



## PATIENT

Mr. Kite #2370C  
Mainwaring

## SPECIES

Feline

## BREED

Selkirk Rex

## SEX

MN

## AGE

11Y, 8M

## WEIGHT

11.4lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Pete Bashara, DVM

## HOSPITAL NAME

Gentle Doctor Animal  
Hospitals

## REFERRING VET

Sarah Rotthaus, DVM

## INVOICE

73208

## DATE

1-6-26

## PRESENTING CLINICAL SIGNS

Mr Kite presented in October for ear issues. An ear mass was found in the right ear canal and a small piece of tissue was submitted for histopath (Moderate to severe crush artifact (expected given sampling type); Samples consistent with hyperplastic ceruminous and sebaceous glands with moderate interstitial chronic-active inflammation; Most consistent with chronic-active inflammatory reaction). The ear canals look much improved today while anesthetized and no visible ear mass was identified in the external canal. He also has not had any ear issues since October. Mr. Kite had an intestinal mass removed several years ago and takes metronidazole and prednisolone twice weekly to manage GI signs and he is currently doing well. Abdominal CT was performed at owners request as a preventative measure.  
Abnormal PE/Chem/CBC/UA Results: CBC: Platelet: L 89 - large number of small sized platelet clumps present MPV: H 24

## COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Triadan 208 is absent. Triadan 309, 407 and 408 present a moderate horizontal bone loss.

In the left nasal cavity, advanced destruction of the nasal conchal structures is appreciated. Mild destruction of the right nasal conchal structures is seen. The left frontal sinus presents a moderate decreased volume.

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

The left tympanic bulla is obliterated by non-contrast enhancing soft tissue material and presents a moderate thickened, but smooth, wall. Level with the orifice of the left Eustachian tube, a small polypoid lesion is bulging into the nasopharyngeal lumen, measuring <3 mm. 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 left medial retropharyngeal lymph node is prominent.

### Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided chronic otitis media with likely small inflammatory nasopharyngeal polyp
- Destructive rhinitis, L>>R
- Periodontal disease 309, 407, 408
- Absent triadan 208
- Hypoplastic left frontal sinus
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents left sided chronic otitis media with small polypoid lesion protruding from the orifice of the left Eustachian tube into the nasopharynx – highly suggestive for an inflammatory nasopharyngeal polyp originating from the left tympanic bulla. The appreciated rhinitis is a likely trigger for the otitis media due to ascending infection – in feline patients the rhinitis is commonly primary viral ± bacterial or less likely mycotic superinfection. Recommend retrograde evaluation of the nasopharynx. Either conservative or surgical management of the otitis media can be considered.





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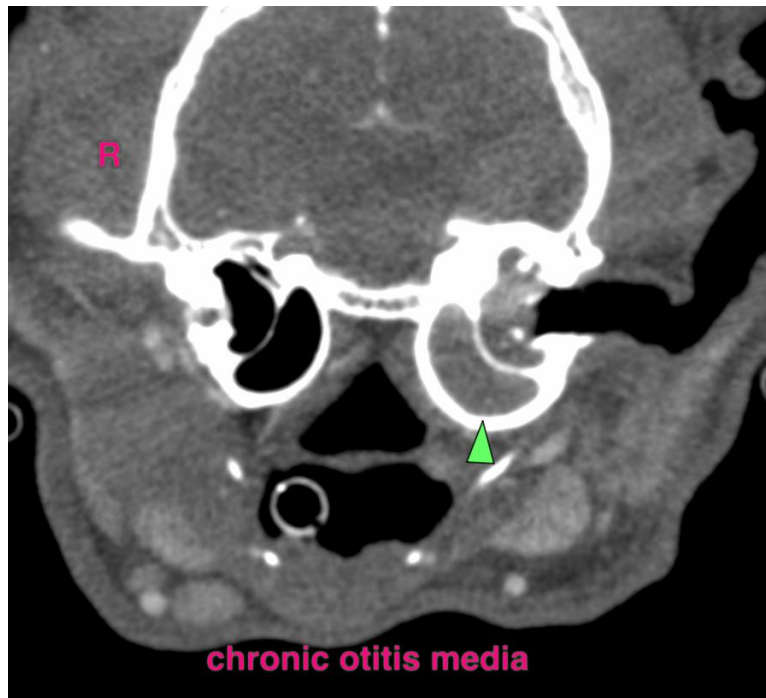
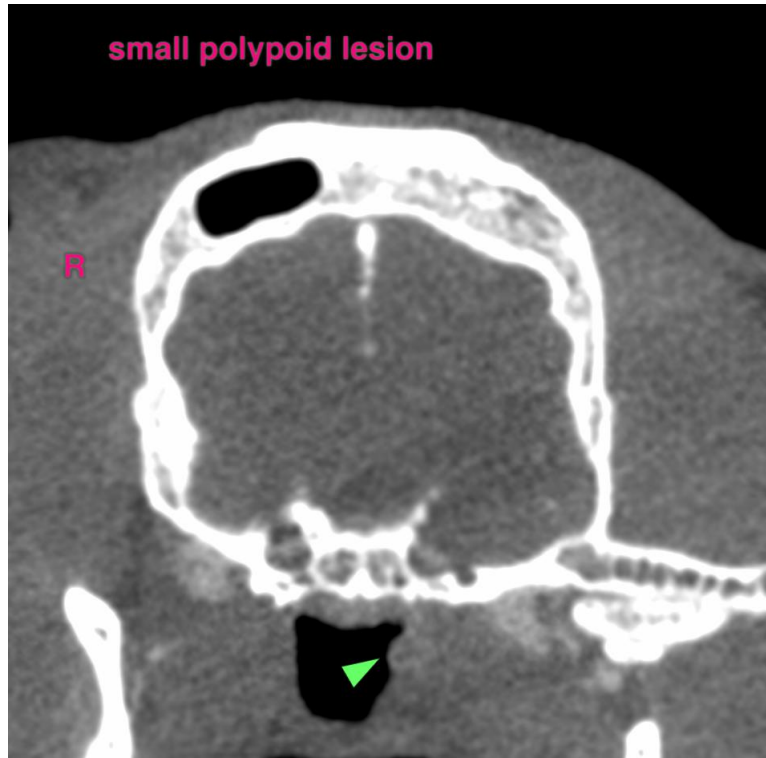
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)