



## PATIENT

Moon Hibberd

## SPECIES

Feline

## BREED

Siamese

## SEX

Female

## AGE

1Y, 2M

## WEIGHT

3.9kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Laura Blackwell

## HOSPITAL NAME

Animal Trust -  
Ellesmere Port

## REFERRING VET

Janet Mitchell

## INVOICE

73510

## DATE

1-28-26

## PRESENTING CLINICAL SIGNS

History:

- rescue from Thailand in Nov, age est 1-3 by rescue
- Coughing and sneezing since then
- ?feline asthma

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

In the rostral aspect of the nasal cavity, multifocal moderate thickening of the mucosal lining with a small amount of attached fluid attenuating material is appreciated. Mild destruction of the nasal conchal structures is appreciated.

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 wall of the right external ear canal is moderately thickened and presents an irregular luminal surface. In the right external ear canal, non-contrast enhancing soft tissue material is partially obliterating the lumen.

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.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The ventral dependent aspects of the lung present patchy zones with a ground glass attenuation pattern – the volume is maintained to mildly decreased.

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



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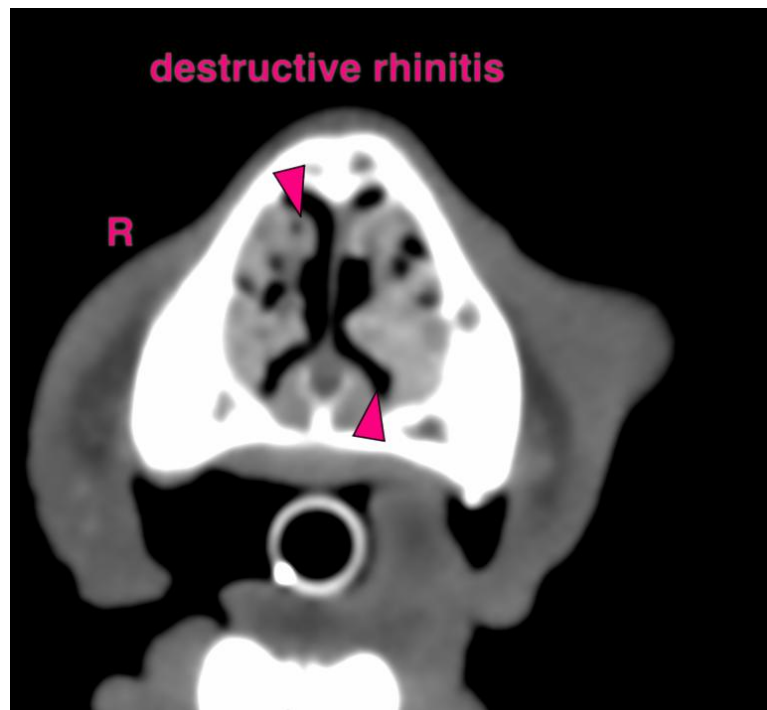
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis
- Ventrally distributed patchy unstructured interstitial lung pattern
- Right sided chronic otitis externa

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or less likely here mycotic superinfection. 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 ventrally distributed patchy unstructured interstitial pattern in combination with the presenting clinical signs is suggestive for accompanying pneumonia, a differential is dystelectasis secondary to general anesthesia.





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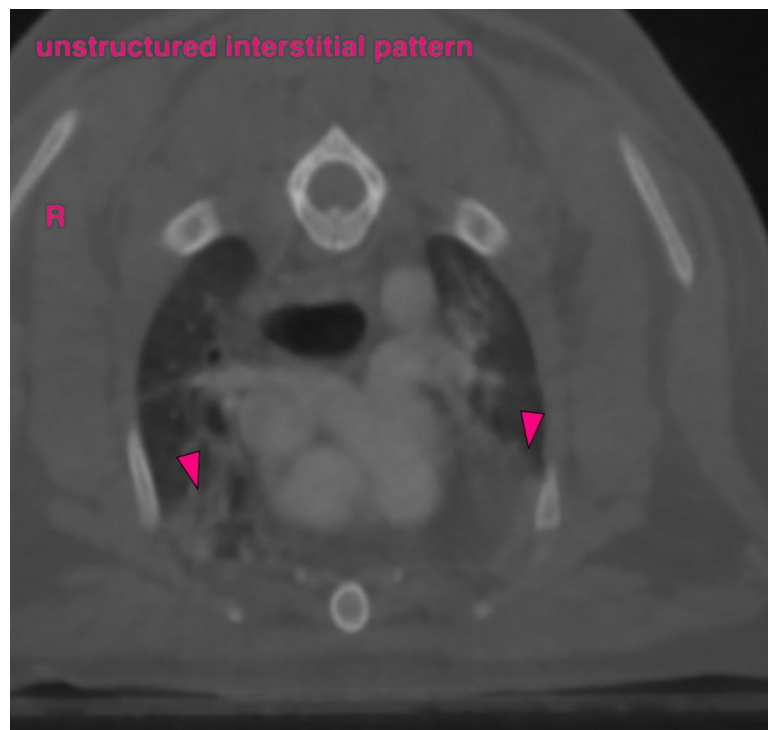
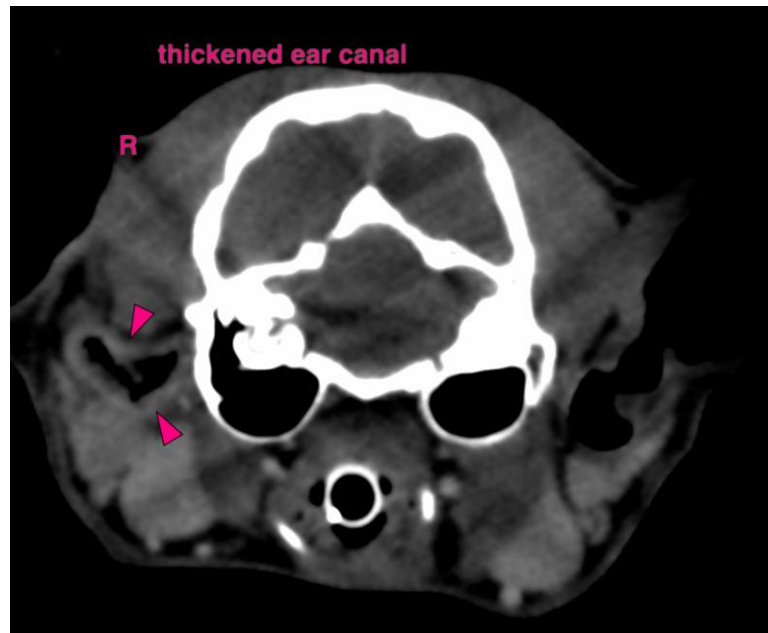
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)