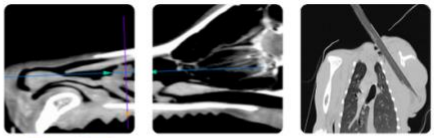


PATIENT

Angel Jackson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.85

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

35206

DATE

1/2/26

PRESENTING CLINICAL SIGNS

History: P presented for having some hacking episodes since the 26th of December. p will lick lips and do a hard swallow. O took p to south Daytona emergency, and they hospitalized p and did a sedated oral exam. Radiographs were also performed as well. O notes a tube was placed in esophagus and was clear. They could not find a diagnoses and recommend p have a CT scan. O is interested in CT. P has also not been wanting to eat but will eat some hard treats. P was treated for low K+. Hx of constipation and OA. hx of heart murmur within the last year. o notes p has always breathed through the mouth.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. The remaining teeth present variable degree of ankylosis of the roots along with resorptive lesions.

In the nasal cavity, a small amount of fluid attenuating material is attached to the mucosal lining. The nasopharynx is obliterated by foamy non-contrast enhancing soft tissue material. The caudal aspect of the nasopharynx presents ring like narrowing with corresponding increased contrast uptake of the mucosal lining – the lumen of the caudal aspect of the nasopharynx is completely lost.

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

The left tympanic bulla is partially obliterated by fluid attenuating material and presents a moderate smoothly thickened wall. 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 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.

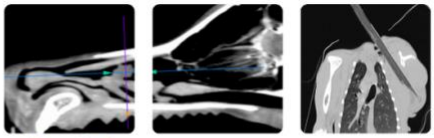
Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

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 smooth thickening of the bronchial walls is appreciated. In the right cranial lung lobe, a bronchial segment is obliterated by non-contrast enhancing soft tissue material and mildly distended.



PATIENT

Angel Jackson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.85

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

35206

DATE

1/2/26

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

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

The volume of the left kidney is moderately decreased, and the margins are irregular due to multiple concave depression. On the dorsal urinary bladder wall, a very small amount of gravity dependent mineral attenuating material is present.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Throughout the hepatic parenchyma, multiple well-defined, roundish parenchymal filling defects are seen.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The outer layer of the small intestinal tract is prominent.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Caudal nasopharyngeal stenosis with secondary mild rhinitis
- Left sided chronic otitis media
- Generalized bronchial lung pattern and segmental bronchial plugging right cranial lung lobe
- Suspect thickened muscular layer of small intestinal loops
- Left sided chronic nephropathy
- Cystolithiasis without mechanical obstruction
- Multiple simple hepatic cysts
- Ankylosis and root resorption of the remaining teeth
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals nasopharyngeal stenosis of the caudal segment that will likely be a trigger for rhinitis. If not done so yet, recommend complementing workup by rhinoscopy and retrograde evaluation of the nasopharynx. If confirmed, potential treatment options such as balloon dilation ± anti-inflammatory management might be discussed with internal medicine.

The bronchial lung pattern can be a sequela to feline bronchial disease or present acute bronchitis with segmental mucus plugging. Theoretically bronchial carcinoma can present with a primary bronchial pattern as well, but I consider a neoplastic origin unlikely here.

PATIENT

Angel Jackson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

3.85

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Alyssa Carver

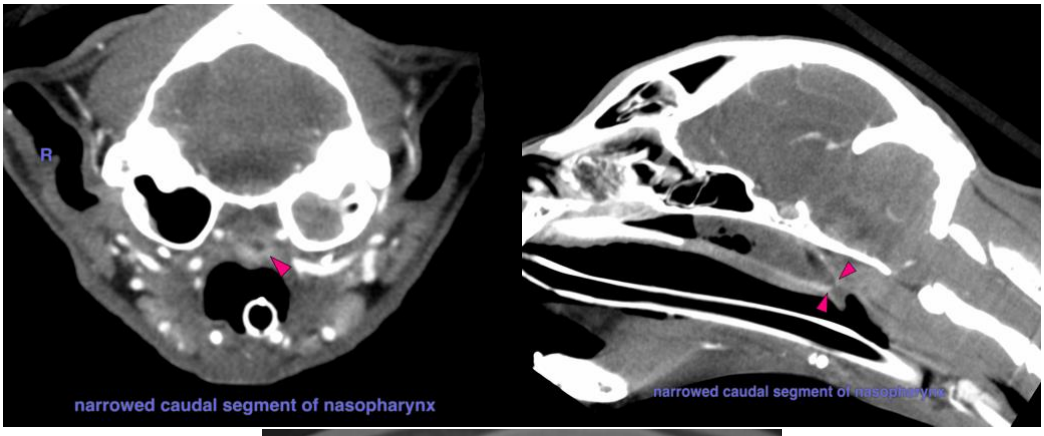
INVOICE

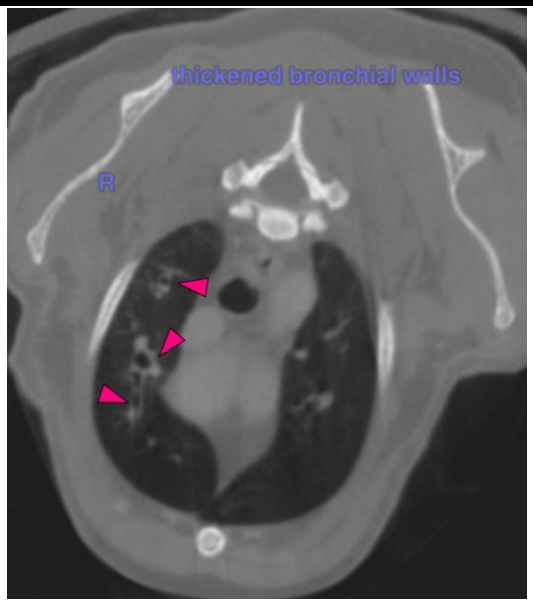
35206

DATE

1/2/26

The supposed thickened outer layer of the small intestinal tract can be a sign for chronic inflammation (e.g. lymphocytic plasmocytic, eosinophilic), diffuse neoplastic infiltration, hyperthyroidism, idiopathic.





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 Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com