



PATIENT

Stubby Rosen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12Y

WEIGHT

6lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

**IMAGING
PERFORMED BY**

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73355

DATE

1-15-26

PRESENTING CLINICAL SIGNS

Presenting Problem: Stubby is presenting for skin protruding around globes OU. Began 3-4 weeks ago. P was taken to rdvm. IOP: 26/28. Was prescribed Tobramycin and Pred/ace (finished about 1 week ago). P has recently become an indoor only cat after being kept inside to care for and recover from bad injury under his arm. Primary at VCA noted Chemosis OU, severe discharge OU, Prominent nictitans OU, Florida spot OD, and buphthalmos OU (symmetrical). P also has a fractured tooth. Had BW done with rdvm who wanted to begin antibiotics but did not want to interfere with anything we would be recommending or doing here.

COMPUTED TOMOGRAPHY OF THE HEAD & THORAX

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

There are changes noted on both sides, including the periorbital/orbital adnexa/connective/soft tissues presenting swollen soft tissues with mild fat striations and indicated hypertrophic vessels. The ocular structures are intact and inconspicuous on both sides. The adjacent bony structures do not show particular findings.

The neurocranium is unremarkable. Signs of a mass effect or pathologic enhancement are not noted. The bony structures of the skull do not show particular findings. There is a fractured 104 noted as well as a residual root of the 404. An oro-nasal fistula is not recognized.

Moderate swelling of the mucous membranes in the rostral parts of both nasal cavities is present. The nasopharyngeal meatus presents mild fluid accumulations. Both tympanic bullae are filled with soft tissue-/fluid dense material showing residual gas pockets on the left side. The tympanic membrane is assumingly intact with aerated external ear canals. The petrosal bone shows a marked sclerosis on the left side filling up the cochlea. The latter is inconspicuous on the right side. Signs of osteolysis are not noted at that level.

The soft tissues of the head and neck show mildly enlarged mandibular and retropharyngeal lymph nodes. The pharyngeal and laryngeal structures are inconspicuous apart from that.

Thorax

The displayed parts of the chest present mild atelectasis on the left side without evidence of relevant nodular or focal pulmonary changes. Free pleural fluid is not noted.

The mediastinal organs, especially the mediastinal lymph nodes, are unremarkable.

The displayed spine shows moderate to severe degenerative changes with formation of ventral spondylosis at multiple levels and an expanded intervertebral disc space at the level of Th10/11 and Th11/12, which is accompanied by mild sclerosis and erosive changes of the end plates. In addition, there is a collapsed disc space at the level of Th9/10.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

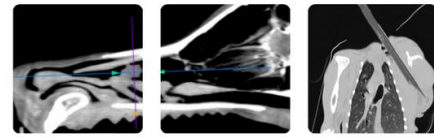
- Bilateral swelling periorbital/retrorbular soft tissues with secondary buphthalmia
- Fractured 104/residual root 404
- Unspecific signs of bilateral rhinitis
- Bilateral, chronic and active otitis media (+ interna left side)
- Mild cervical lymph adenomegaly
- Moderate to severe degenerative findings spine with suspected residuals of multicentric disco-spondylitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The swollen soft tissues in the retrorbular region on both sides are an unspecific finding, but likely consistent with an inflammatory lesion of unknown origin. The soft tissue swelling and the fat striations as well as the hypertrophic vessels would underline this assumption. I do not suspect abscess or neoplasia. Possible differentials include orbital cellulitis/myositis and chronic glaucoma (intraocular pressures?) due to uveitis and a systemic inflammation/infection (s. discs). Foreign material is not noted. A dental issue expanding into the orbital region is not recognized.

The changes of the displayed spine are remarkable because of the expanded disc spaces that are suspicious for residuals of an inflammatory process as seen with discitis or disco-spondylitis. A systemic, metastasizing inflammation/infection is possible.





