



**PATIENT PRESENTING CLINICAL SIGNS**

Naia Schneider Chronic otitis

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Feline A pre- and post-contrast CT study of the head are provided for review totaling three series. One pre-contrast series and two post-contrast series, bone algorithm.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

DLH The right tympanic bulla is mildly filled with surrounding hypoattenuating fluid material. There is an expansile appearance and signs of hyperostosis. However, no evidence of osteolytic changes. The left tympanic bulla is air-filled, normal in contour, and shape.

SEX The vertical and horizontal portions of the right external auditory canal are mildly narrowed because of the moderate thickening of their epithelial lining. In addition, in the transition of the vertical and horizontal portions, an irregularly enhancing soft tissue mass effect is noted. The enhancing soft tissue mass measures approximately 1.2cm x 0.39cm and obstructs the canal. Adjacent to the topographic region of the tympanic membrane, more irregular and polypoid lesions are seen.

Female Spayed

AGE The vertical and horizontal portions of the left external auditory canal present mild thickening of their epithelial lining. In addition, three non-enhancing polypoid lesions are noted and attached to the epithelial line at the horizontal portion. They measure 0.29cm, 0.22cm, and 0.24cm, respectively. The canals present air-filled.

12 Years

**INTERPRETED BY**

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

The nasal cavities are filled with multifocal mild to moderate amount of hypoattenuating fluid material (> left side). There is mild nasal asymmetry with mild loss of turbinate architecture and mucosal enhancement in the nasal cavities. The frontal sinuses are partially filled with hypoattenuating fluid material. No evident mass effect is seen in the nasal cavities, osteolysis or hyperostosis changes. The sphenoidal sinuses are unremarkable. Moderate hypoattenuating fluid material is seen within the choana.

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The nasopharynx and larynx are normal.

The cribriform plate is intact.

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No mass effect is seen in the brain or abnormal enhancing.

The temporomandibular joints are bilaterally congruent.

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There are a few missing teeth including the triadans 106 and 301.

The globes and retrobulbar spaces are unremarkable.

**DATE**

7-11-23

The retropharyngeal lymph nodes are moderately enlarged and mildly heterogeneously enhancing. LRFL measures approximately 1.3cm by 0.56cm. RRLF measures approximately 1.3cm x 0.49cm.

The mandibular lymph nodes are unremarkable.



**PATIENT** The left thyroid gland is enlarged, rounded in shape, and presents heterogeneous enhancement. It measures approximately 1.2cm x 0.5cm. The right thyroid is unremarkable.

Naia Schneider

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Right side otitis media, and more moderate otitis externa, with enhancing mass into the canal and non-enhancing polypoid lesion adjacent to the tympanic membrane. The differential diagnosis includes inflammatory polypoid lesions, less likely neoplastic mass.
- Left side otitis externa and small inflammatory polypoid lesions.
- Bilateral rhinosinusitis with moderate fluid accumulation (> left).
- No mass effect or polypoid lesions in the nasal cavities, choana or nasopharynx.
- Mild retropharyngeal lymphadenitis, reactive.
- Absent teeth, triadans 106 and 301.
- Left side thyroid mass. The differential diagnosis includes thyroid adenoma, thyroid carcinoma or less likely thyroid carcinosarcoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic results are consistent with right sided otitis media, bilateral otitis externa (> right side), and inflammatory polypoid lesions. Mild stenosis and more fluid accumulation is seen on the right side, and mild stenosis. Consider as next approach, an otoscopy exam, and biopsy of the external canal lesions.

Bilateral rhinosinusitis (> left side) is seen. The differential diagnosis includes viral rhinitis, inflammatory rhinitis, lymphocytic plasmocytic rhinitis, allergic rhinitis, bacterial rhinitis, and less likely fungal rhinitis. No evidence of a mass effect or radiopaque foreign material. In more recent literature, some cases of *Mycoplasma felis* and *Chlamydia* have been associated with rhinosinusitis in cats. Consider a nasal flush and a PCR for *Mycoplasma felis* to complement the diagnosis if the patient has not improved.

A cervical ultrasound and, if attainable, fine-needle aspiration are suggested for diagnosis.

Correlate oral or dental findings with the oral exam.





