



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Featha Head

SPECIES
Feline

Has always been a snuffly cat. Owner has treated with antibiotics over his lifetime and responded normally. Recently the owner has noticed the sneezing has been getting worse and there is now a facial swelling occupying the LHS face and over his nasal bridge. Hard to examine oral cavity but appeared to have some gum recession on some molars on that side of the face. Heart and lungs sounds were normal. Rest of physical exam was also normal. Pre anaesthetic blood tests were also relatively normal.

COMPUTED TOMOGRAPHY OF THE SKULL

BREED
Persian X

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX
Male

Multiple teeth are absent. The osseous lining of the alveolar crest of triadan 204 cannot be appreciated.

AGE
15 Years

The nasal cavity presents advanced destruction of the nasal conchal & turbinate structures, resulting in an empty nose. The frontal sinuses present moderate hyperostosis. Level with triadan 207/208 a defect is seen in the hard palate with connection between the oral- and nasal cavity; the horizontal plate of the left palatine bone at the same level presents moth eaten osteolytic lesions. Post contrast administration moderate thickening of the nasal mucosal lining is present. Level with the alveolar crest of triadan 204, a moderate subcutaneous swelling with heterogeneous contrast enhancement is seen extending caudally along the alveolar process of the left maxillary bone up into the ventral aspect of the left orbit. The alveolar process of the left maxillary bone presents moth eaten osteolytic lesions as well as hyperostosis.

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

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

HOSPITAL NAME

Colyton Veterinary Hospital

The left tympanic bulla contains a mild amount of gravity dependent, non-contrast enhancing soft tissue material. The wall of both external ear canals is moderately thickened, and the epithelial lining is irregular. A moderate amount of non-contrast enhancing material is seen in both external ear canals.

REFERRING VET

Chris Papantonio

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.

INVOICE

49051

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

- DATE**
12-15-21
- Advanced chronic destructive rhinitis and hyperostosis of the frontal sinuses
 - Oronasal fistula formation left aspect of the hard palate
 - Soft tissue swelling associated with alveolar process of the left maxillary bone
 - Possible oronasal fistula 204
 - Bilateral otitis externa



PATIENT • Multiple absent teeth

Featha Head

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

The advanced destructive rhinitis is likely a sequela to primary viral infection ± bacterial superinfection or mycotic rhinitis (e.g. Cryptococcus) that might have resulted also in oronasal fistula formation. The soft tissue swelling and lytic lesions of the left maxillary bone are concerning for second neoplastic entity – such as squamous cell carcinoma, lymphosarcoma, melanoma, adenocarcinoma, other – osteomyelitis – potentially mycotic in origin is a consideration but appears less likely. If not done so yet, FNA sampling/biopsy of the soft tissue swelling is recommended for further definition.

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The oronasal fistula will serve as a trigger for the rhinitis as well.