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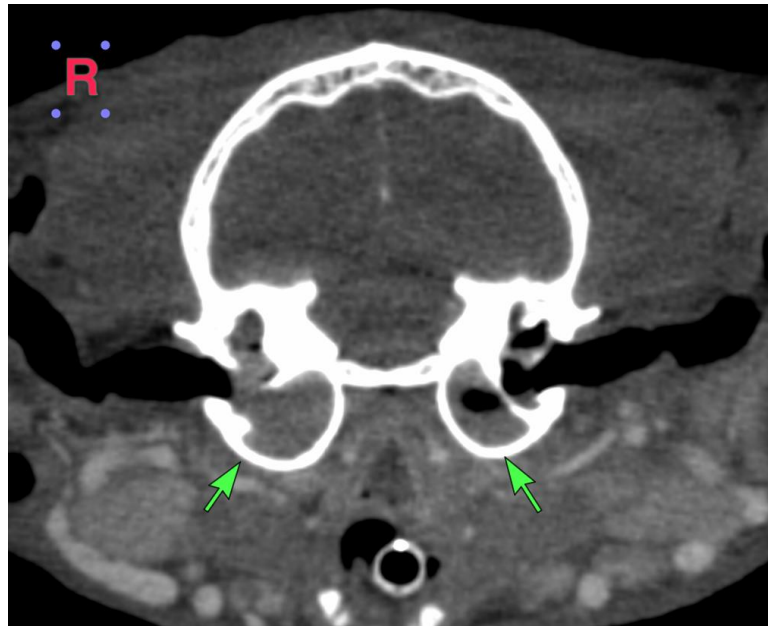
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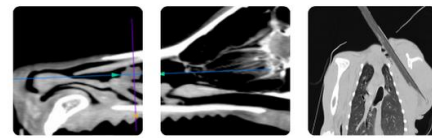
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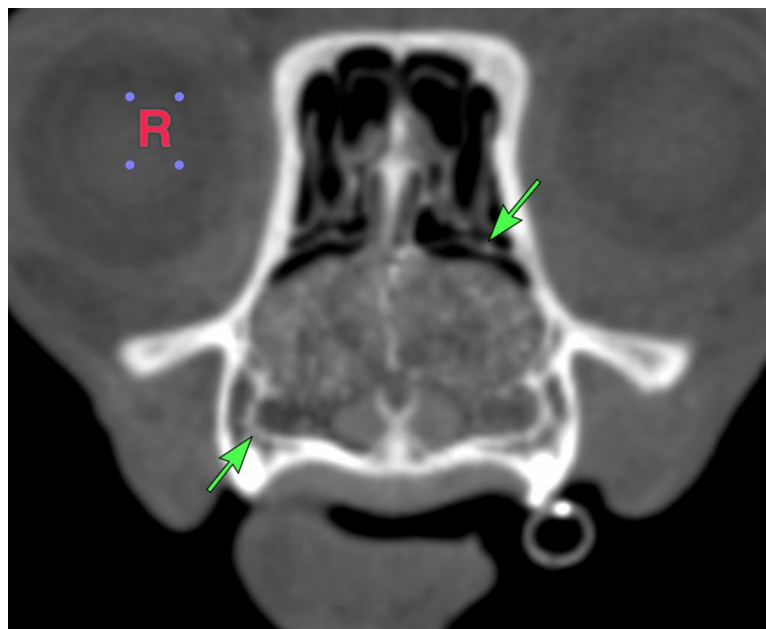
