



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Arya Duke

**SPECIES**  
Feline

**BREED**  
DSH

**SEX**  
Female Spayed

**AGE**  
4 Years

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

**HOSPITAL NAME**  
Mountain West  
Veterinary Hospital

**REFERRING VET**  
Dr. Melanie  
Thompson

**PRESENTING CLINICAL SIGNS**  
P was 6-8 weeks old when she was bit in the head by a dog. Most of the bones in the head were broken. P had a lacerated pallet. Esophagostomy tube was placed and P went into respiratory and cardiac arrest. O was told P would heal fine without any intervention. P has had a left eye squint on and off for over a year or so with clear nasal discharge from the right nostril. P has had audible breathing since original injury and the discharge from the nostril flares up a few times a year. P has had several respiratory PCR's that have come back negative. P has been treated with famciclovir and doxycycline. Diagnosed with meibomian gland disease by animal eye care. Squinting of the eye mildly improved and recurred in a month. Toxoplasma test came back negative and P was started on Cyclosporine and Prednisolone and iTears drops. P has not improved and squinting of the left eye has continued to decline. Breathing is not labored and discharge from right nostril is still clear. O is thinking about an enucleation to eliminate pain but wants to know if it is an acceptable option to stop the pain .

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 106, 107 are absent.

Generalized mild distortion of the nasal cavity is appreciated – most accentuated in the caudal third with mild depression of the right nasal bone and dorsal aspect of the right maxillary bone. The hard palate is irregular. A small amount of fluid attenuating material is attached to the nasal mucosal lining. There is an osseous lamella obliterating the caudoventral aspect of the left ventral nasal meatus. The caudal opening of the right ventral nasal meatus is narrowed.

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 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**

- INVOICE**  
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- History of complex comminuted fracture of the osseous lining of the nasal cavity with mild malformed osseous margins of the nasal cavity
  - Left sided choanal stenosis due to an osseous lamella
  - Possible stenotic caudal opening right ventral nasal meatus
  - Mild rhinitis
  - Absent triadan 106 & 107

**DATE**  
11-30-22



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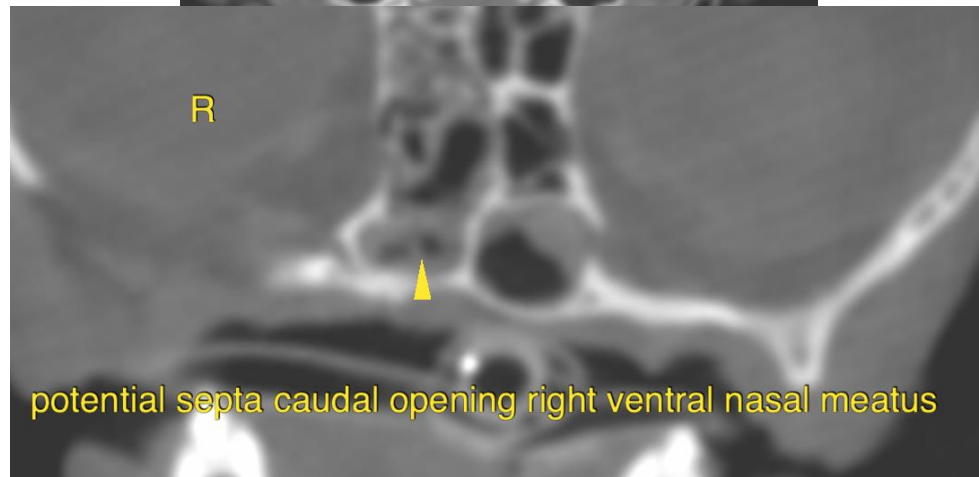
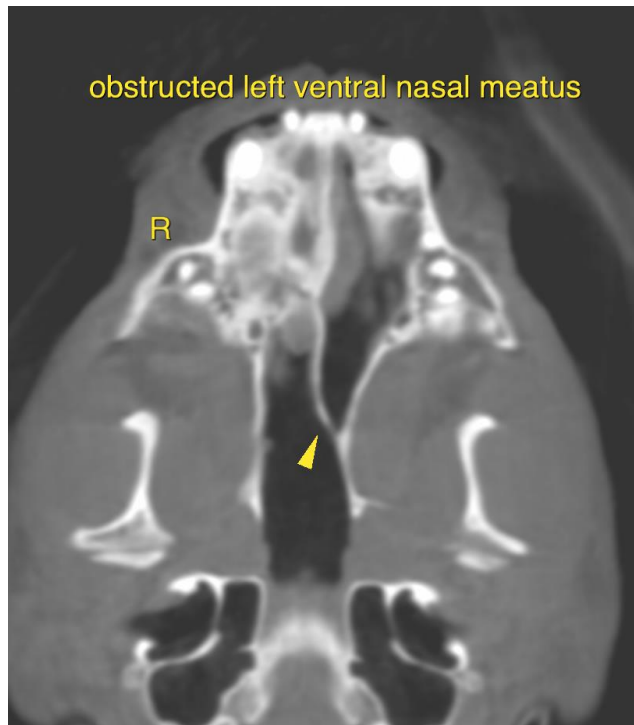
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left sided stenosis with potential complete obstruction of the caudal opening of the left ventral nasal passage can be acquired to the malunion of the nasal septum; congenital malformation in case of unilateral choanal atresia is a consideration as well. The caudal opening of the right ventral nasal meatus is subjectively narrowed, possible due to soft tissue septa, suggestive for stenosis. The findings are a plausible cause for reoccurring rhinitis. Recommend rhinoscopy/retrograde evaluation of the nasopharynx – the chances of balloon dilation to reopen the caudal opening of the left ventral nasal meatus and dilate the caudal segment of the right ventral nasal meatus should be discussed with internal medicine.





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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  
sebast.schaub@gmail.com

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