



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boog Shapera  
**SPECIES** Chronic upper respiratory infections, recurrent stomatitis, and asthma. Sudden increased frequency and severity of sneezing and nasal discharge. Chronic left sided head tilt, but now has mild anisocoria with the left pupil larger than the right. Both reactive to light. Possible tissue shadowing in cranial thorax

**SPECIES** Feline  
 Abnormal PE/Chem/CBC/UA Results: Increased chol 5.9 mmol/L, glucose 9 mmol/L.  
 Decreased RBC 6.47x10<sup>12</sup>/L

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

**BREED** A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Skull

FS

All teeth are absent and moderate atrophy of the alveolar bone in all jaw quadrants is appreciated.

**AGE**

In both nasal cavities, a moderate amount of fluid attenuating material is attached to a thickened mucosal lining. Mild destruction of the nasal conchal & turbinate structures is appreciated. Both frontal sinuses present mild hyperostosis of the osseous lining,

9 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Both tympanic bullae are filled with soft tissue attenuating material. The osseous lining of both tympanic bullae is moderately thickened and smooth. The external ear canals are within normal limits.

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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.

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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.

**REFERRING VET**

Thorax

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

**INVOICE**

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.

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

**DATE**

The lung parenchyma is mildly hypoattenuating and presents a generalized increased volume. Multiple segments of the bronchial tree are filled with soft tissue attenuating material, resulting in a tree-in-bud pattern.

11-23-22



**PATIENT**

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

Boog Shapera

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Feline

- Mild destructive rhinitis
- Bilateral otitis media
- Bronchial 'tree-in-bud-pattern' and signs of hyperinflation of the lung
- History of full mouth dental extraction

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild destructive rhinitis is commonly a sequela to primary viral infection ± bacterial or less likely mycotic superinfection. The otitis media is considered as a sequela to the described chronic upper respiratory tract infection, due to ascending infection by the auditory tubes. The otitis media might be a source for possible Horner's syndrome.

**SEX**

FS

The hyperinflation of the lung can be iatrogenic due to positive pressure breath hold technique. A potential is air trapping due to feline bronchial disease ('feline asthma'). The appreciated tree-in-bud pattern in cases of feline bronchial disease is commonly caused by inspissated mucus within the respective segments of the bronchial tree. Theoretically bronchial carcinoma can cause bronchial plugging as well, but the odds are considered low.

**AGE**

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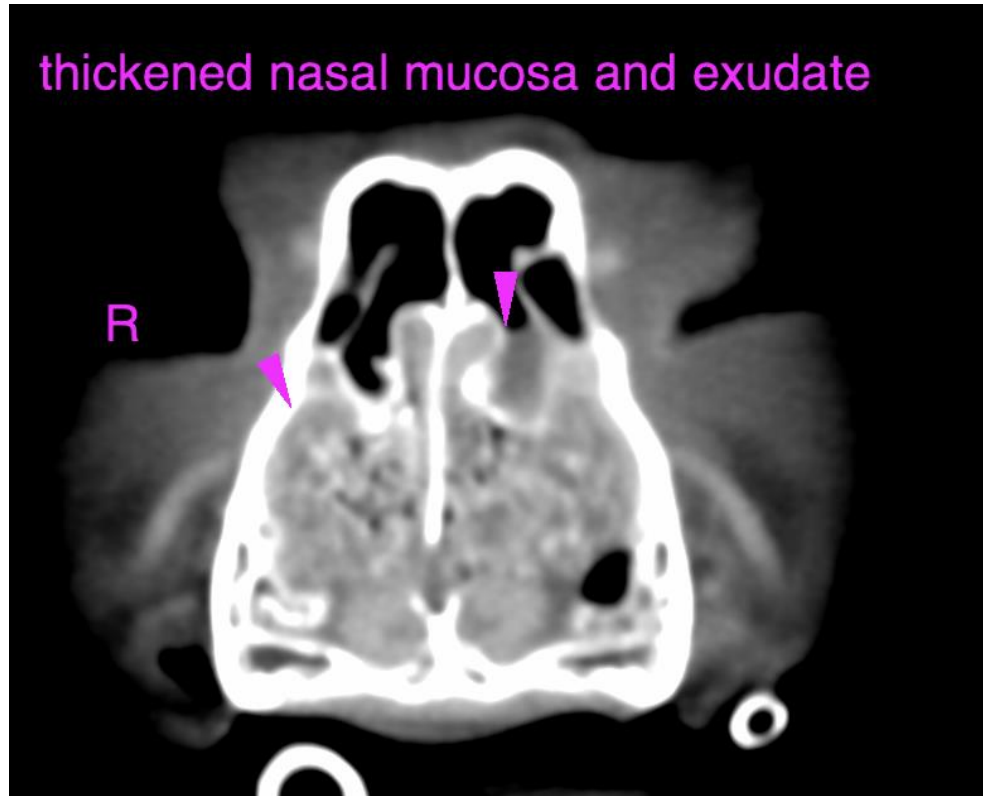
Dr. J. Shapera