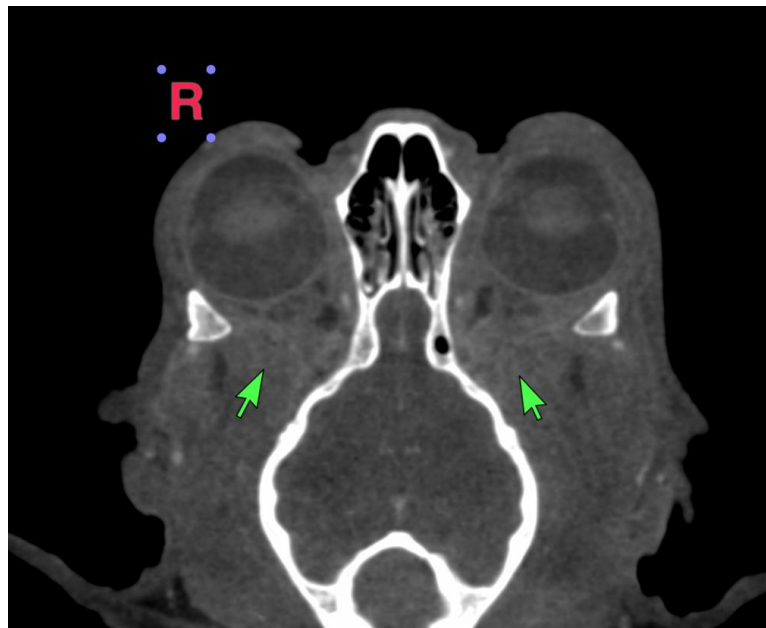
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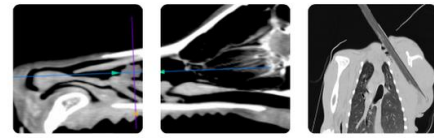
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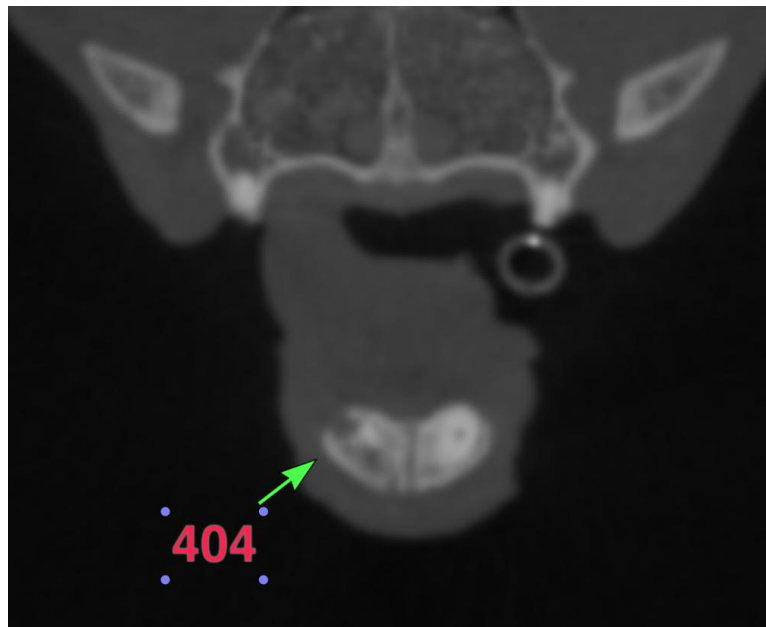
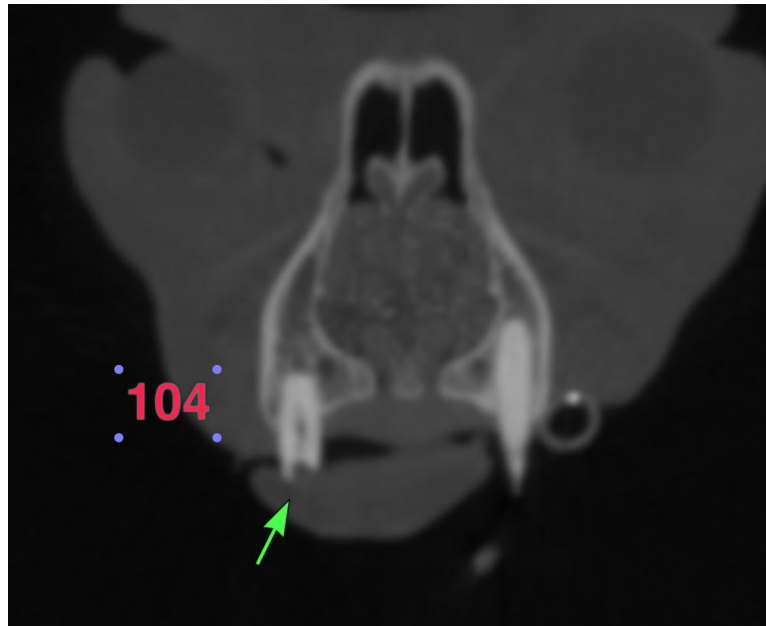
