



PATIENT

Mr. Meow Monroe

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

10Y

WEIGHT

5.13kgs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Janene Stovall, CVT

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dakota Harmon, DVM

INVOICE

73264

DATE

1-12-26

PRESENTING CLINICAL SIGNS

O reports that P has been showing increased respiratory effort w/ mucopurulent, bloody discharge from nostrils. P is coughing up a bloody fluid. Acting lethargic and anorexic. Hx of dental issues that lead to sinus complication. Had dental w/ large amount of extractions performed approx. 6 months ago. No v/d. CBC: HCT 41.7, WBC 22.76 (H), neut 18.39 (H), lymph 2.78, mono 1.33 (H), PLT 265 Chem10: TP 9.7 (H), Globulin 6.7 (H) ePOC: Lactate 5.85 (H), HCT 42
Abnormal PE/Chem/CBC/UA Results: Ears- Clean- mild waxy debris or no erythema. TM intact AU. Mouth/Teeth/Gums - Oligodontia. MM pink, moist. mucoid discharge/saliva in the back of the mouth Cardiovascular- normal rate and rhythm. No Murmur Respiratory/Thorax- Increased bronchovesicular sounds bilaterally with congestion. Dyspneic with slight tachypnea and open mouth breathing. p is coughing up mucoid sticky discharge. bilateral nasal d/c (L>R) left nostril has blood tinged nasal d/c. Ear Cytology- Few yeast with waxy debris Using saline and an 18ga cath, a marked amount of hemorrhagic mucoid sticky/thick nasal discharge was flushed from both nasal passages, and the back of the mouth. slight difficulty passing 18ga catheter in the left nasal passage.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent and multiple retained roots are appreciated in the alveolar bone.

The nasal cavity is obliterated by soft tissue attenuating material that presents mild irregular contrast enhancement. The osseous lining of the nasal cavity being in contact with the soft tissue material presents moth eaten osteolytic lesions.

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

The left tympanic bulla is obliterated by soft tissue attenuating material. The osseous lining of the left tympanic bulla is mildly thickened and smooth. The external ear canals are within normal limits.

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.

The medial retropharyngeal lymph nodes are moderately prominent, uniform soft tissue attenuating and contrast enhancing.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

Generalized mild to moderate thickening of the bronchial walls is appreciated. The lung parenchyma presents multiple small zones with consolidation and air-bronchograms.

The lung parenchyma presents the expected architecture and attenuation behavior.



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Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

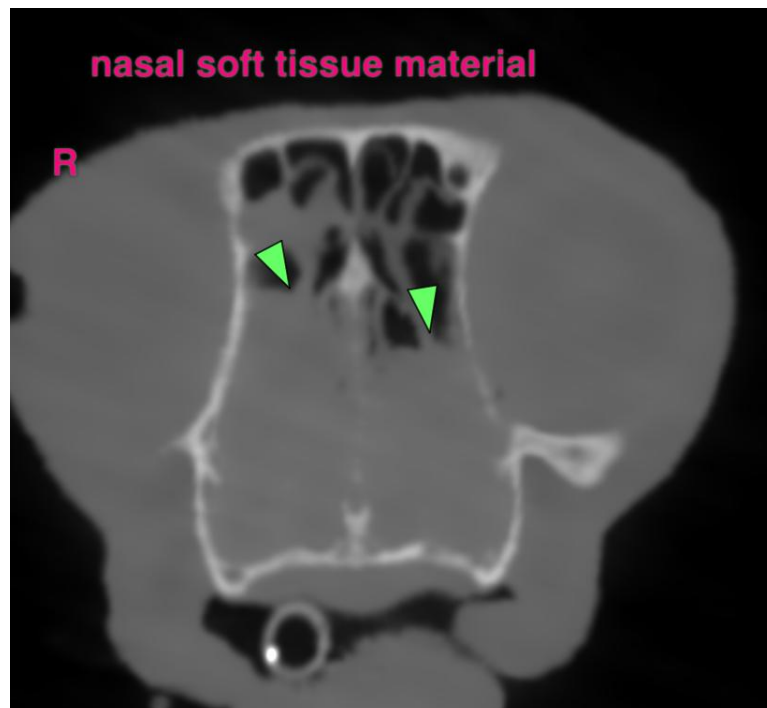
- Obstruction of the nasal cavity by soft tissue material along with semiaggressive osteolytic lesions of the osseous lining of the nasal cavity
- Left sided chronic otitis media
- Lymphadenopathy medial retropharyngeal lymph nodes
- Bronchial lung pattern with accompanying patchy unstructured interstitial to alveolar regions
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal soft tissue material in combination with the mild aggressive osteolytic lesions of the osseous lining is highly concerning for primary nasal soft tissue neoplasia – such as adenocarcinoma, squamous cell carcinoma lymphosarcoma, other. Differentials can include nasal granulomatous disease (e.g. mycotic infection). Rhinoscopy including biopsy can be performed for specification. If nasal neoplastic disease is confirmed, the Adam tumor stage is 2.

The prominent medial retropharyngeal lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.

The lung pattern is compatible with bronchopneumonia – possibly due to underlying feline bronchial disease and viral/bacterial superinfection. The CT study is negative for pulmonary metastatic disease.





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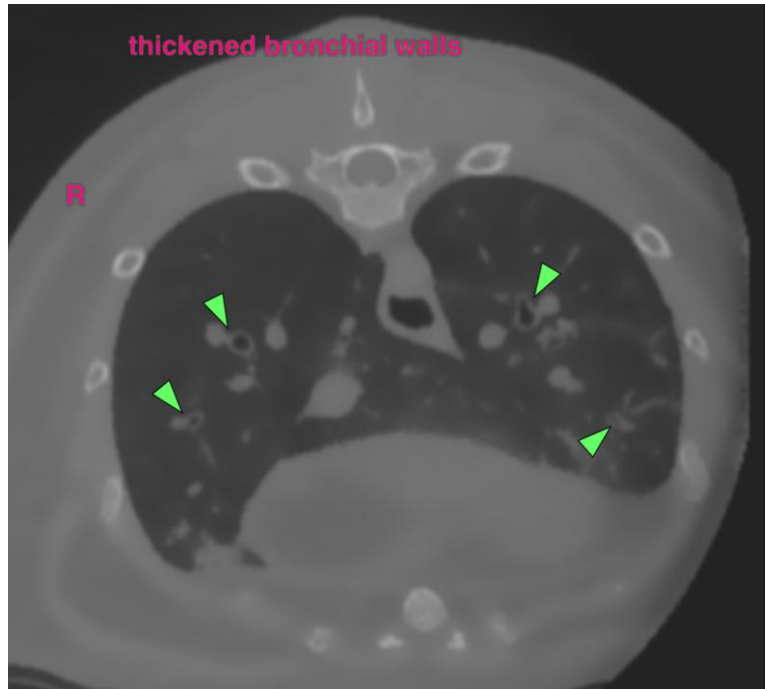
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com