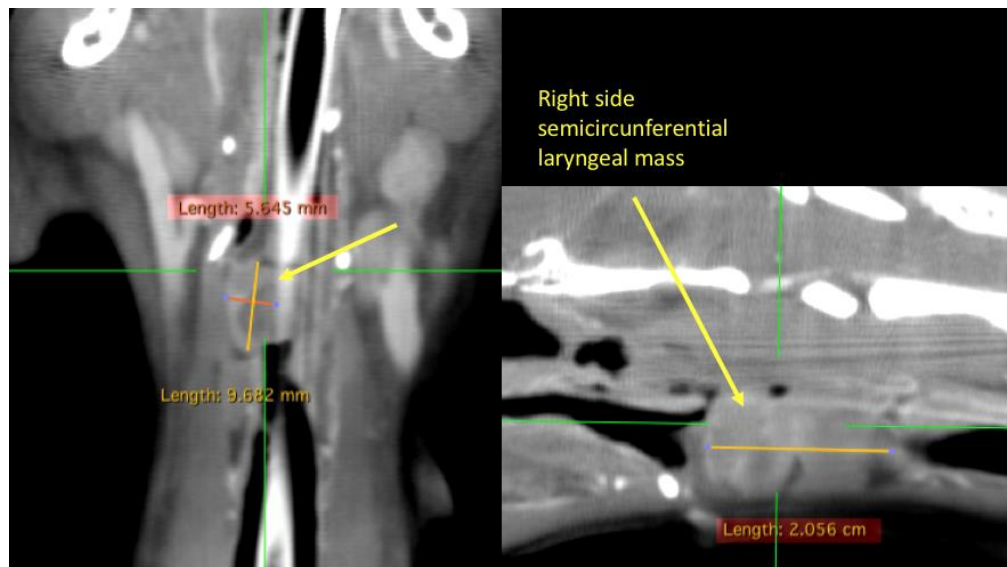
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**PATIENT**

Branson Youse

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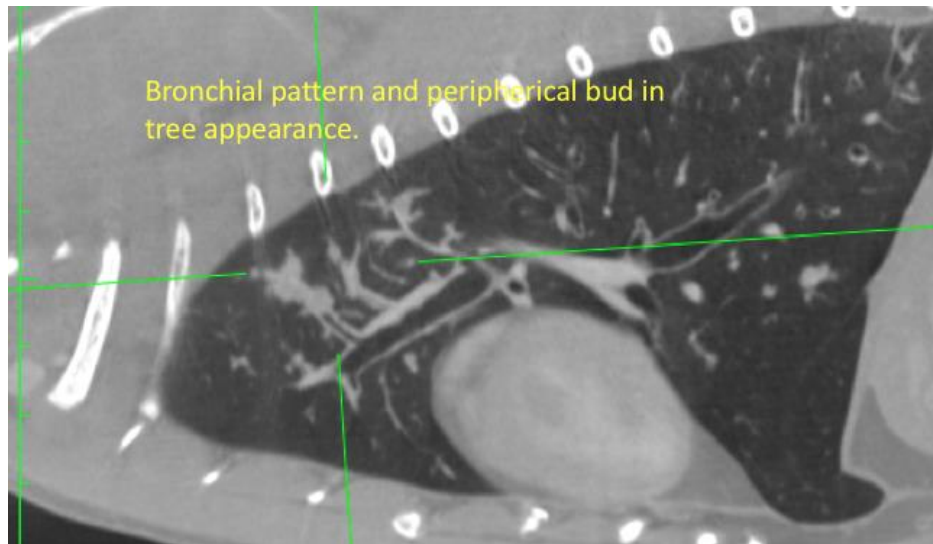
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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