



PATIENT PRESENTING CLINICAL SIGNS

Roux McGinnis.Loyd History: Several months history, intermittent Right nasal discharge and upper respiratory signs, which resolves to Azithromycin and dex SP, but which returns after several days.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC and biochem profiles are within normal reference range. Dental exam normal. Ocular Exam normal.

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

DSH **COMPUTED TOMOGRAPHIC FINDINGS**

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

SEX Moderate loss of the nasal conchal and turbinate structures is seen, R>L. The nasal mucosal lining is smooth and the remainder of the conchal and turbinate structures are thin.

Spayed Female

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

AGE

3 Years

Both tympanic bullae are occupied by non-contrast enhancing soft tissue material. The osseous lining of the tympanic bullae is smooth and thin. The external ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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 prominent and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

HOSPITAL NAME

Holy Family VH

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. O'Conner

- Bilateral otitis media
- Current state post destructive rhinitis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes

INVOICE

12673

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with chronic destructive rhinitis, at this point there are no overt signs for active rhinitis. The causative agent is most likely primary viral with bacterial superinfection. Even though unlikely there is a small chance of emerging fungal (cryptococcal) superinfection.

DATE

11/24/21



PATIENT

Roux McGinnis.Loyd

Rhinoscopy with sampling for histopathology (detection of fungi microscopically is more straightforward than with culture in many cases) can be used to rule out mycotic superinfection.

SPECIES

Feline

The prominent tributary lymph nodes are consistent with secondary reactive lymphadenitis due to the underlying chronic rhinitis.

In cases of chronic rhinosinusitis, clinical signs are likely to reoccur or fail to resolve completely under therapy.

BREED

DSH

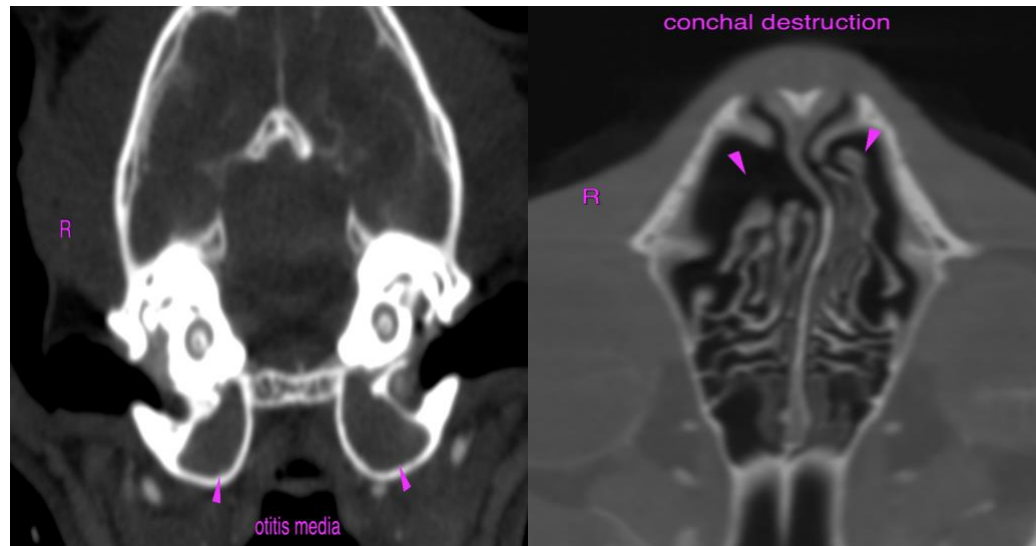
The bilateral otitis media is likely due to ascending infection, there is no evidence of polyp formation. The clinical relevance of the otitis media at this point is unclear, due to lack of clinical signs.

SEX

Spayed Female

AGE

3 Years



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

HOSPITAL NAME

Holy Family VH

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.

REFERRING VET

Dr. O'Conner

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