



**PATIENT**

Tilly Self

**PRESENTING CLINICAL SIGNS**

Ongoing history of Asthma and chronic snuffles. On/off responsive to Pred and antibiotics. Currently on 3mg Pred daily. Wishing to rule out other nasal pathology.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Pre/post contrast studies provided for review.

**BREED**

Birman

**COMPUTED TOMOGRAPHIC FINDINGS**

Head:

The neurocranium shows normal findings. Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

**SEX**

Female

Both tympanic bullae are partially obliterated by fluid-dense material. Bulla walls are inconspicuous. External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

**AGE**

10 Years, 10 Months

Left frontal sinus presents mild pooling of fluid but is predominantly ventilated. The right sinus is inconspicuous. The orbital contents are laterally symmetrical without evidence of a retrobulbar lesion.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The left nasal cavity is completely filled with fluid. Regular structure of the conches is assumed. Changes are similar on the right but less obvious. Bony borders of both cavities are intact and respected.

**HOSPITAL NAME**

Adelaide Plains  
Veterinary Surgery

Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

Thorax:

**REFERRING VET**

John Katakasi

The lungs are in close contact to the inner thoracic wall on all sides. There is mild pleural thickening noted in the caudal and dorsal thorax on both sides, fluid accumulation or free pleural gas is not noticed. The lungs indicate mild hyperinflation and mild broncho-interstitial pattern with prominent linear to nodular-like peribronchial infiltrates throughout and multiple, tiny, poorly defined soft tissue dense spots partially with broad based pleural contact.

**INVOICE**

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Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are normal. Thoracic trachea and esophagus present as expected. Diaphragm is inconspicuous.

**DATE**

9-1-21



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Signs of a bilateral, unspecific rhinitis more left than right with mild left sided sinusitis
- Bilateral otitis media
- Mild broncho-interstitial pattern with multiple peribronchial infiltrates and poorly defined soft tissue dense spots
- Mild focal pleural thickening

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Birman

CT findings of the head show no overt signs of a neoplastic process and most likely represent active and chronic rhinitis/sinusitis. There is no overt evidence of nasal foreign material which cannot be excluded completely but is not suspected in this case. Teeth involvement is not detected. Possible differentials among others are chronic virus/bacterial infection or lymphoplasmocytic/eosinophilic rhinitis as an underlying cause. Both filled bullae are likely due to insufficient mucous clearance, polyps are currently unlikely.

**SEX**

Female

Findings of the thorax are mild and likely present chronic and active (pleuro-/broncho-) pneumonia as seen with chronic and superinfected bronchitis due to feline asthma. Changes are consistent with an indicated "tree-in-bud" pattern. The multiple soft tissue dense spots probably represent accumulation of fluid/mild abscess formation and are unlikely for a neoplastic process as seen with metastasis/lymphoma. Final assessment could be complemented with rhinoscopy/bronchoscopy, BAL for cytology and swap for microbiologic culture.

