



PATIENT PRESENTING CLINICAL SIGNS

Buster PAAW Pet is with a rescue who has been treating for URI for 1-2 months. No improvement noted with multiple different antibiotics, antihistamines and steroids. Pet has significant upper airway noise and congestion, bilateral yellow to white nasal discharge, and a visible fleshy mass or polyp in the L ear canal. After CT, the mass was removed via simple traction and submitted for histopath, and a bacterial C/S was submitted.

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

BREED

A pre- and post-contrast CT study of the head are provided for review totaling two series. One pre-contrast series and one post-contrast series.

DSH

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Male

A large, elongated to rounded-shaped, septate, soft tissue attenuating mass is noted in the region of the nasopharynx, causing 100% airway obstruction in the air passage. The mass measures approximately 3.3cm by 1.2cm by 1.5cm. On the post-contrast series, the mass presents homogeneous content and enhanced borders.

AGE

2 Years

Moderate hypoattenuating fluid material is seen within the choana, cranial to the mass. The nasal turbinates are asymmetrical with mild loss of turbinate architecture, moderate multifocal hypoattenuating fluid material, and mucosal enhancement. The lesions are more prominent in the right nasal cavity. No evident mass effect is seen in the nasal cavities.

INTERPRETED BY

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

The frontal sinuses are unremarkable.
The right sphenoidal sinus is filled with hypoattenuating fluid material. The left sphenoidal sinus is unremarkable.
The cribriform plate is intact.

HOSPITAL NAME

Wilson Veterinary Hospital

The external auditory canals are filled/occluded with hypoattenuating masses with enhancing borders. The mass is larger on the left side. The tympanic bullae are almost entirely filled with hypoattenuating material with enhancing borders. Also, soft tissue attenuating masses are seen in the entrance of the tympanic bullae that are an extension of the external auditory canal's masses. The tympanic bullae have an expansile appearance and multifocal mixed hyperostosis and thinning contour.

REFERRING VET

Dr. Sullivan

No mass effect is seen in the brain or abnormal enhancing.
The temporomandibular joints are bilaterally congruent.

INVOICE

59061

A few missing teeth are noted. The triadans 106 and 209 are absent. An enamel fracture of the triadan 103 is seen. There is mild horizontal and vertical bone loss along the maxilla and mandibula.
The globes and retrobulbar spaces are unremarkable.

DATE

6-28-23



PATIENT The retropharyngeal lymph nodes are symmetrical and mildly enlarged. LRFL measures approximately 0.66cm thickened. RRLF measures approximately 0.63cm thickened.

Buster PAAW
The mandibular lymph nodes are unremarkable.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Feline • Large elongated nasopharyngeal mass obstructing 100% of the airway passage. The differential diagnosis includes nasopharyngeal polyps.
- BREED • Bilateral otitis media with a mildly expansive appearance and small enhancing soft tissue masses in the bullae. The differential diagnosis includes tympanokeratoma.
- DSH • Bilateral soft tissue mass in the external auditory canal. The differential diagnosis includes tympanokeratomas or polypoid lesions.
- SEX • Mild bilateral chronic destructive rhinitis and fluid accumulation, more on the right side.
- Male • Mildly enlarged retropharyngeal lymph nodes, lymphadenitis, reactive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE The nasopharyngeal polyp corresponds to the chronic upper respiratory clinical signs and upper airway noise. There is an association between the nasopharyngeal polyp and otitis media. The tympanokeratoma is an overgrowth of keratinizing epithelium.

2 Years
To confirm the etiological diagnosis of the nasopharyngeal mass, a biopsy is required. A surgical removal of the nasopharyngeal polyp, and curettage of the tympanic cavity and external auditory canal mass, per-endoscopy, is suggested.

INTERPRETED BY

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

The differential diagnosis for the mild destructive rhinitis includes viral rhinitis, inflammatory lymphocytic plasmocytic, fungal rhinitis, and concurrent bacterial.

