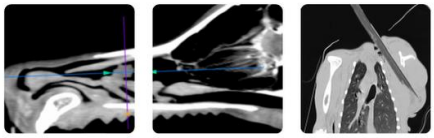

PATIENT

Samson Devlin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

2Y

WEIGHT

5.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Debbie Hutton

INVOICE

73445

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- ongoing resp concerns snorey breathing. ?asthma but also thickening palpable to larynx so ?laryngitis. Feel CT scan imaging will yield more information URT and LRT than xray and throat examination.

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

The tooth elements 106 and 206 are absent.

The nasal mucosal lining is generalized swollen. The most caudal aspect of the nasopharynx is collapsed.

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. 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 tracheobronchial lymph nodes are prominent.

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

Multiple bronchial segments present a mild to moderate thickening of the wall. The ventral aspects of the right caudal lung lobe, right middle lung and mildly the left caudal and left cranial lung lobe present zones with a significant ground glass attenuation pattern.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ventrally accentuated multiple zones with a significant unstructured interstitial pattern along with a mild bronchial pattern
- Lymphadenopathy tracheobronchial lymph node
- Mild generalized thickened nasal mucosal lining
- Absent triadan 106 and 206

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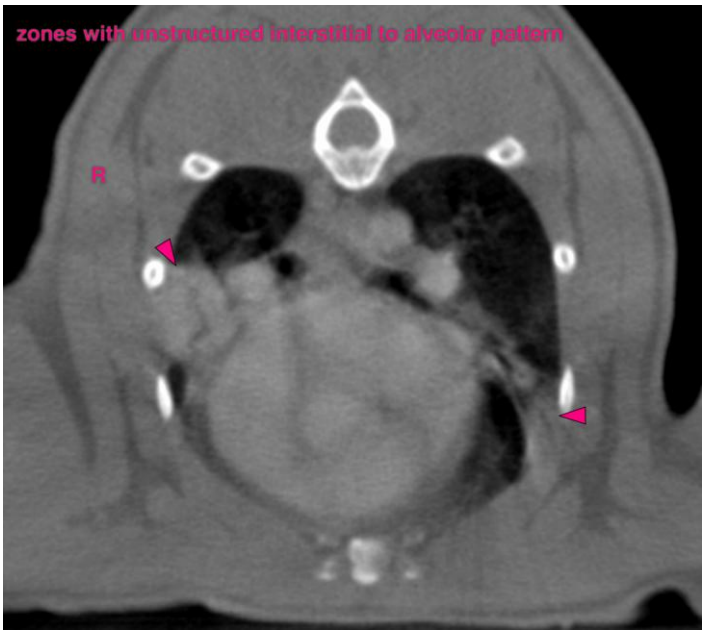
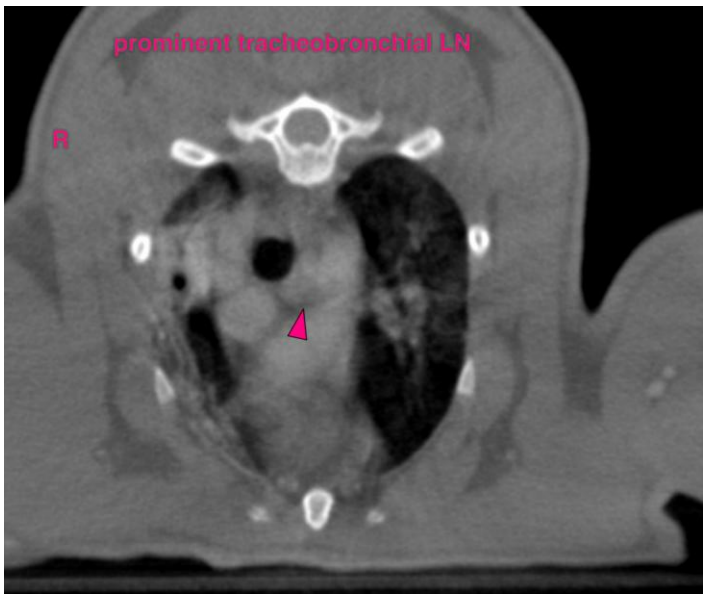
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung mixed lung pattern is compatible with bronchopneumonia/atypical pneumonia (e.g. Mycoplasma sp., primary viral). The prominent tracheobronchial lymph nodes are supporting the diagnosis infectious lower airway disease.

The mild prominent nasal mucosal lining may indicate mild rhinitis.

The collapsed caudal segment of the nasopharynx is considered as a sequela to general anesthesia and collapse of the nasopharynx – if clinical signs are indicative for upper airway obstruction, retrograde examination of the nasopharynx is beneficial to rule out nasopharyngeal stenosis entirely.





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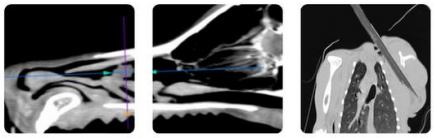

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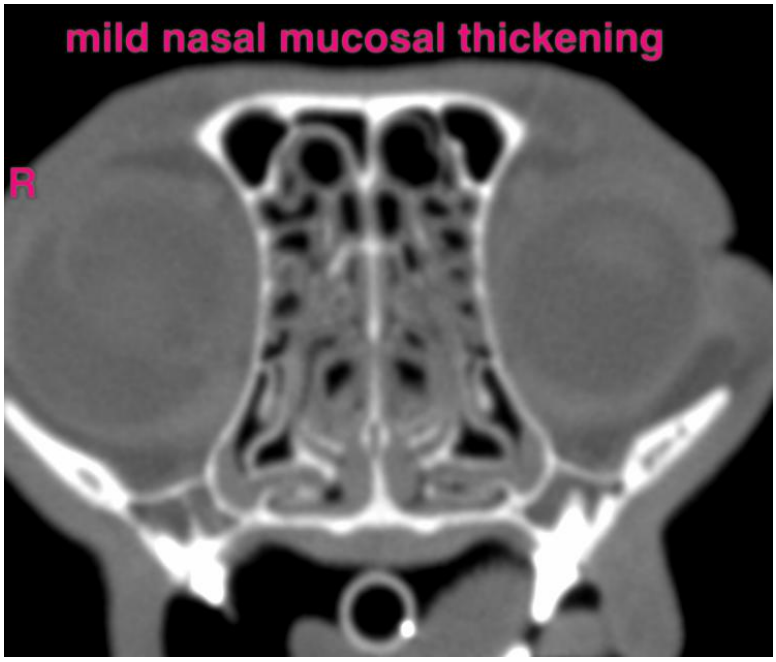

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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