



## PATIENT

Rose Kaufman

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

13

## WEIGHT

4.4

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

David

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Short

## INVOICE

72594

## DATE

11-12-25

## PRESENTING CLINICAL SIGNS

Bilateral ear adenoma removal- site healing well concern for sneezing episodes that are getting progressively worse

## 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

Multiple teeth are absent.

The ventral nasal meatus of the left nasal cavity is obliterated by fluid attenuating material, and the mucosal lining is thickened. Triadan 204 presents a moderate widened periodontal space, perforating the left nasal cavity. The remaining canine teeth present moderate resorptive lesions.

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 osseous wall of the right tympanic bulla is mildly thickened and smooth. The horizontal segment of the right external ear canal is moderately thickened and soft tissue material is appreciated in the lumen of the right ear canal.

Post contrast administration in the right lateral aspect of the cranial fossa, a to the right temporal bone broad base, cauliflower like, strong contrast enhancing mass is protruding into the cranial fossa; measuring 7 x 7 x 8 mm. A second strong contrast enhancing mass is appreciated in the rostral aspect of the right cranial fossa; measuring 3 x 3 x 3 mm.

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.

Protruding from the cranial pole of the right thyroid gland, a well-defined, fluid attenuating nodule is visible; measuring 10 mm in diameter. The fluid attenuating lesion is merging with an ill-defined soft tissue swelling in the right retropharyngeal space, partially encompassing the larynx from the right and deviating the esophagus to the left.

### Thorax

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

The sternal lymph nodes are prominent.

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

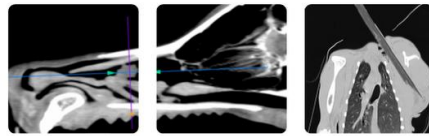
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The 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.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse right retropharyngeal soft tissue swelling



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- Two intracranial extraaxial strong contrast enhancing masses right lateral aspect of cranial fossa
- Periodontal disease 204 with perforation of the nasal cavity
- Right sided otitis externa, history of bilateral excision of ceruminous gland adenoma
- Lymphadenopathy sternal lymph node
- Secondary left sided destructive rhinitis
- Dental resorptive lesion canine teeth
- Multiple absent teeth

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically appreciated sneezing episodes can be explained by the odontogenic rhinitis due to periodontal disease of triadan 204

The right retropharyngeal swelling may be a sequela to the cavitory lesion at the right thyroid gland extending into the retropharyngeal space – suspect benign thyroid cyst/thyroid cystadenoma. A differential is a second entity such as lymphocele/lymphangiectasis, granuloma or soft tissue neoplasia (e.g. lymphosarcoma)- but I consider this less likely. Ultrasound guided FNA sampling can be performed for specification.

The strong contrast enhancing intracranial masses are highly suggestive for multiple meningiomas – progressive growth can cause neurological clinical signs such as seizure activity.

Ultrasound guided FNA sampling of the sternal lymph nodes may be beneficial to differentiate between reactive lymphoid hyperplasia versus metastatic disease.

