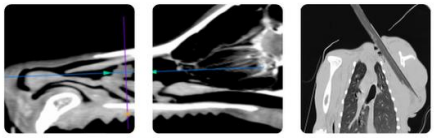

PATIENT

Cassie Jens Cats

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6

WEIGHT

4.1

INTERPRETED BY

Dr. Tais Guimarães, MV

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Short

INVOICE

75526

DATE

6-16-26

PRESENTING CLINICAL SIGNS

nasopharyngeal mass effect

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Survey series is available for reading.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain and pituitary gland are unremarkable with no evidence of intracranial mass, hemorrhage, or abnormal contrast enhancement

There is fluid material and mucosal thickening within both nasal cavities with asymmetric distribution and associated with mild asymmetric turbinate bone lysis. No masses are seen. Nasal septum is intact.

There is a circumscribed, smoothly marginated, soft tissue attenuating mass within the nasopharynx measuring 1,4 x 1,4 x 2,0 cm size, causing airway obstruction.

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

Tympanic cavities are normal size and filled with fluid. No wall lysis or osseous abnormalities seen.

Both external ears have no wall abnormalities.

The mandibular, medial retropharyngeal, parotid, and cervical lymph nodes are symmetric with normal size.

The salivary glands present within normal limits.

Thorax

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.

Thoracic trachea is within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma appears normal, except for a solitary soft tissue attenuating nodule on left cranial lobe, 6.7mm size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasopharyngeal mass; nonaggressive most likely.
- Bilateral rhinopathy, appears chronic, no masses seen.
- Bilateral otitis media
- Lung nodule on left cranial lobe

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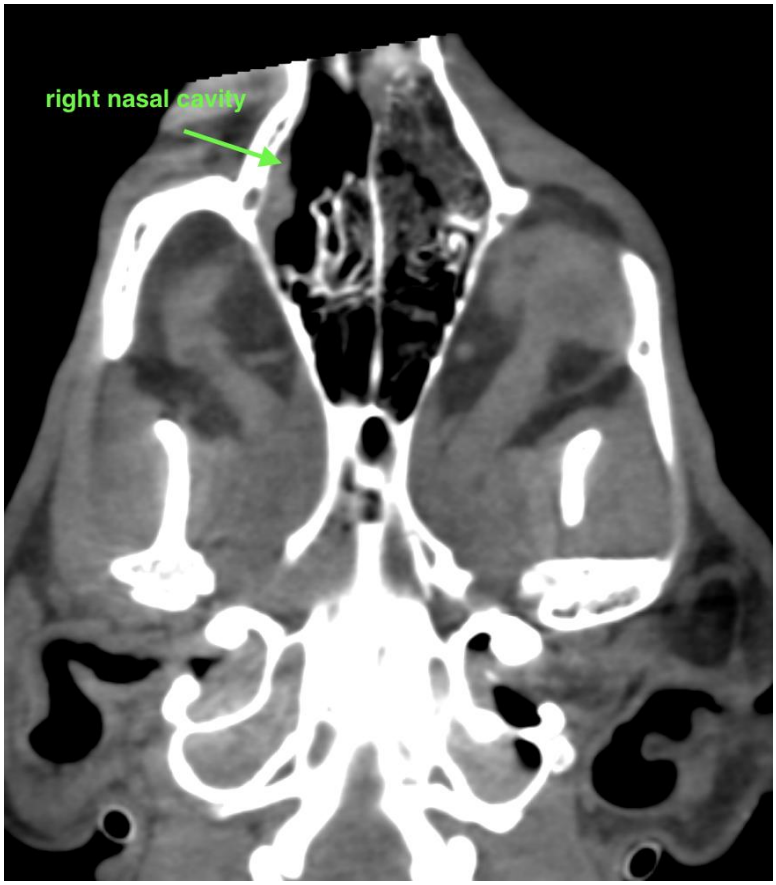
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings of the nasopharyngeal mass are consistent with nasopharyngeal polyp, although the vascular behavior of the lesion could not be assessed without use of I.V. contrast.

Otitis media is secondary bacterial, most likely, associated with upper airway obstruction.

