



PATIENT

Mango Bayha

PRESENTING CLINICAL SIGNS

Mango presented for bilateral ear polyps. Owner is a veterinarian and diagnosed the polyps at the time of neuter. Occasionally Mangos right eye will squint, however no overt clinical signs are present. History of DH repair, owner request imaging through diaphragm to evaluate prior surgery site

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

A high resolution post-contrast CT study of the skull and abdomen is provided for review.

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

MN

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

7 Months

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are occupied by soft tissue attenuating material without overt contrast enhancement. The osseous lining of the tympanic bullae is significantly thickened, R>L., and mildly irregular on the right side. No material is appreciated extending through the auditory tube bilaterally into the nasopharynx. The external ear canals are within normal limits.

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The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

REFERRING VET

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Hospital

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

At the cranial aspect of the odontoid peg, an isolated mineralized body is visible, measuring 2 x 1 x 2 mm in size.

Abdomen

Multiple streak artefacts are noted throughout the abdomen.

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE

1-10-22

The diaphragm is well defined, and the diaphragmatic cupola is symmetric with a normal convex cranial contour, unremarkable.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

MN

- History of inflammatory ear polyps
- Bilateral chronic otitis media
- History of surgical repair of a diaphragmatic hernia – unremarkable
- Persistent ossiculum terminale cranial aspect odontoid peg, incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

7 Months

There is evidence of bilateral advanced chronic otitis media ± polyp formation confined in the tympanic bulla. Depending on the presenting clinical signs, bilateral ventral bulla osteotomy appears as a beneficial treatment option.

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At this point there is no evidence of polyp protruding into the nasopharynx nor the external ear canals.

The abdomen presents without abnormalities. The diaphragm is intact.

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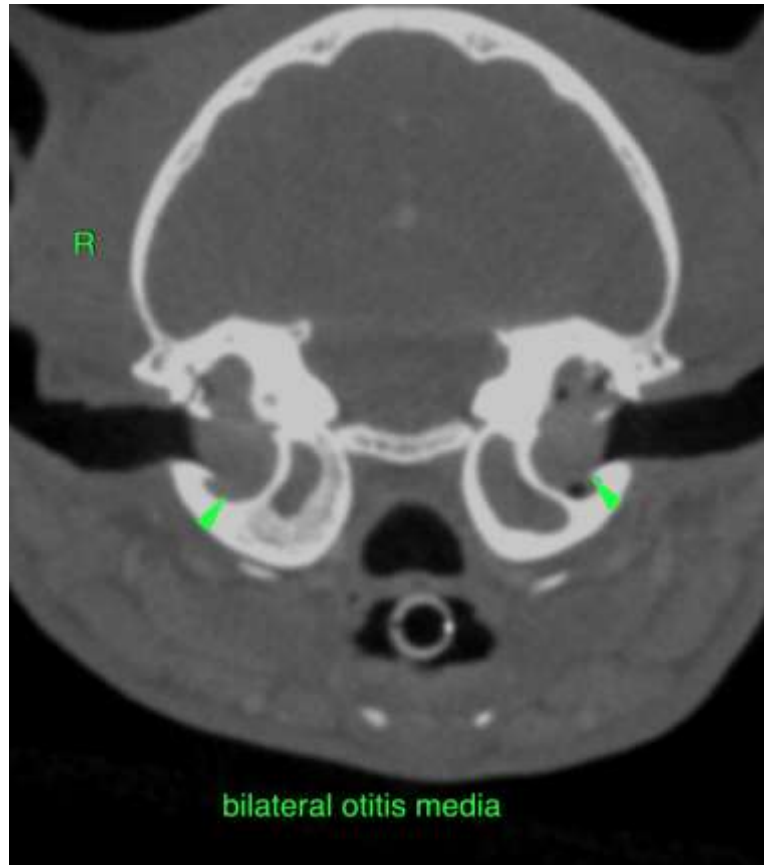
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

DSH

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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