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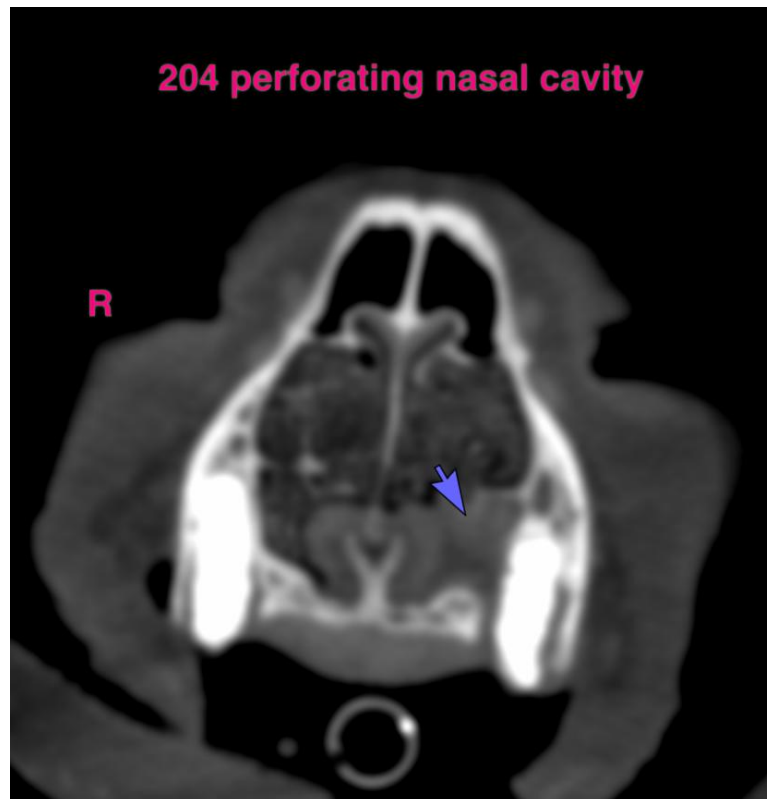
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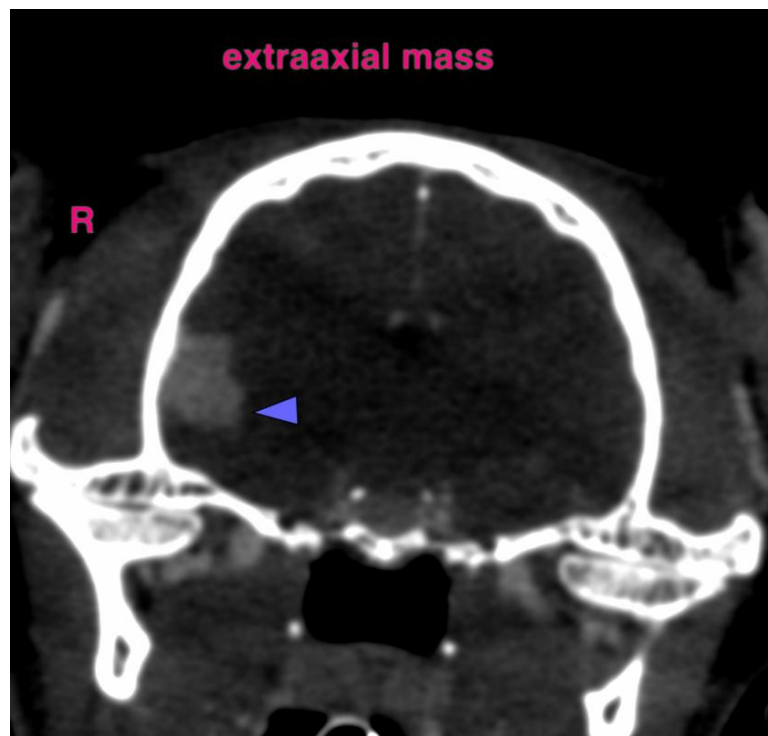
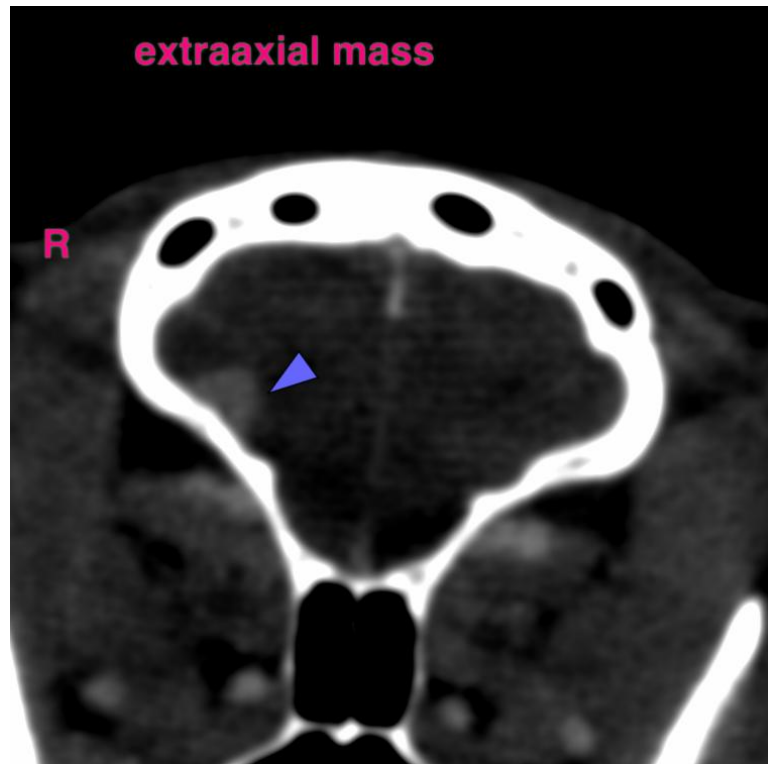