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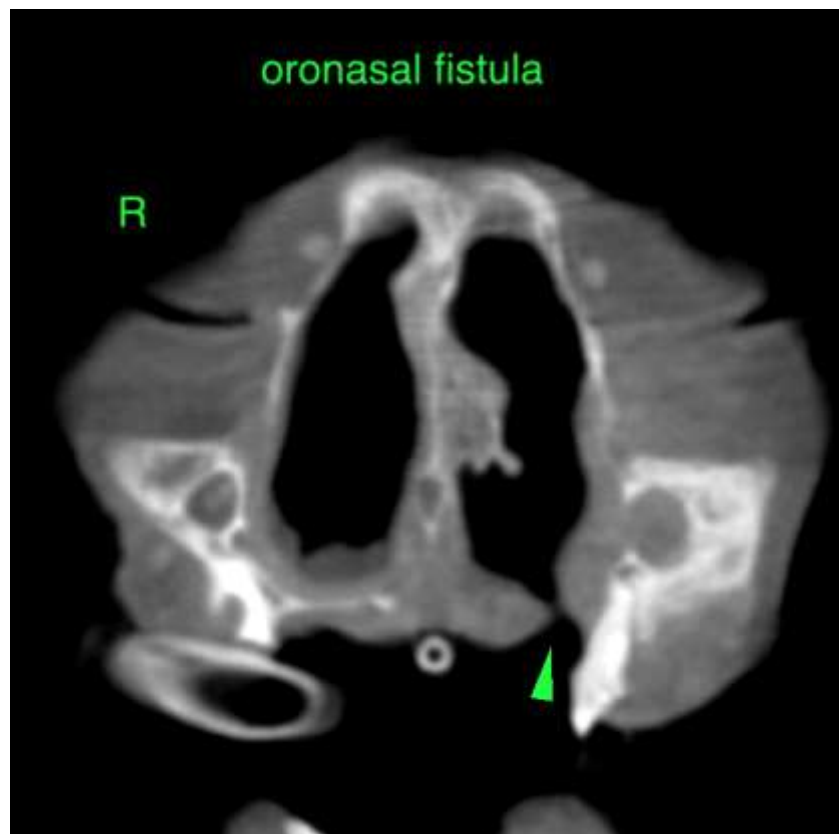
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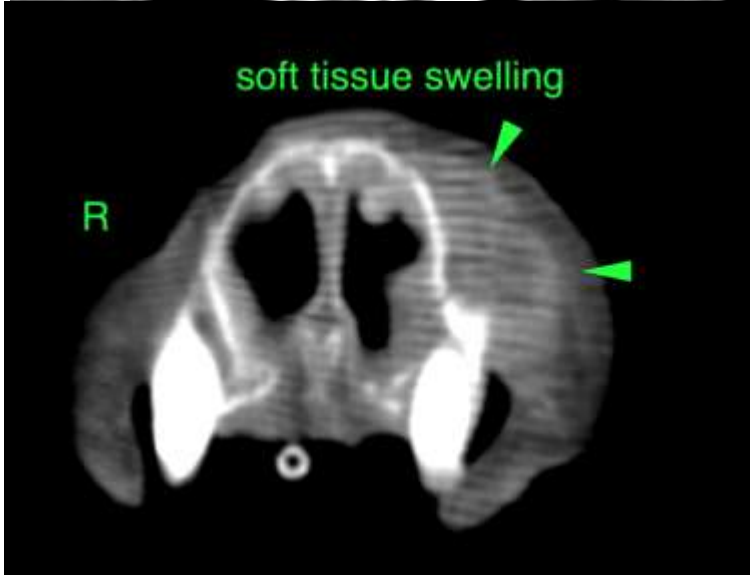
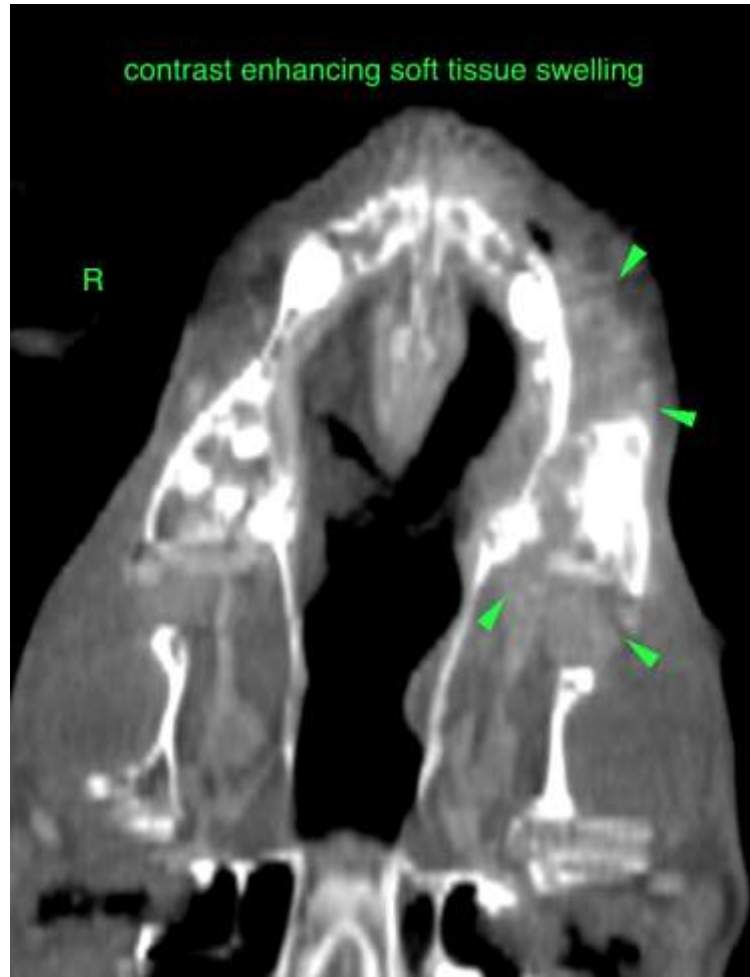
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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