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

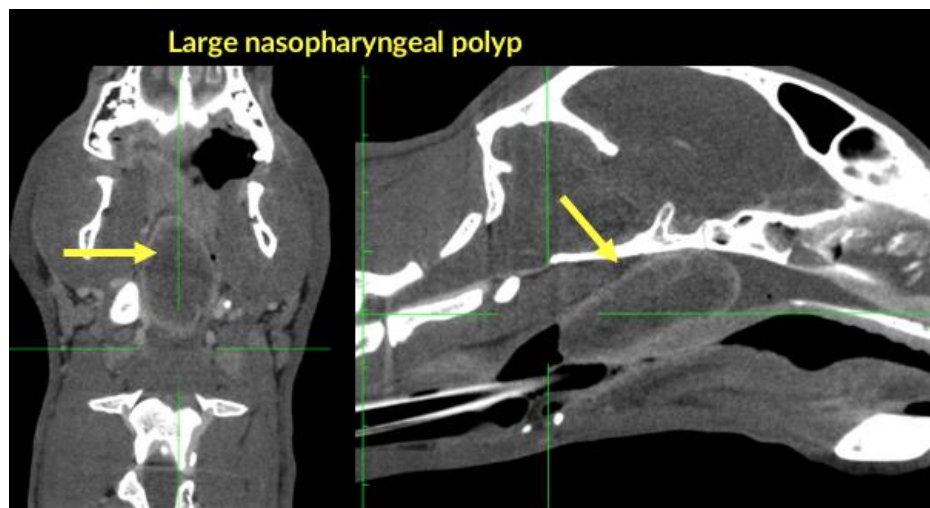
Dr. Sullivan

INVOICE

59061

DATE

6-28-23





PATIENT

Buster PAAW

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

2 Years

INTERPRETED BY

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

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

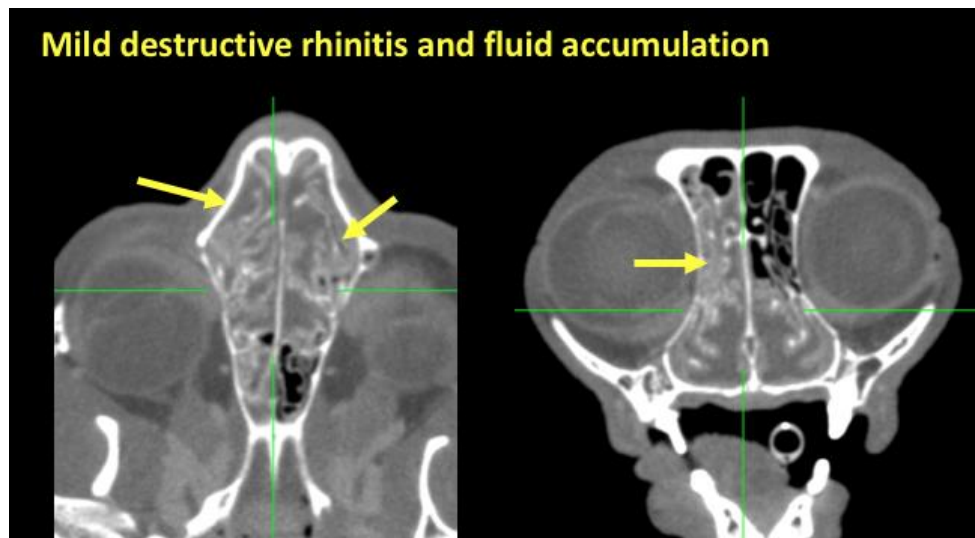
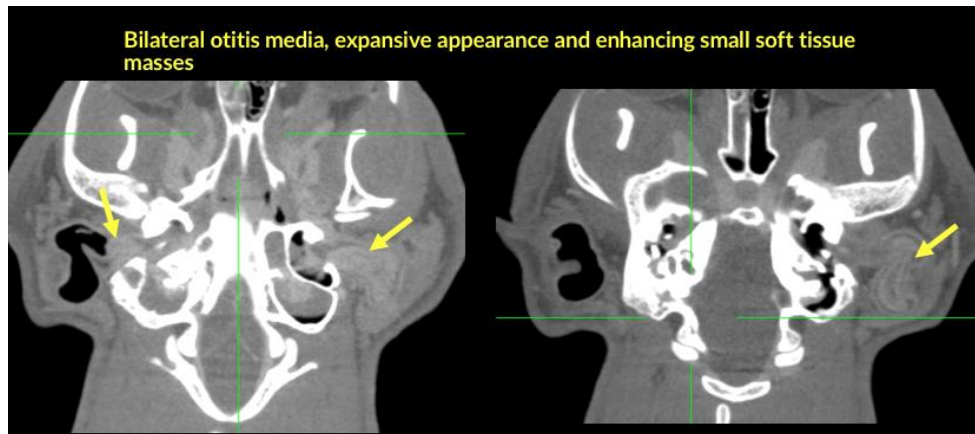
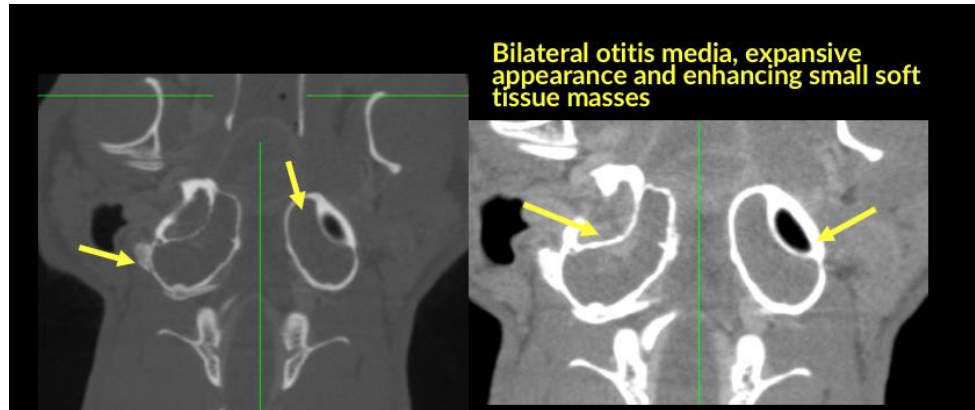
Dr. Sullivan

INVOICE

59061

DATE

6-28-23





PATIENT

Buster PAAW

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.

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.

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

BREED

DSH

SEX

Male

AGE

2 Years

INTERPRETED BY

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

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Sullivan

INVOICE

59061

DATE

6-28-23