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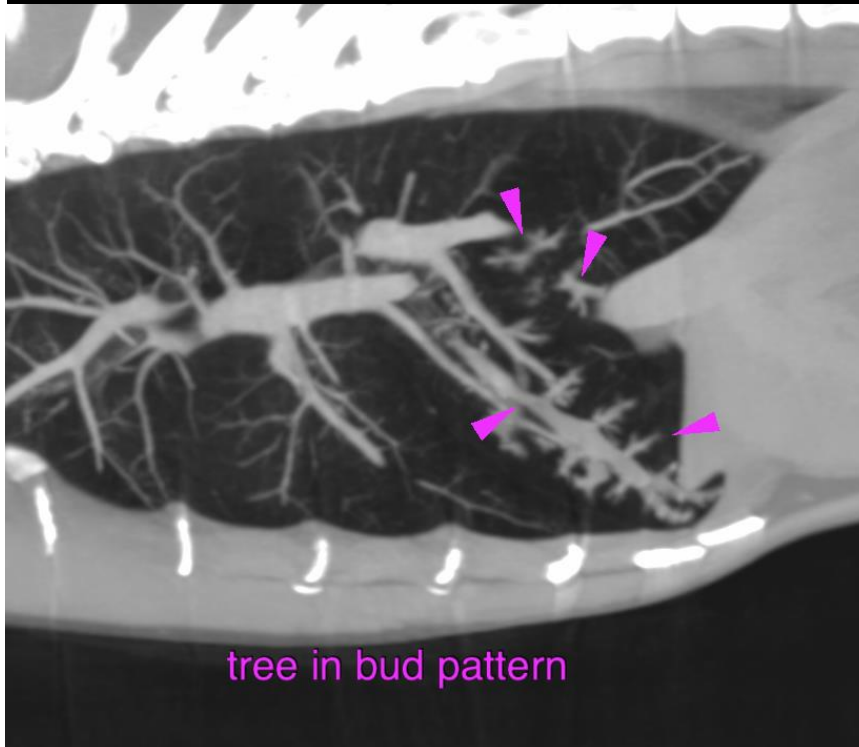
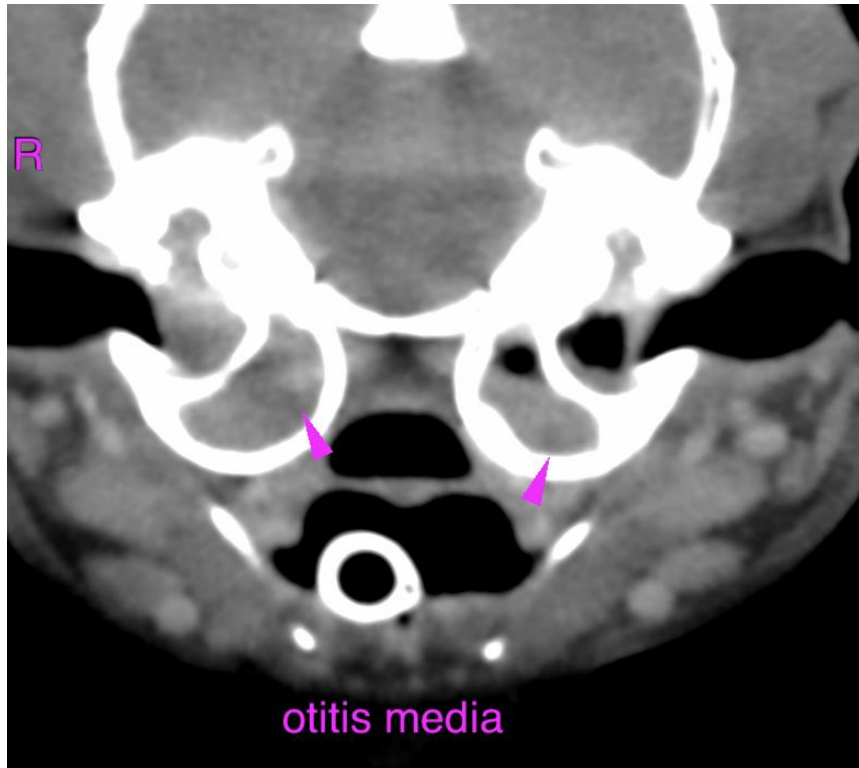
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**PATIENT**

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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.

**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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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