



PATIENT

Maeve Sarjantson

SPECIES

Feline

BREED

BSH

SEX

FS

AGE

2Y, 7M

WEIGHT

3.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73730

DATE

2-13-26

PRESENTING CLINICAL SIGNS

- External referral.
- URT signs for a couple of months. UTD with vaccinations; Sometimes having wheeze/sneezing attacks- discharge only coming from one nostril (Left) but o unsure if alternates
- Swabs performed at RV in the past - NAD

Abnormal PE/Chem/CBC/UA Results: WNL

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

In both nasal cavities, a small to moderate amount of fluid attenuating material is attached to the nasal conchal structures. Mild destruction of the nasal conchal structures is appreciated.

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 prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild destructive rhinitis
- Lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph nodes bilaterally – suggestive for reactive lymphoid hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or mycotic superinfection. Rhinoscopy including biopsy and sampling for microbial culture - in many cases the initial causative infectious agent cannot be isolated anymore – can be used as advanced diagnostic tool. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

The caudal segment of the soft palate is attached to the roof of the nasopharynx and is considered as a sequela to general anesthesia – anyway check clinically the soft palate and nasopharynx to rule out nasopharyngeal stenosis entirely.



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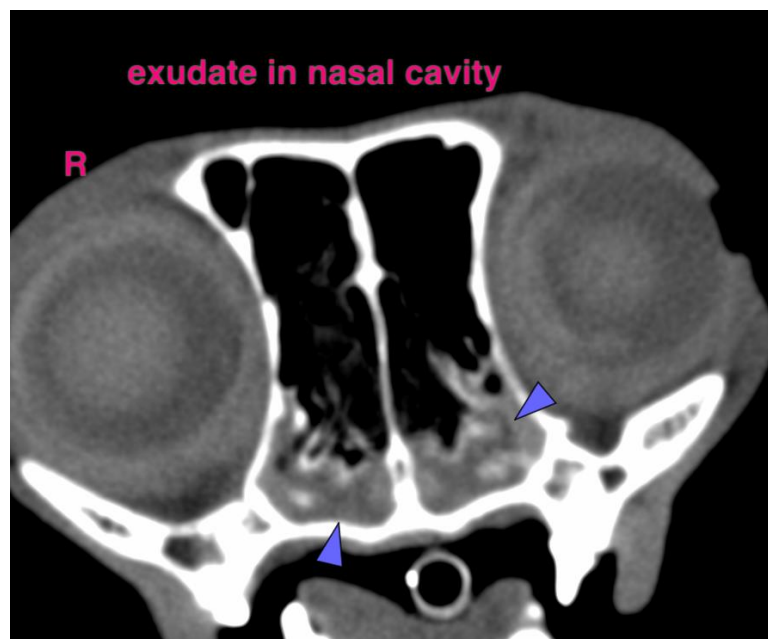
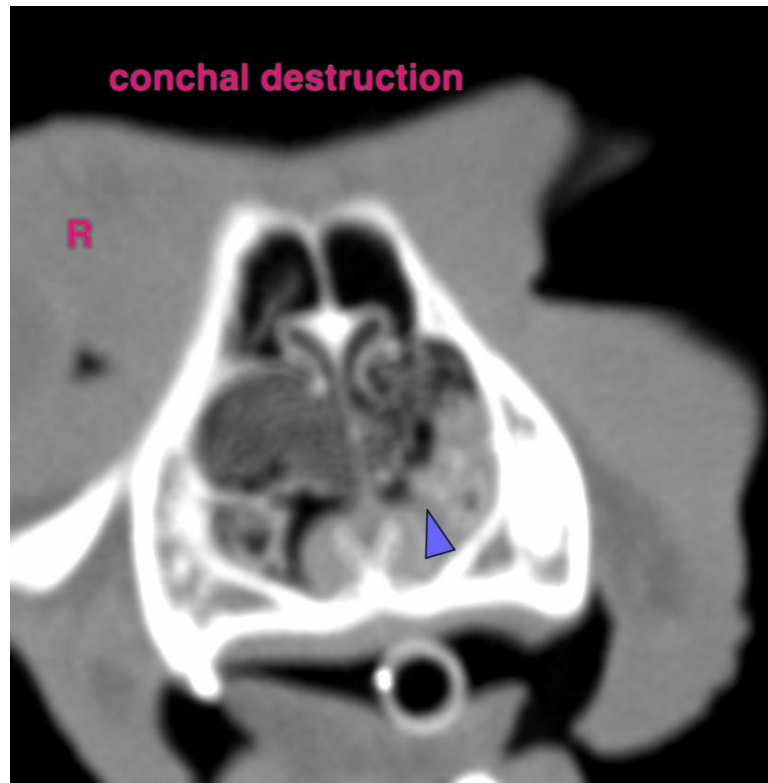
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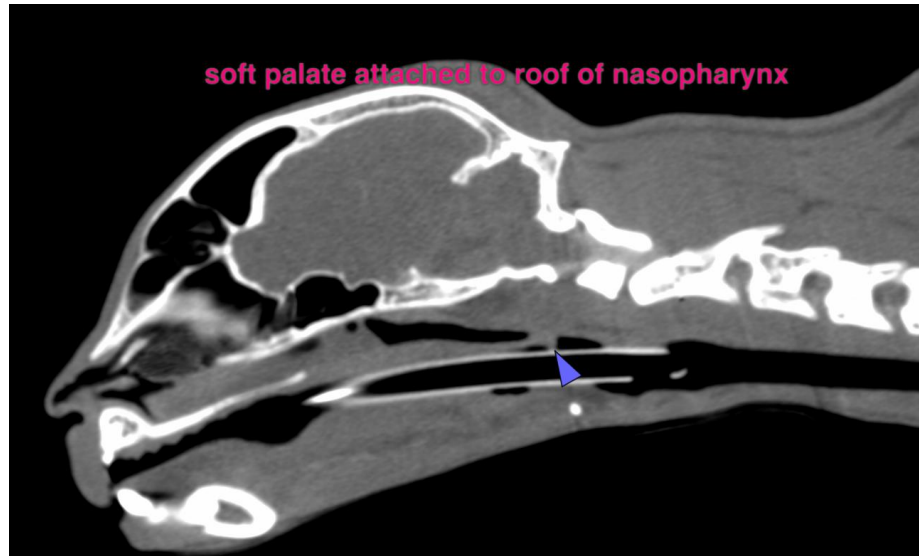
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com