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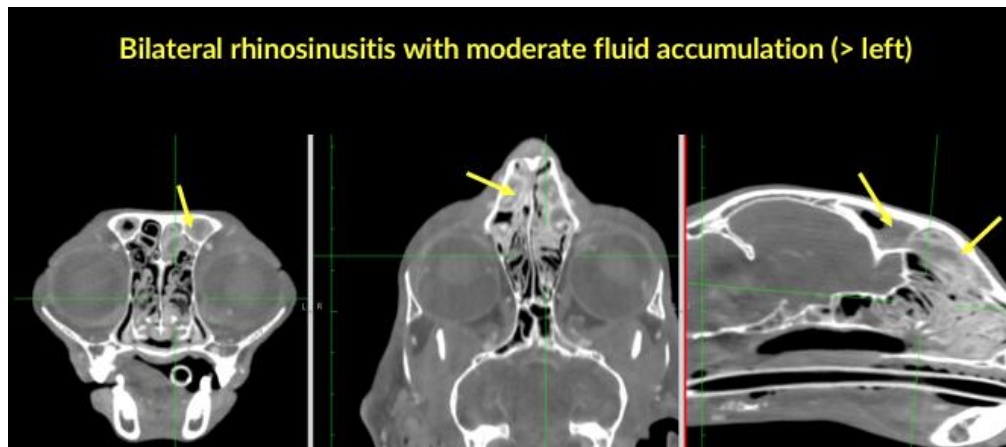
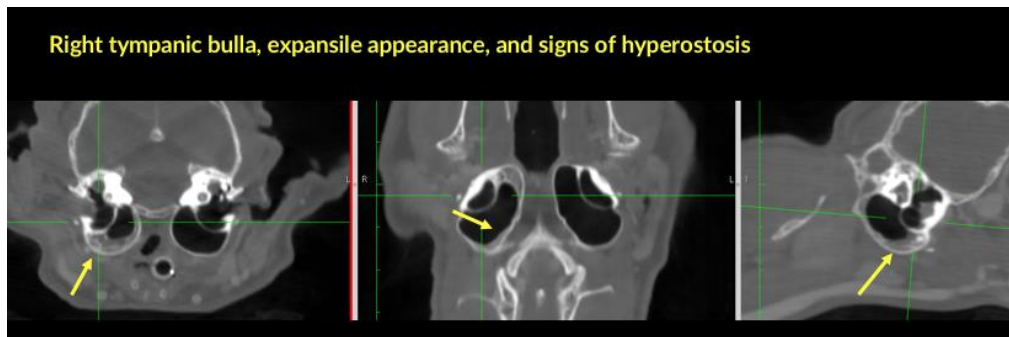
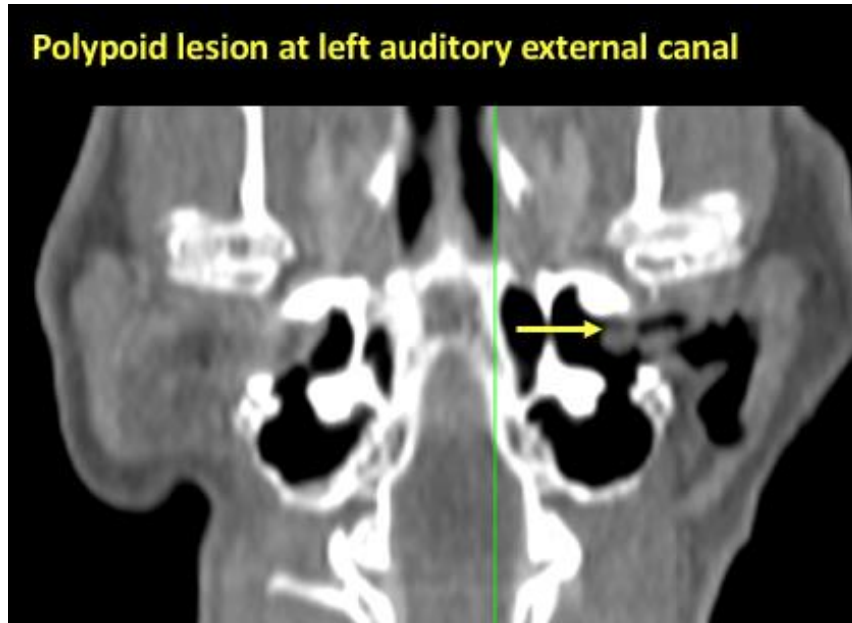
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**PATIENT**

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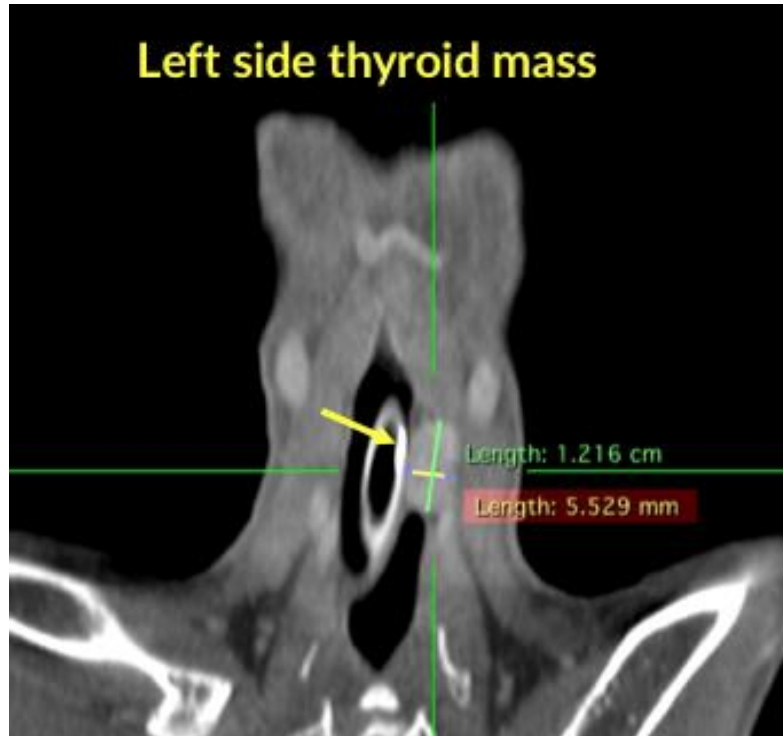
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**HOSPITAL NAME**

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