



PATIENT PRESENTING CLINICAL SIGNS

Billy Robbins Billy, a 9 month old MN DSH, presented for further evaluation of significant stertor and audible nasal congestion since adoption (several months ago). No nasal discharge is noted. No coughing or lower airway signs. Audible snoring when sleeping and stertor when playing. Will open mouth breath at times.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: No nasopharyngeal polyp observed on anesthetized oral exam. Debris in ears however no obvious polyps observed in ear canals. No nasal discharge. Mild mandibular lymphadenopathy. Mild lymphocytosis. FeLV and FIV negative. No nasal discharge.

BREED

DSH

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

SEX

MN

COMPUTED TOMOGRAPHIC FINDINGS

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

AGE

9 Months

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Mild destruction of the nasal conchal structures is seen bilaterally. Focal narrowing of the nasopharynx level with the caudal third of the soft palate is visible – suspect collapse due to general anesthesia.

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.

In the left & right tympanic bulla a mild amount of soft tissue attenuating material is attached to the osseous lining. The osseous wall of the left tympanic bulla is mildly thickened and smooth. The external ear canals are within normal limits.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Ashley Gold

The left submandibular and medial retropharyngeal lymph nodes are mildly prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild destructive rhinitis
- Mild otitis media bilaterally
- Lymphadenopathy left mandibular and medial retropharyngeal lymph node

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

2-15-22

The findings are consistent with chronic inflammatory rhinitis and mild destruction of the nasal conchal structures. Viral rhinitis with bacterial superinfection or primary bacterial rhinitis are the most likely causative agents.

Rhinoscopy can be performed for further evaluation with sampling for culture and



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Billy Robbins

histopathology.

Recommend evaluation of the nasopharynx as well to rule out nasopharyngeal stenosis.

The mild otitis media is likely a sequela to ascending infection by the auditory tube.

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Reactive hyperplasia of the tributary lymph nodes of the skull.

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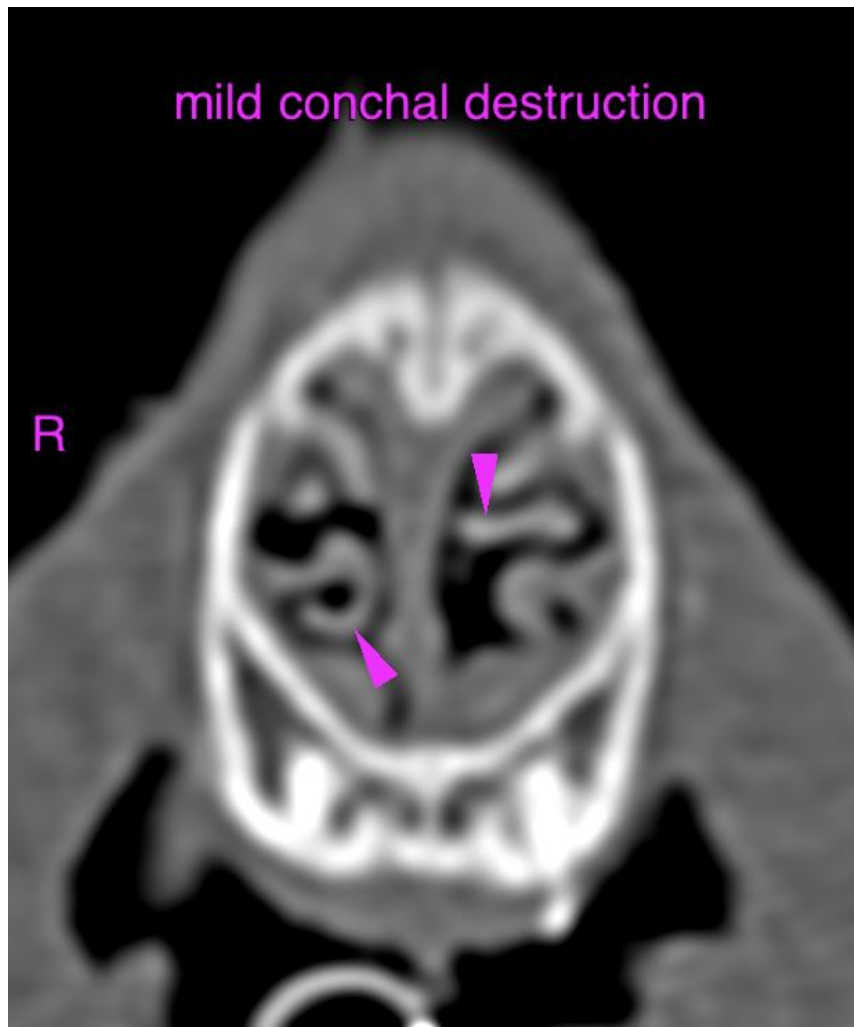
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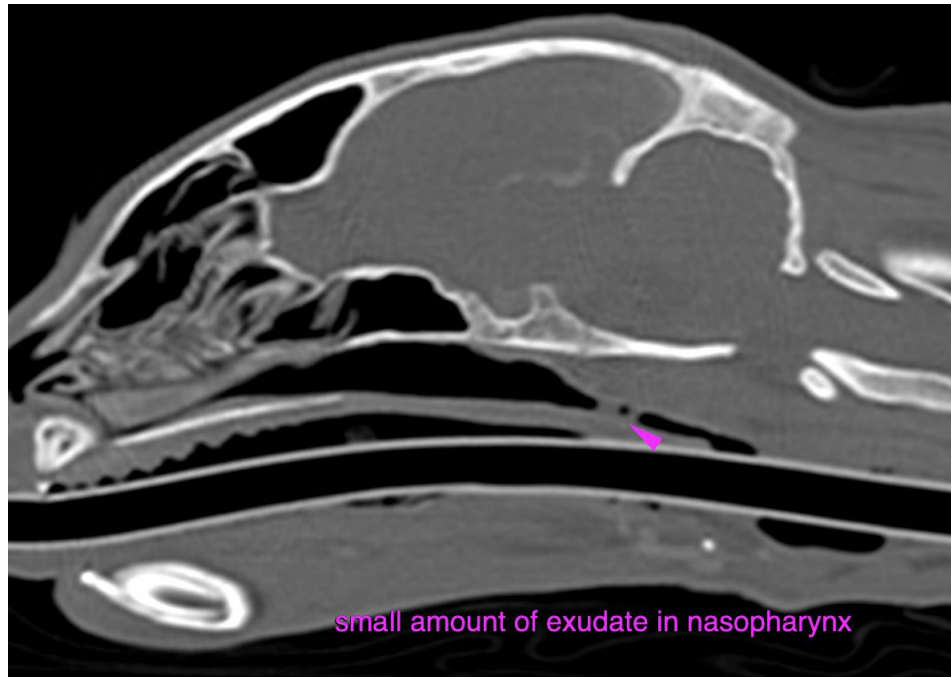
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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