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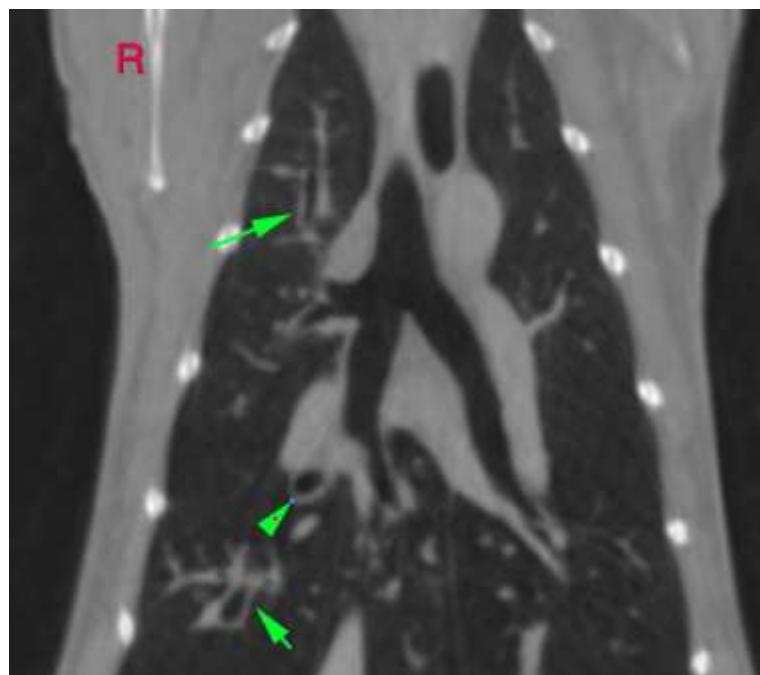
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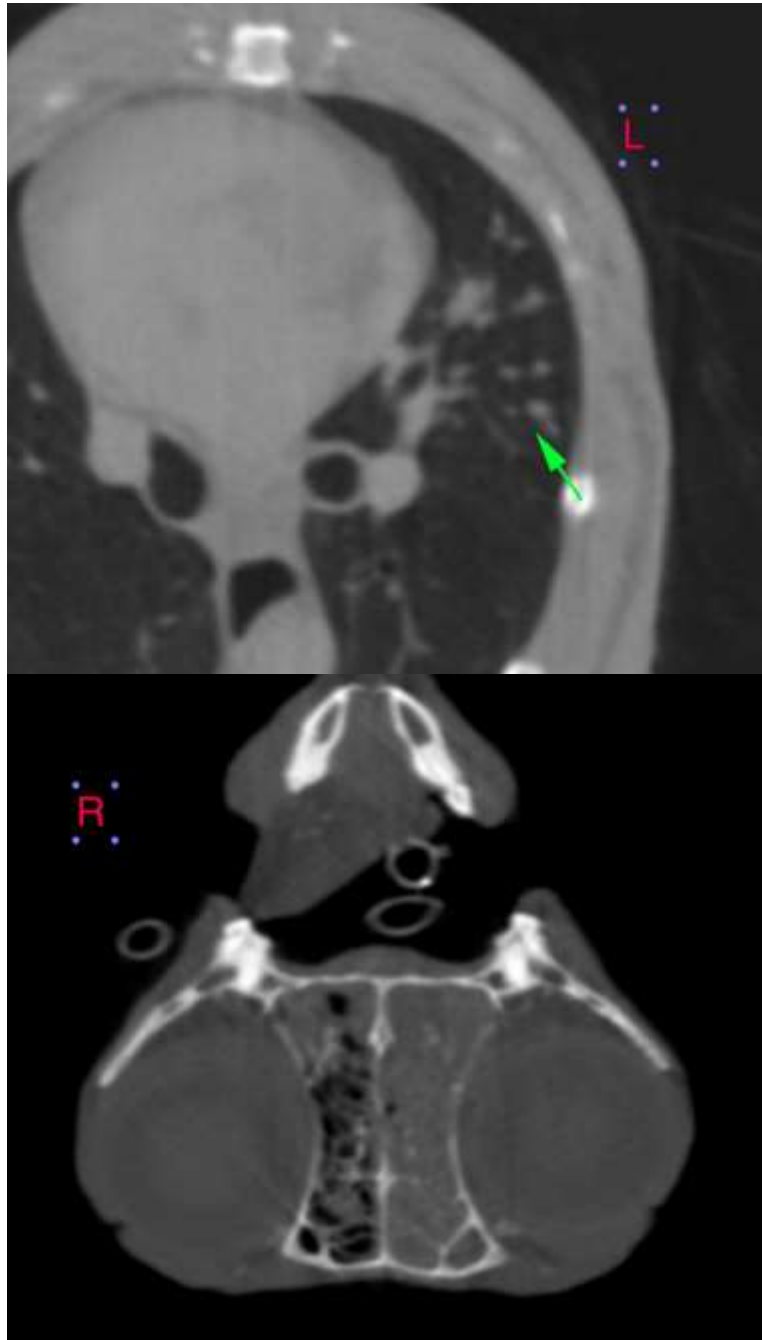
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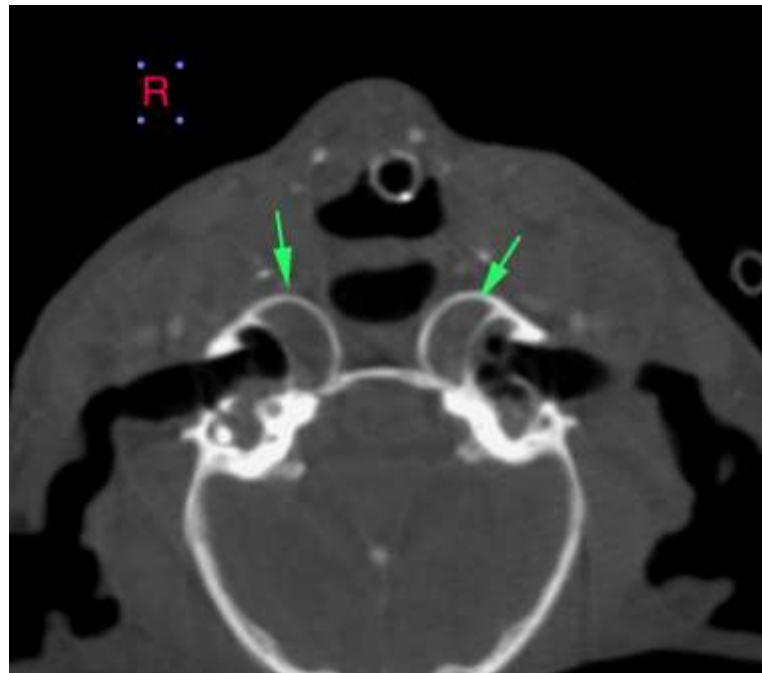
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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