



## PATIENT

Persimmon Nguyen

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

5 Years 3 Months

## WEIGHT

9 Pounds

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVCI

## IMAGING PERFORMED BY

Roxan Romero

## HOSPITAL NAME

Scottsdale VC

## REFERRING VET

Dr. Hawken

## INVOICE

35454

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

History: Increased bronchovesicular sounds in all 4 quadrants, stertorous breathing 1. Stertorous breathing 2. Gagging - r/o URI vs. nasopharyngeal polyp vs. esophageal foreign body vs. lower airway disease vs. other 3. Mild dental disease.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

## COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent. The remaining teeth present generalized moderate horizontal loss of the alveolar bone

In both nasal cavities, destruction of the nasal conchal structures is appreciated, L>R.

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

The volume of the left tympanic bulla is moderately increased, and the osseous lining is irregularly thickened and presents multiple moth-eaten defects – including the tympanic part of the temporal bone, perforating the cranial fossa. The left tympanic bulla is filled with peripheral contrast enhancing soft tissue material. The soft tissues surrounding the left tympanic bulla are swollen and present regional irregular increased contrast uptake – mildly distorting the nasopharynx at the same level. The right tympanic bulla is partially filled with irregular soft tissue attenuating material, and the osseous lining is irregularly thickened. 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 medial retropharyngeal lymph nodes are moderately prominent, L>R.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Preceding destructive rhinitis
- Bilateral chronic otitis media, L>>R
- Cellulitis/inflammatory granulation tissue formation surrounding left tympanic bulla
- No evidence of inflammatory polyp formation
- Generalized periodontal disease of the remaining teeth
- Lymphadenopathy medial retropharyngeal lymph nodes – consistent with reactive lymphoid hyperplasia
- Multiple absent teeth

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals bilateral chronic otitis media with advanced osseous remodeling of the wall of the left tympanic bulla and perforation of the cranial fossa –ventral bulla osteotomy may be considered as surgical treatment option.



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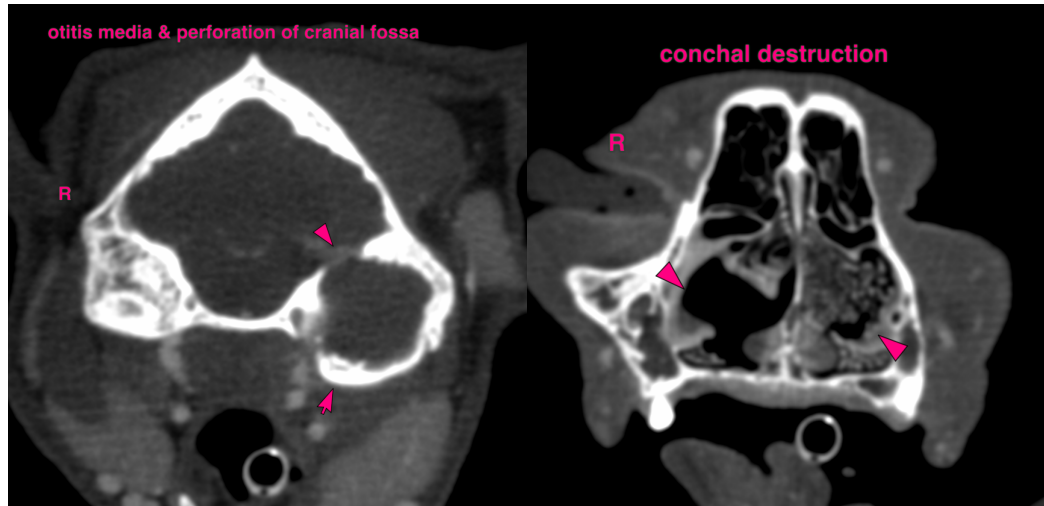
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The otitis media may be a sequela to the preceding destructive rhinitis – commonly primary viral ± bacterial superinfection. At this point there are no signs of active rhinitis.



**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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)