



## PATIENT

Ally Daichman

## SPECIES

Feline

## BREED

Siberian

## SEX

Female Spayed

## AGE

13Y, 9M, 10D

## WEIGHT

12.90lbs

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Joseph D'Abbraccio,  
DVM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Joseph D'Abbraccio,  
DVM

## INVOICE

74688

## DATE

4-21-26

## PRESENTING CLINICAL SIGNS

Owner reports persistent upper respiratory symptoms since 2022, initially presenting as nasal discharge, congestion, and sneezing. Symptoms have worsened this year, including green nasal discharge in April, ongoing wheezing, coughing during sleep, and lethargy. Owner notes a three-pound weight loss and describes current appetite as present but eating smaller amounts at a time; drinking is normal. Owner reports normal feces and no vomiting except for stress-related hypersalivation during car rides. Current medications include prednisolone and recently completed Veraflox; prednisolone dosing has been adjusted per previous veterinarian instructions. No other medications or preventatives mentioned. Indoor-only cat; received two haircuts in the past year due to excessive shedding.

Previous CT scan report attached for reference.

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Coat described as shedding excessively. No mention of matting, wounds, or debris. No other notable visual abnormalities described.; Fear/Anxiety/Stress Score: 3/5 - Nervous, requires gabapentin.; Oral Cavity: Missing right lower canine tooth.; Cardiovascular: Heart murmur auscultated.; Respiratory: Upper airway noise present. Heart murmur ausculted, but normal heart sounds otherwise. No deep pulmonary abnormalities described.; Musculoskeletal: Muscle mass loss (atrophy) along the hips. Muscle mass loss on the back. Arthritis in the hips.; Chem: BUN 15;

## COMPUTED TOMOGRAPHY OF THE HEAD

Pre/post contrast studies are provided for review. Prior report dated 3-3-26 provided for comparison.

## COMPUTED TOMOGRAPHIC FINDINGS

Both nasal cavities present mild destruction/atrophy of the conches and shortening of the turbinates with marked swelling of the mucous membranes. The nasal cavities and frontal sinuses are still aerated. The nasal exits and the nasopharyngeal meatus show regular findings.

There are teeth missing with resorptive and degenerative changes of the residual teeth, s. for example 104/304. An oro-nasal fistula is not noted. Radiopaque foreign material within the nasal cavities is not detected.

The neurocranium shows normal findings.

Both tympanic bullae are nearly completely obliterated with soft tissue-dense material, presenting a mild and wall-associated enhancement after contrast application. Tympanic bulla walls are predominantly hyperostotic, presenting mild erosive changes (s. right bulla). The findings respect the tympanic membrane on both sides. There is a mild amount of soft tissue-dense material recognized in the horizontal part of the left external ear canal.

The soft tissues of the head and neck present mildly enlarged retropharyngeal lymph nodes. These show a normal shape and regular contrast enhancement. The mandibular lymph nodes are inconspicuous.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral, mildly erosive and unspecific rhinitis, static in appearance



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- Resorptive/degenerative changes residual teeth, s. 104/304
- Signs of a bilateral, chronic and active otitis media, otitis externa left side
- Mild retropharyngeal lymph adenomegaly

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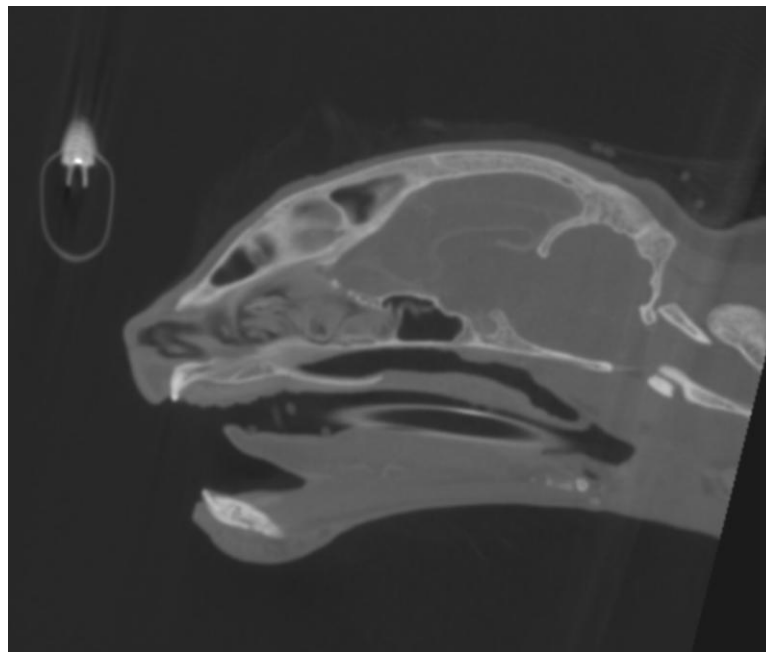
4-21-26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison to the former study of March 2026, there are no progressive changes noted. The bilateral rhinitis is still of erosive character, presenting hyperplastic mucous membranes. These changes are consistent with chronic inflammatory changes as seen with eosinophilic or lymphoplasmacytic inflammation. Secondary bacterial or mycotic infections are common.

The filling of both tympanic bullae is consistent with otitis media. The wall-associated enhancement shows hyperplastic membranes. Inflammatory polyp formation is possible as well. There are no signs of an aggressive lesion as seen with malignant neoplasia. The mild enlargement of the retropharyngeal lymph nodes is consistent with reactive lymphadenitis.

