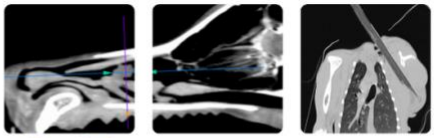

PATIENT

Little Bit Goodman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.0 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Victoria Bradshaw

HOSPITAL NAME

Gulf Shore VSS

REFERRING VET

Dr. Byron Young DVM, MS, DACVS

INVOICE

35262

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Little Bit presents for chronic rhinitis. Following CT Little Bit was moved to the endoscopy suite for rhinoscopy. The nasopharyngeal openings were symmetrical. No mass effect or discharge was seen in this region. A rigid endoscope was passed through the nares into each nasal passage in turn. Left nasal passage: red, inflamed nasal mucosa. Right nasal passage: mucoid nasal discharge, inflamed mucosa. Both sides bled very easily when touched with the endoscope. Bilateral culture swabs submitted for bacterial and fungal culture, nasal mucosal biopsies submitted for histopathology.

COMPUTED TOMOGRAPHIC STUDY 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 both nasal cavities, a small to moderate amount of fluid attenuating material is attached to a generalized thickened nasal mucosal lining, L>R. The caudal aspect of the left nasal cavity is obliterated by mild contrast enhancing material. The osseous wall of the left nasal cavity presents multifocal moth-eaten osteolytic lesions. The left frontal sinus is filled with non-contrast enhancing soft tissue material. In both nasal cavities, destruction of the nasal conchal structures is seen.

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

Both tympanic bullae are partially obliterated by peripherally contrast enhancing soft tissue material. The Eustachian tube bilaterally is mildly distended by gas. 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.

In the cranial mediastinum, an irregular roundish, uniform soft issue attenuating and non-contrast enhancing lesion is seen; measuring

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

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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 lung parenchyma presents the expected architecture and attenuation behavior, but small zones with dystelectasis of the lung.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

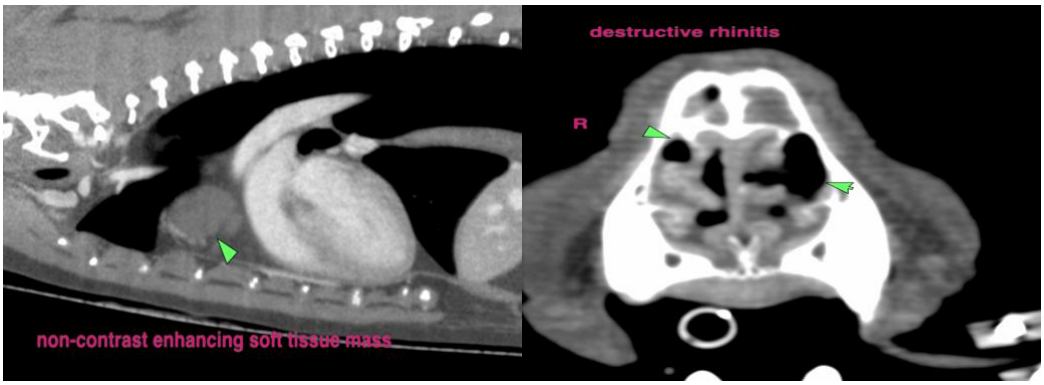
- Destructive rhinitis
- Mild contrast enhancing soft tissue material in left nasal cavity with multifocal semiaggressive osteolytic lesions of the osseous lining
- Obstructive sinusitis left frontal sinus
- Bilateral otitis media
- Non-contrast enhancing small cranioventral mediastinal soft tissue mass
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with chronic destructive rhinitis – commonly primary viral ± bacterial or mycotic superinfection. In the left nasal cavity, faint contrast enhancing material is seen along with obstruction of the left frontal sinus that can present either diffuse inflammatory thickening of the mucosal lining or primary nasal soft tissue neoplasia (e.g. round cell tumor). Rhinoscopy including biopsy has already been performed for specification, regarding the history.

The otitis media is likely a sequela to the rhinitis due to ascending infection via the Eustachian tube, there is no evidence of inflammatory polyp formation.

The non-contrast enhancing cranioventral mediastinal mass can present an incidental benign cranial mediastinal cyst or lymphocele/lymphangiectasia. A differential is a cystic neoplasm, such as thymoma, round cell tumor or carcinoma. Ultrasound can be tried to check for possible fluid accumulation versus soft tissue proliferation ± FNA sampling.



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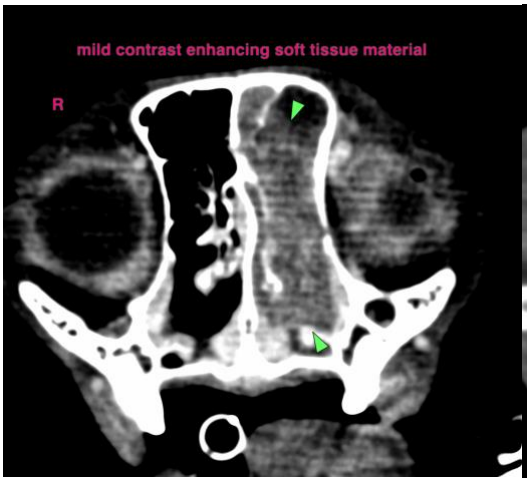

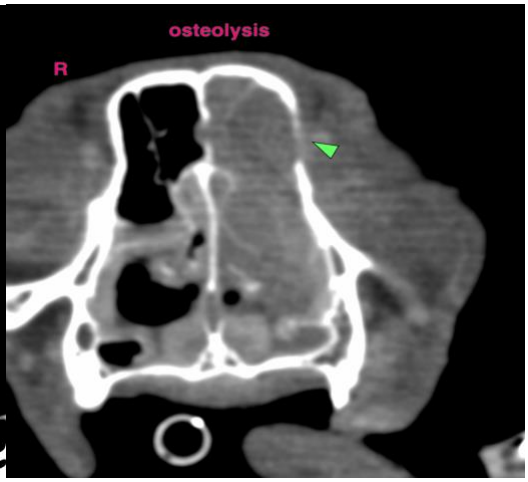

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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