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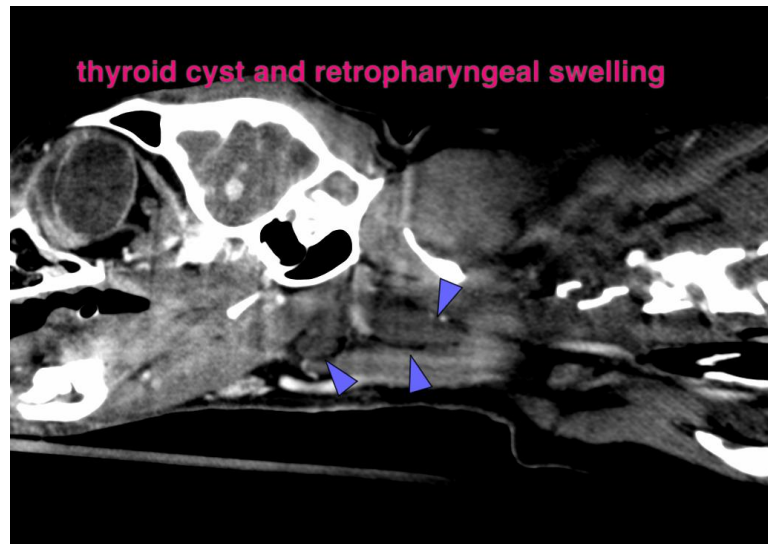
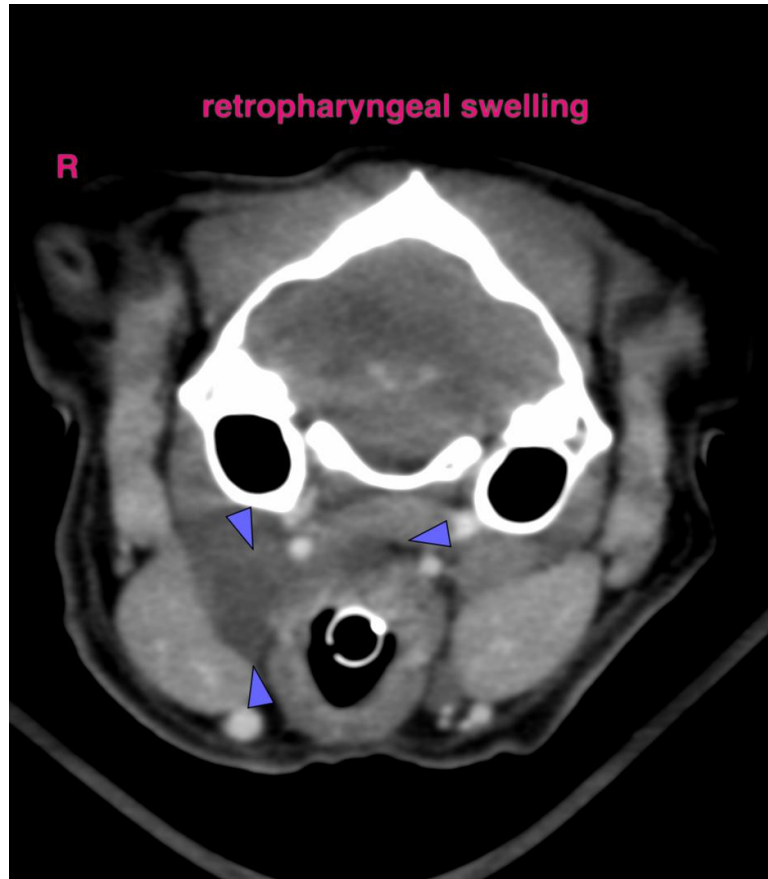
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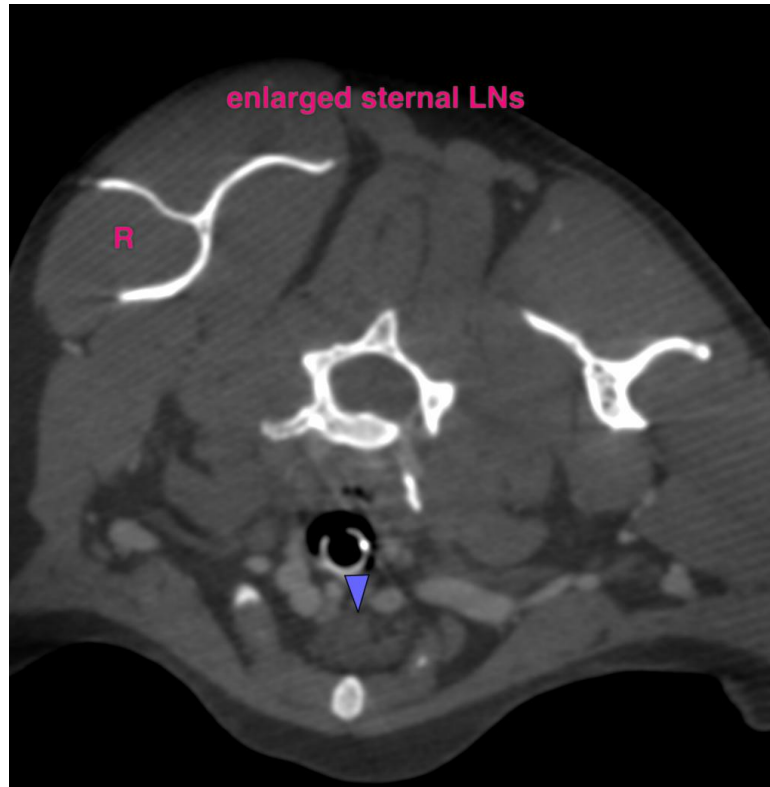
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)