The solitary lung nodule within the left cranial lobe is likely granuloma.

Rhinoscopy, nasal biopsies and culture are recommended. Histopathology is recommended for nasopharyngeal mass and lung nodule.



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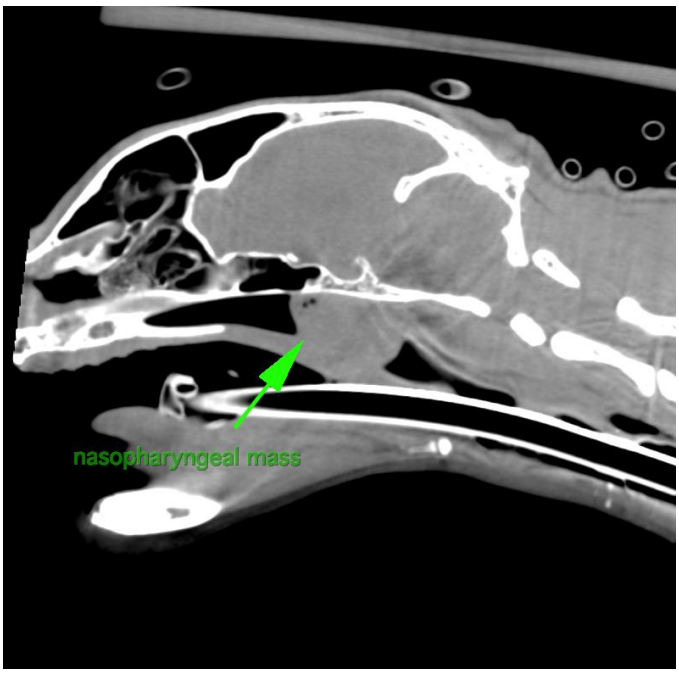

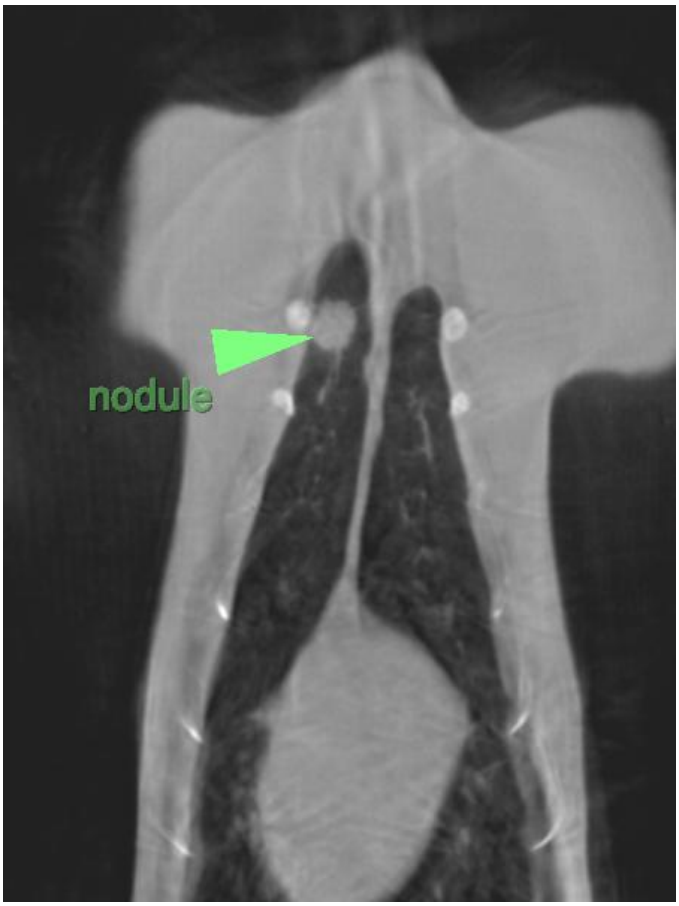

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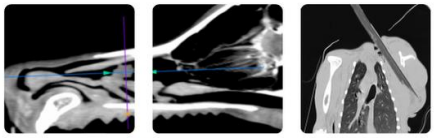

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Tais Guimarães, MV
info@sonopath.com