



PATIENT

Lex Casey

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

16Y

WEIGHT

4.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Jessica Austin

INVOICE

72687

DATE

11-21-25

PRESENTING CLINICAL SIGNS

ataxia, left sided head tilt - acute (started on 11/20) HX of ear polyp, hypertension, ear infections
Currently on amlodipine
Abnormal PE/Chem/CBC/UA Results: SDMA - 16 Sodium - 167

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

Mild destruction of the left nasal conchal structures is appreciated.

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

The right tympanic bulla is partially obliterated by non-contrast enhancing soft tissue material. The soft tissue material from the right tympanic bulla is extending into the medial aspect of the right ear canal.

The left external ear canal is aerated, unremarkable. The left tympanic bulla is aerated and presents a smooth and thin osseous wall.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided otitis media with possible inflammatory polyp formation versus accompanying otitis externa
- Mild left sided destructive rhinitis
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities that do explain the left sided vestibular clinical signs – due to the acute onset of clinical signs a transient ischemic insult/geriatric vestibular syndrome is a likely differential.

If not yet done so the workup may be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

The clinical relevance of the right sided otitis media is unclear, anyway otoscopic evaluation of the right ear canal to screen for an inflammatory polyp is beneficial.



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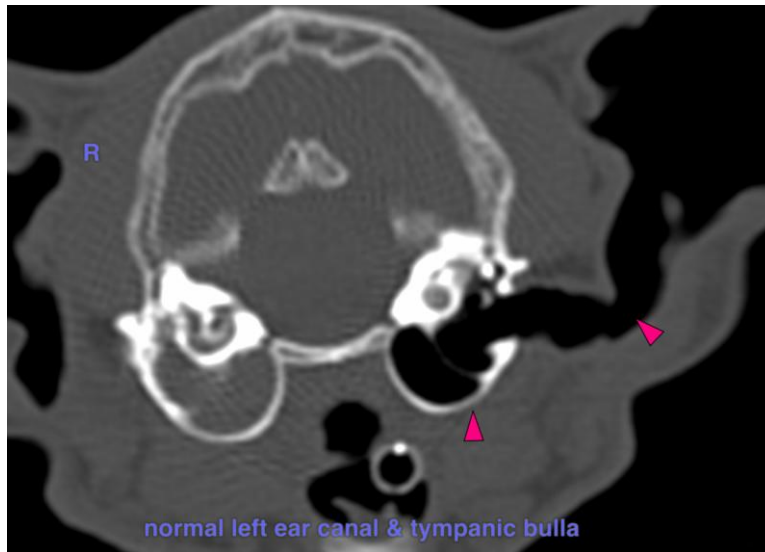
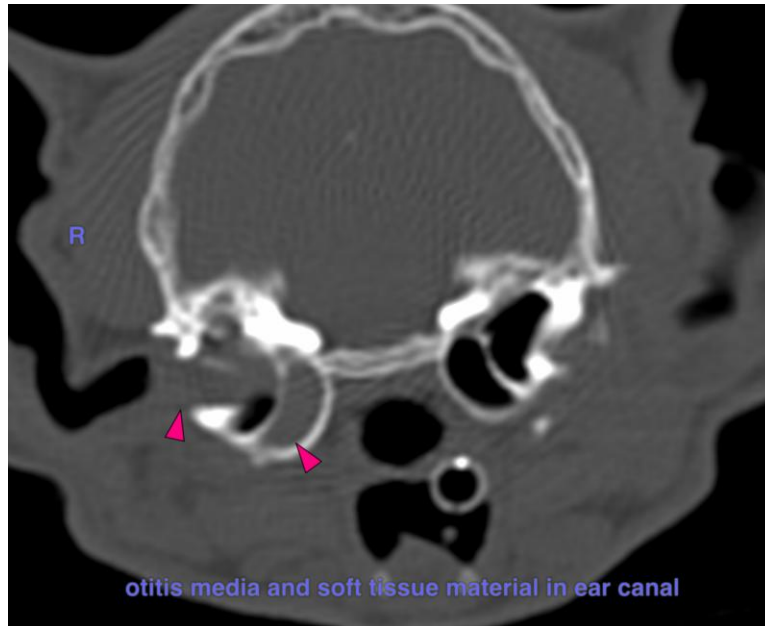
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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