

PATIENT

Dizzy Oates

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

5

WEIGHT

7

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Olivia Jarvis

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Deborah Hutton

INVOICE

35598

DATE

11/21/25

PRESENTING CLINICAL SIGNS

History: Mass on jaw following dental procedure.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 204 is absent. The periodontal space of triadan 304 is widened and moderate expansion of the alveolar bone of the respective dental element is seen.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The frontal sinuses are absent.

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 external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation 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.

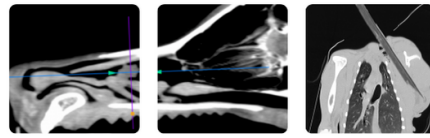
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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.

In the dorsal aspect of the left caudal lung lobe, level with the 8th/9th intercostal space an irregular ovoidal shaped, uniform soft tissue attenuating and contrast enhancing nodule is seen, measuring 13 x 8 x 13 mm. In the caudodorsal aspect of the accessory lung lobe, a fusiform shaped, consolidated are noted with localized convex depression of the pulmonary surface. The ventral dependent aspects of the lung parenchyma present regions with dystelectasis. The aerated aspects of the lung have the expected architecture.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS



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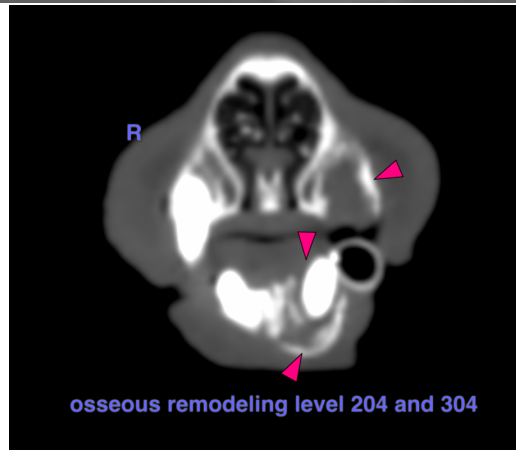
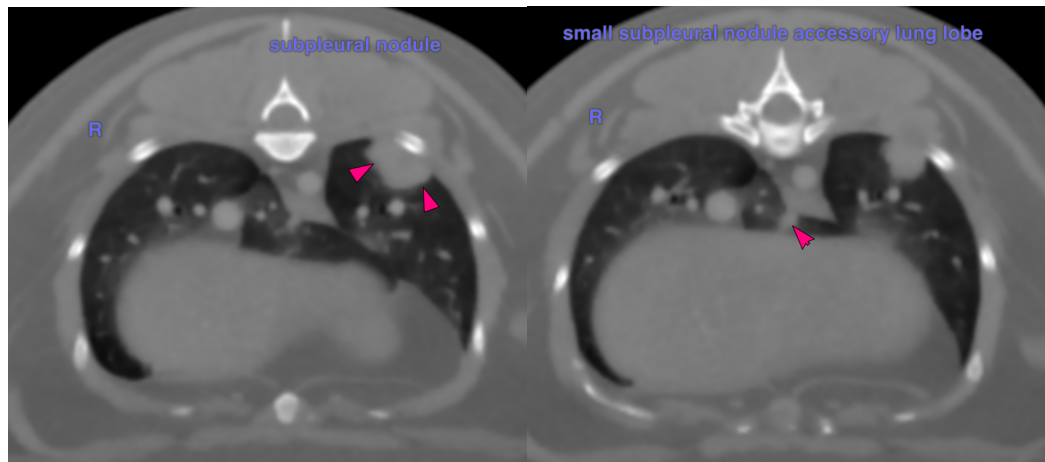
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- Solitary pulmonary soft tissue nodule left caudal lung lobe
- Sall zone with subpleural round atelectasis versus small second subpleural nodule accessory lobe
- Periodontal disease and osteomyelitis alveolar bone 304
- Absent triadan 204 with chronic osseous remodeling of the respective alveolar crest

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

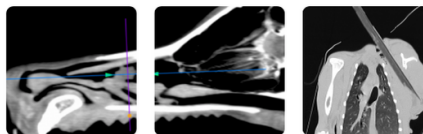
The solitary pulmonary nodule is not specified and can present a zone with round pneumonia/pyogranulomatous pneumonia, mucus impaction, fibrosis or neoplastic transformation. Ultrasound guided FNA sampling of the pulmonary nodule can be used for specification.

The clinically appreciated 'mass' at the jaw is considered secondary to the osteomyelitis due to periodontal disease of triadan 304. No additional swelling are seen along the mandible.



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.



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