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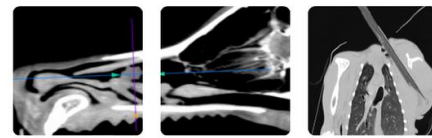
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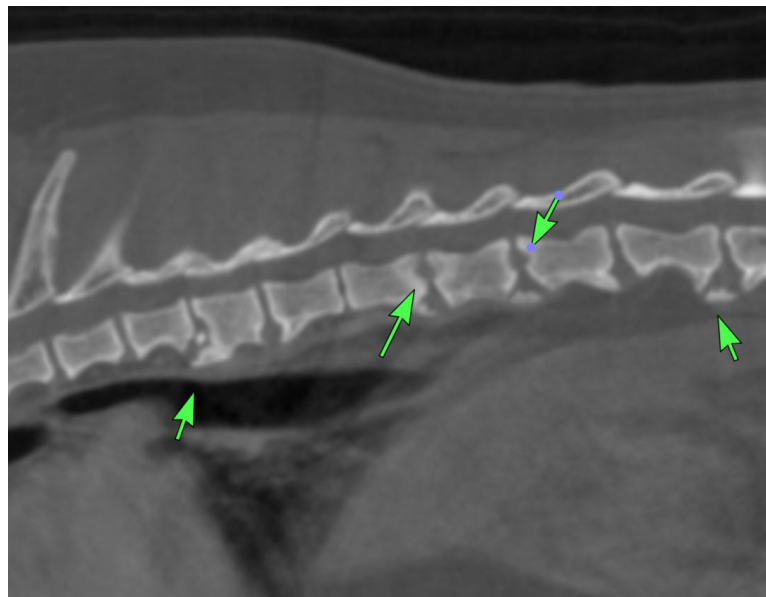
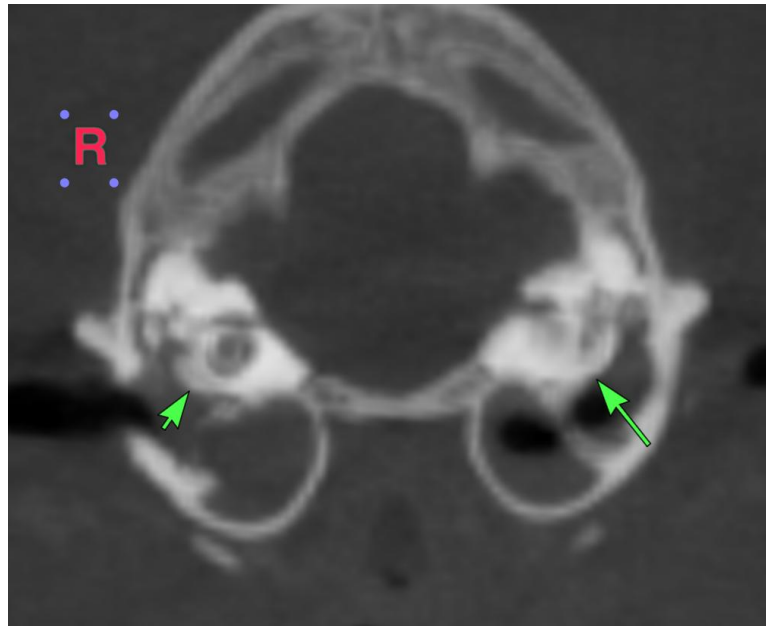
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com