



PATIENT

Wallace, Clawd
Wallace

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12Y

WEIGHT

13.6lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Brooke Hollenbach,
CVT

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

David Daverio, VMD

INVOICE

72704

DATE

11-20-25

PRESENTING CLINICAL SIGNS

Head tilt, Ataxis, hypertension, hind end weakness, possible vestibular syndrome

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. Retained roots of triadan 204 and 404 are appreciated – presenting ankylosis and resorptive lesion.

Focal consolidation of the nasal cavity bilaterally is appreciated.

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

Both tympanic bullae are filled with soft tissue attenuating material. The osseous wall of the tympanic bulla is mildly thickened, R>L, and smooth. 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

Along the caudal thoracic spine, multifocal mild spondylosis formation is seen.

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

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral otitis media
- Mild rhinitis
- Ankylosis and resorptive lesions roots of the canine teeth
- Spondylosis deformans caudal thoracic spine



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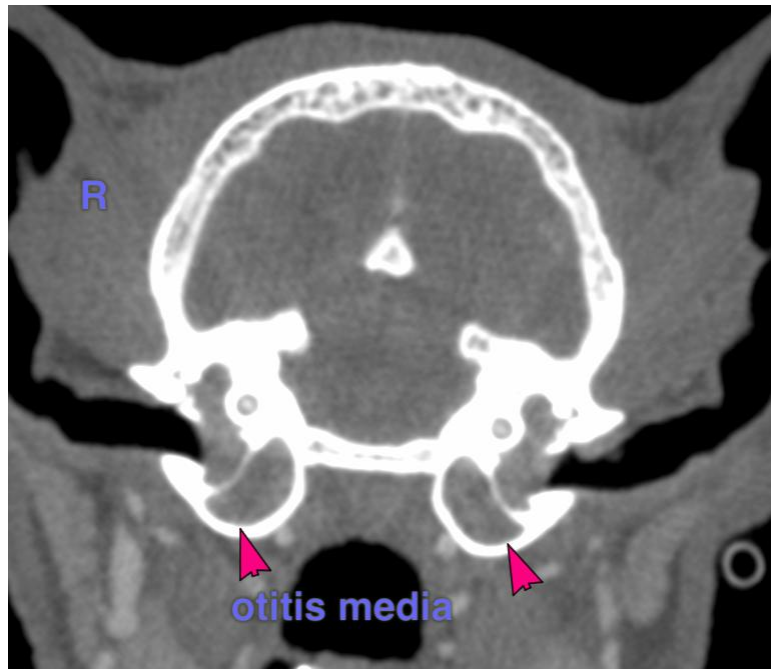
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The otitis media is a potential trigger for otitis interna as possible cause for the vestibular clinical signs. If there was an acute onset of clinical signs, a transient ischemic insult/geriatric vestibular syndrome are likely differentials. No additional abnormalities are appreciated that do explain the presenting clinical signs.



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
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