



PATIENT

Axl Rose Larson

SPECIES

Feline

BREED

DSH

SEX

MS

AGE

15 Years 8 Months

WEIGHT

4.5 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

AMC/CL

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Geist

INVOICE

13395

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- History of a 6.2 mm pulmonary nodule in the left cranial lung lobe and a 2.5 mm nodule in the right cranial lung lobe, diagnosed via CT in February 2024 and stable on recheck CT in April 2024. A fine needle aspirate of a nodule showed well-differentiated epithelial cells. A Cryptococcus test from February 2024 was negative.
- Coughing has reportedly increased in frequency to 2-3 times per day and the spells are longer in duration. Sneezing is a new and frequent sign. The owner has observed mucus after sneezing.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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.

In both nasal cavity, non-contrast enhancing soft tissue material is attached to a thickened nasal mucosal lining. Moderate destruction of the nasal conchal structures is appreciated. A small amount of gravity dependent, fluid attenuating material is appreciated in the frontal sinus bilaterally.

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

Both tympanic bullae are filled with non-contrast enhancing soft tissue material; the osseous lining of the tympanic bullae 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 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

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

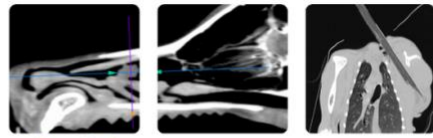
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Generalized mild to moderate thickening of the walls of the bronchial tree is appreciated. The nodule in the cranial part of the left cranial lung lobe is measuring approximately 5.7 x 7.5 x 9.5 mm (stationary). A second soft tissue nodule is seen in the dorsal aspect of the caudal part of the left cranial lung lobe, measuring 3.8 mm in diameter.

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.



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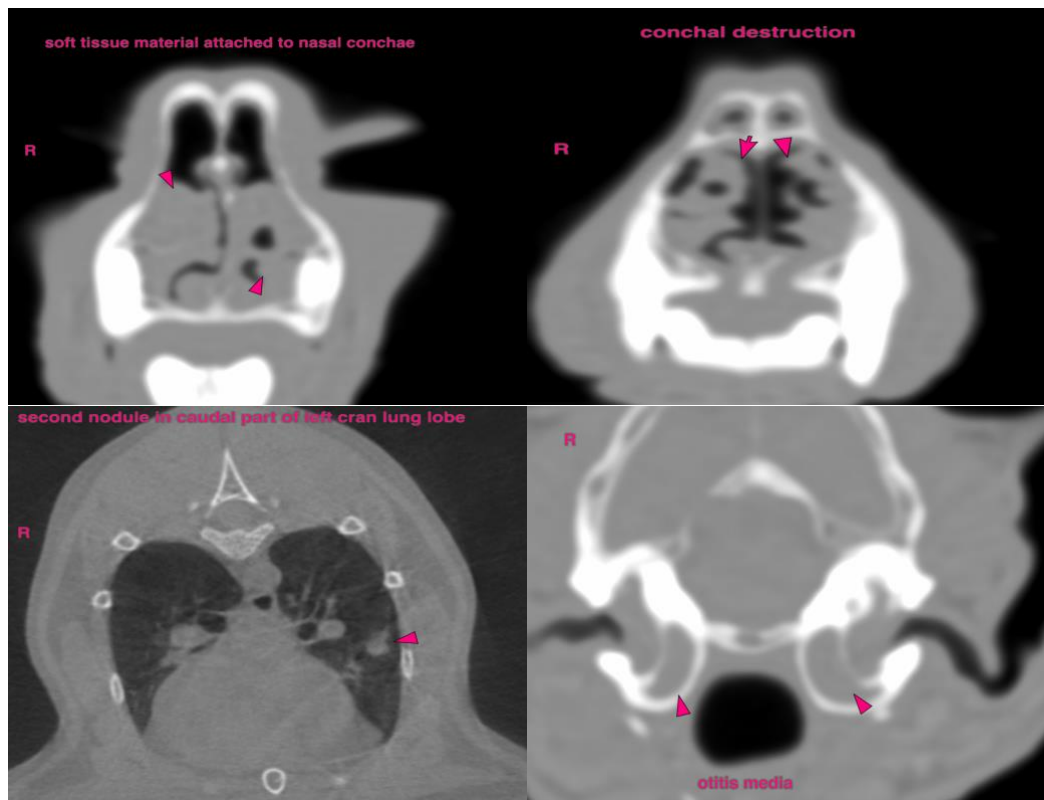
COMPUTED TOMOGRAPHIC DIAGNOSIS

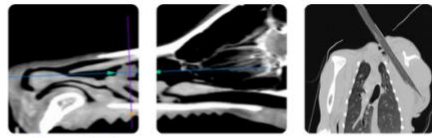
- Destructive rhinitis
- Secondary otitis media, due to ascending infection via the Eustachian tube
- Two pulmonary soft tissue nodules – stationary along with a bronchial pattern
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or unlikely here mycotic superinfection. The changes are unusual for underlying nasal neoplastic disease. Rhinoscopy including biopsy and sampling for microbial culture - in many cases the initial causative infectious agent cannot be isolated anymore - can be used as advanced diagnostic tool. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

The pulmonary nodule in the left cranial lung lobe is stationary, an additional nodule is seen in the caudal part of the left cranial lung lobe - due to the chronicity the findings are most consistent with chronic feline bronchial disease and peripheral bronchial mucus plugging or granuloma formation.





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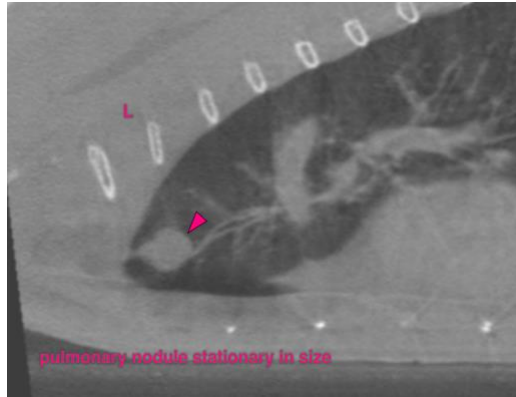
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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