



**PATIENT PRESENTING CLINICAL SIGNS**

**Bella Newman** Acute onset of seizures on Nov. 9 Pet had 2-3 seizures that day, then had another one 1-2 days after. Has been managed with phenobarbital for the past 2 weeks; pheno levels taken today. Hx of allergies

**SPECIES COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.  
**DSH** Moderate destruction of the nasal conchal & turbinate structures is appreciated, R>L. A small amount of non-contrast enhancing soft tissue material is attached to a thickened nasal mucosal lining. The osseous lining of the right frontal sinus presents moderate hyperostosis.

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

**Spayed Female** 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.

**AGE** 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 mandibular lymph nodes are prominent.

**INTERPRETED BY COMPUTED TOMOGRAPHIC DIAGNOSIS**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

- Destructive rhinitis
- Hyperostosis of the right frontal sinus due to chronic sinusitis
- Structural normal brain

**HOSPITAL NAME**

Mobile Pet Imaging

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most common cause for the appreciated rhinosinusitis is primary viral ± bacterial or less likely mycotic superinfection. Due to the lack of respective clinical signs, the relevance of the rhinitis is unclear.

**REFERRING VET**

Meaux

In the present study of the brain there is no evidence of macromorphological disease, which supports the presumptive diagnosis of cryptogenic epilepsy.

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If not yet done so the workup should 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 and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

**DATE**

11-22-22



**PATIENT**

Bella Newman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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**REFERRING VET**

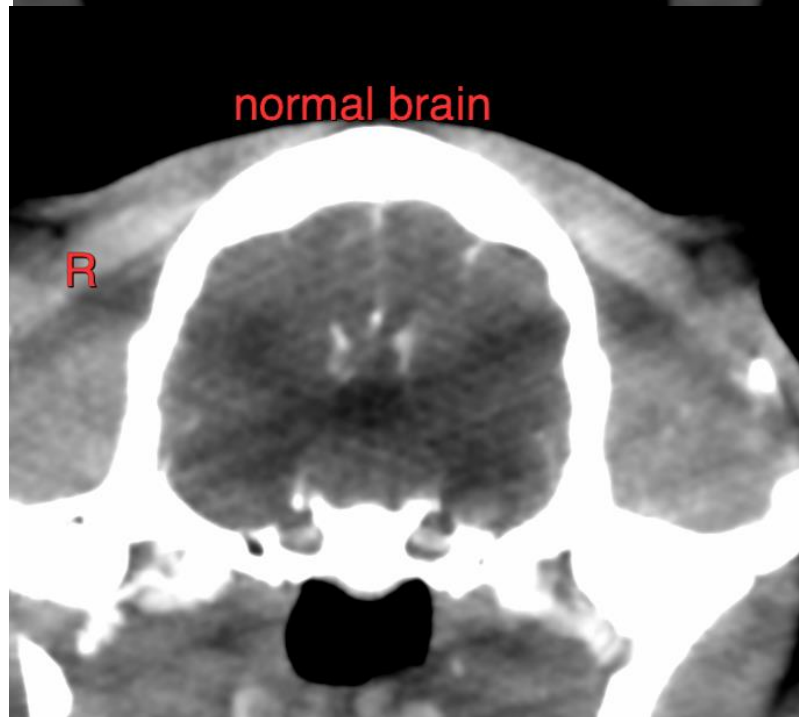
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**PATIENT**

Bella Newman

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

Spayed Female

**AGE**

14 Years

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