



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Malibu Johanson  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Spayed Female  
**AGE** 13 Years

History: Green mucoid discharge from right nostril x 1 1/2 years until the last couple days, now is having a more liquid-like discharge from left nostril instead of right. In the past nostril seems to be congested/gets plugged frequently on a daily basis, then has a sneezing/breathing action to get the thick discharge out of nostril. Happens several times a day. Has been on multiple antibiotics in the past with no response. Last antibiotic treatment was May 2022 (enrofloxacin). Rabies, RCP & Leukemia vaccines have been kept current. Primary vet thought they could see a mass (under the soft palate?) in March 2022. They did a nasal flush and culture at that time. Little to no improvement after the nasal flush.

Abnormal PE/Chem/CBC/UA Results: Discharge from left nostril today (at exam 5 days ago discharge from coming from right nostril), upperairway noisy. Chemistry was within normal limits. CBC=slightly elevated neutrophils-11.68 ( 2.3-10.29) and basophils-0.54 (0.01-0.26), otherwise within normal limits. Both ear canals clean with no visible discharge down to the t. membrane.

**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**

Triadan 106, 206, 301, 307 and 407 are absent. The mesial root of triadan 107 is perforating the right nasal cavity.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

In both nasal cavities, fluid attenuating material is attached to the nasal mucosal lining, L>R. The nasal mucosal lining is thickened. Mild destruction of the nasal conchal & turbinate structures is appreciated. Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

**HOSPITAL NAME**

Casselton VS

The left tympanic bulla is filled with fluid attenuating material; the osseous lining is smooth and thin. The external ear canals are within normal limits.

**REFERRING VET**

Dr. Jill Dowdle

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**

19047

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. A moderate amount of free gas is seen along the fascial planes of the pictured cranial aspects of the neck and retropharyngeal region bilaterally.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

12/6/22



**PATIENT**

Malibu Johanson

- Mild destructive rhinitis
- Oronasal fistula 107
- Emphysema along the fascial planes of the neck and retropharyngeal region
- Left sided otitis media
- Absent triadan 106, 206, 301, 307 and 407

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 Years

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Casselton VS

**REFERRING VET**

Dr. Jill Dowdle

**INVOICE**

19047

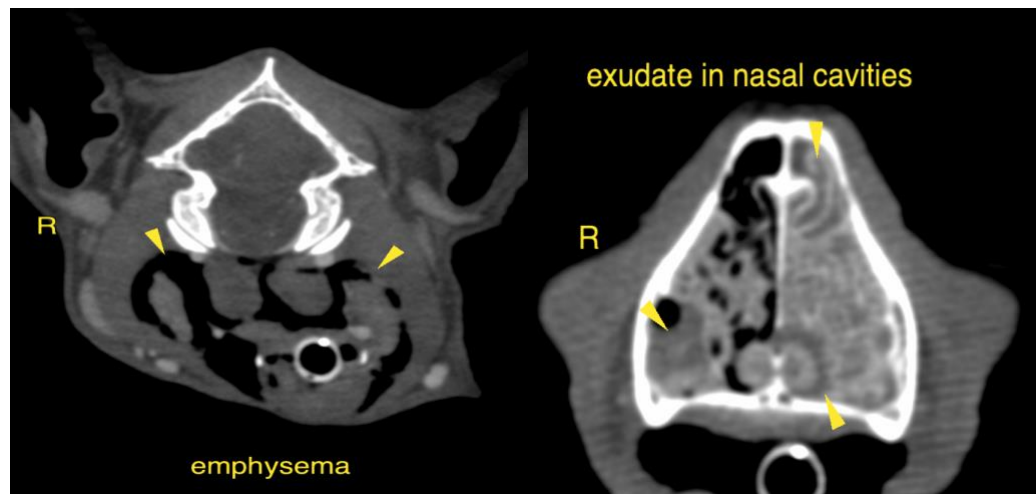
**DATE**

12/6/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are compatible with mild destructive rhinitis, that is commonly primary viral ± bacterial superinfection. Rhinitis might be additionally triggered by the oro-nasal fistula formation of triadan 107. Recommend extraction of the respective dental element. Rhinoscopy including biopsy and sampling for microbial culture might be used as advanced diagnostic tests as well.

The left sided otitis media is considered as a sequela to the chronic upper respiratory tract infection. The emphysema along the neck and retropharyngeal region can be a sequela to inadvertent laceration of the trachea or less likely esophagus during intubation – commonly the defect is not detected by endoscopy. A potential can be primary pneumomediastinum (e.g. preceding cough, trauma) with extension of gas into the fasciae of the neck or a cutaneous laceration in the axillary region. Check clinically if the emphysema is stationary or progressive – warranting advanced imaging of the thorax.





**PATIENT**

Malibu Johanson

**SPECIES**

Feline

**BREED**

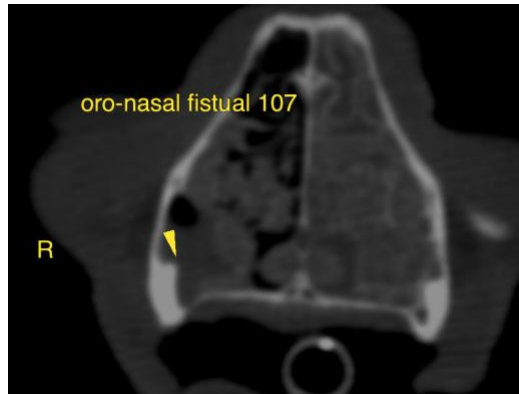
DSH

**SEX**

Spayed Female

**AGE**

13 Years



**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**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**HOSPITAL NAME**

Casselton VS

**REFERRING VET**

Dr. Jill Dowdle

**INVOICE**

19047

**DATE**

12/6/22