The changes of the teeth must be correlated with the clinical presentation. Extraction 104 and 304 is recommended from a CT perspective.





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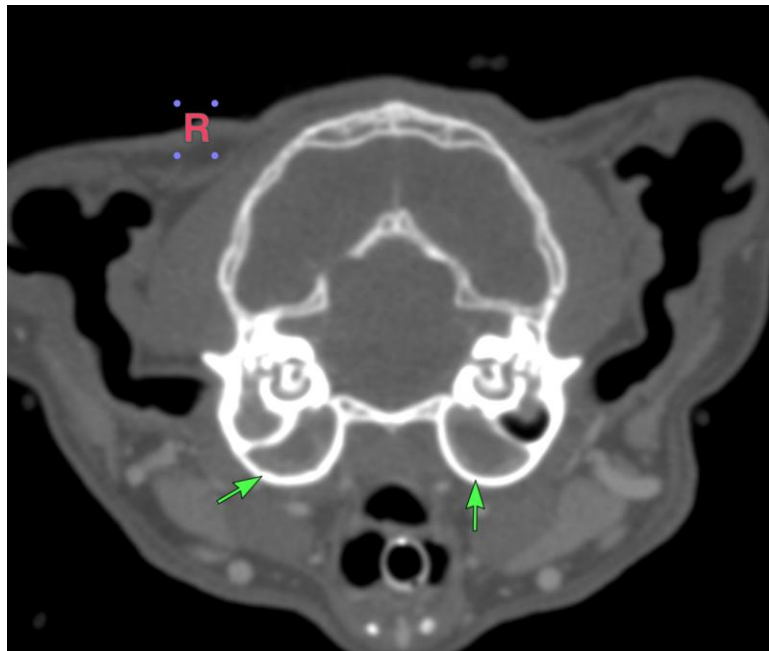
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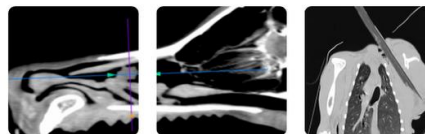
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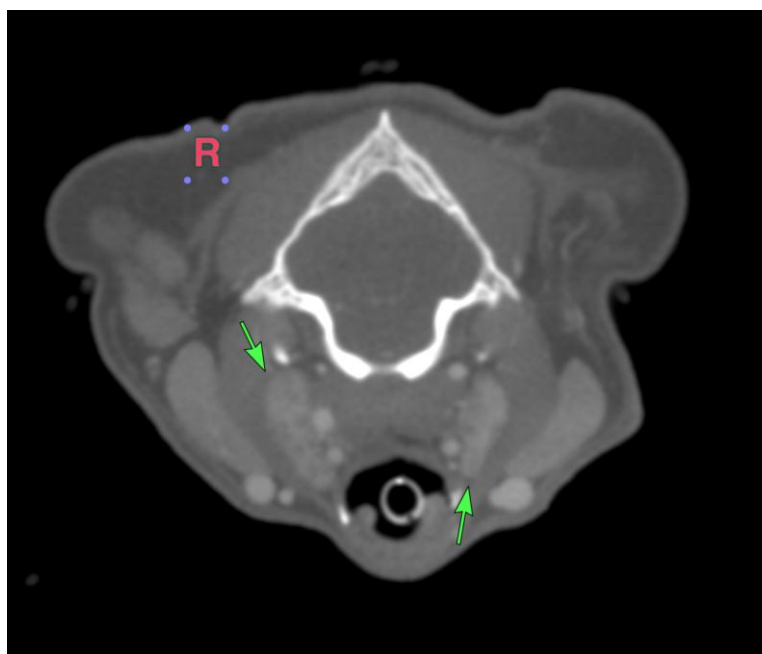
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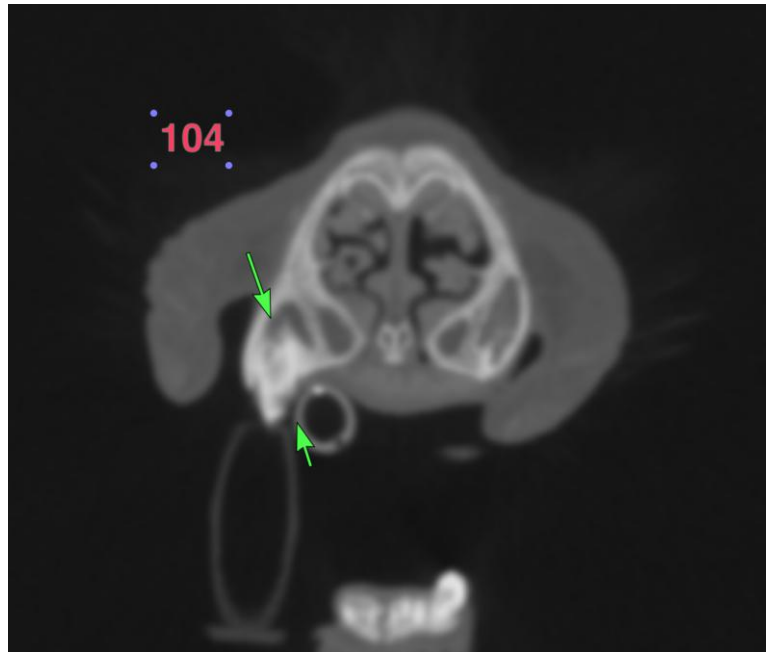
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)