



**PATIENT**

Baby Bellan

**PRESENTING CLINICAL SIGNS**

patient presented for evaluation hard swelling on the nose (Roman nose) history of nasal congestion and serosal discharge indoor only cat  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**BREED**

Long Hair Calico

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

The tooth elements 106, 206, 307 and 407 are absent.

**SEX**

FS

An ill-defined moderate subcutaneous swelling is seen along the right lateral aspect of the nose, extending rostrally up into the nasal planum. The right nasal opening is narrowed. The associated maxillary bone presents without abnormalities.

**AGE**

14 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

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Center

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.

Thorax

Mild spondylosis formation is seen multifocal along the thoracolumbar junction.

**REFERRING VET**

Animal Clinic &  
Hospital of Jersey  
City

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**INVOICE**

56794

Generalized mild thickening of the bronchial walls is noted.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**DATE**

2-16-23



**PATIENT** Abdomen

Baby Bellan The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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A separate left & right caudal vena cava of the pre-renal segment is appreciated.

Both kidneys present irregular margins with multiple concave depressions of the renal surface. The left renal pelvis is dilated, measuring 7 mm in height After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. Both ureters are crossing dorsally over the respective caudal vena cava

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**SEX**

FS

Multifocal throughout the hepatic parenchyma, well-defined, roundish parenchymal filling defects are seen, measuring up to 10 mm in diameter, partially mildly bulging beyond the hepatic margins.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The wall of the pylorus of the stomach is prominent. The position, delineation, wall and content of the intestinal tract are considered within normal limits throughout.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of subcutaneous swelling along the right laterodorsal aspect of the nose – the swelling is extending rostrally into the nasal planum
- Possible mural thickening pylorus
- Bronchial lung pattern
- Chronic nephropathy with renal infarcts and left sided pyelectasis
- Bilateral retrocausal ureter
- Double caudal vena cava, pre-renal segment
- Hepatic cysts
- Absent triadan 106, 206, 307 and 407
- Spondylosis deformans

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The subcutaneous swelling along the right aspect of the nose presents without specific imaging features and an inflammatory or neoplastic origin are considered likely. If not done so yet recommend FNA sampling ± biopsy of the swelling for further differentiation.

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The wall of the pylorus of the stomach is prominent, which can still be a normal anatomical variant. However, neoplastic invasion or inflammation (e.g. eosinophilic) are considerations. An ultrasound examination can be used for more thorough assessment of the wall of the pylorus.

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The bronchial lung pattern is suggestive for feline bronchial disease – commonly primary allergic in origin.



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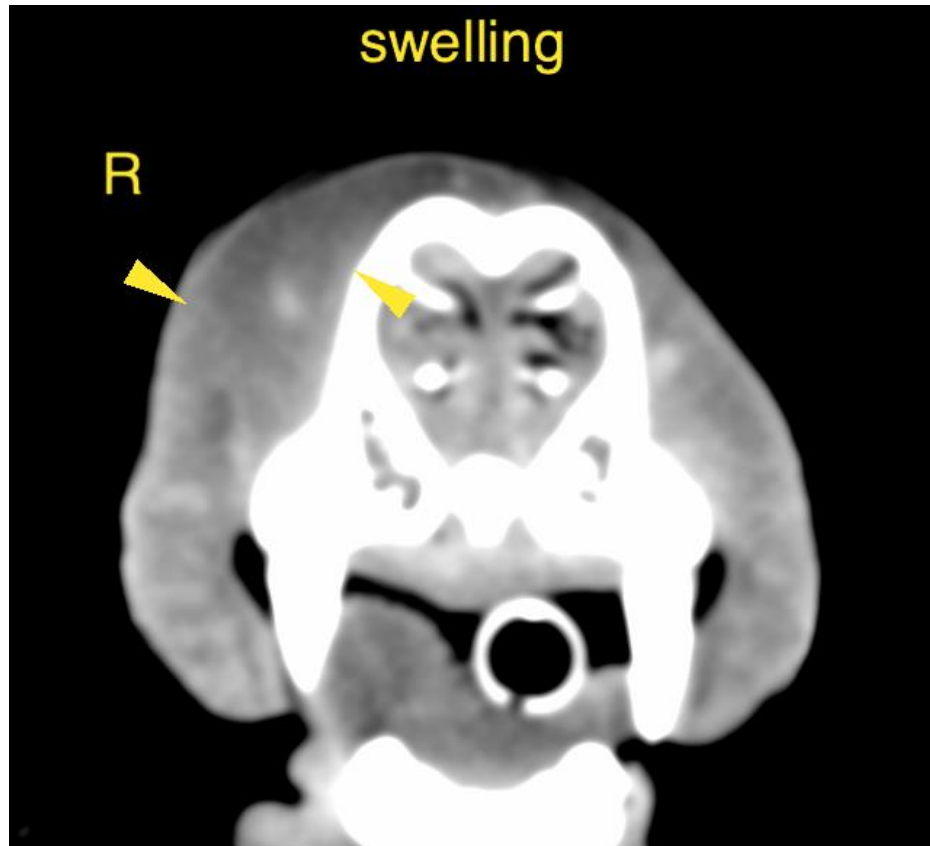
FS

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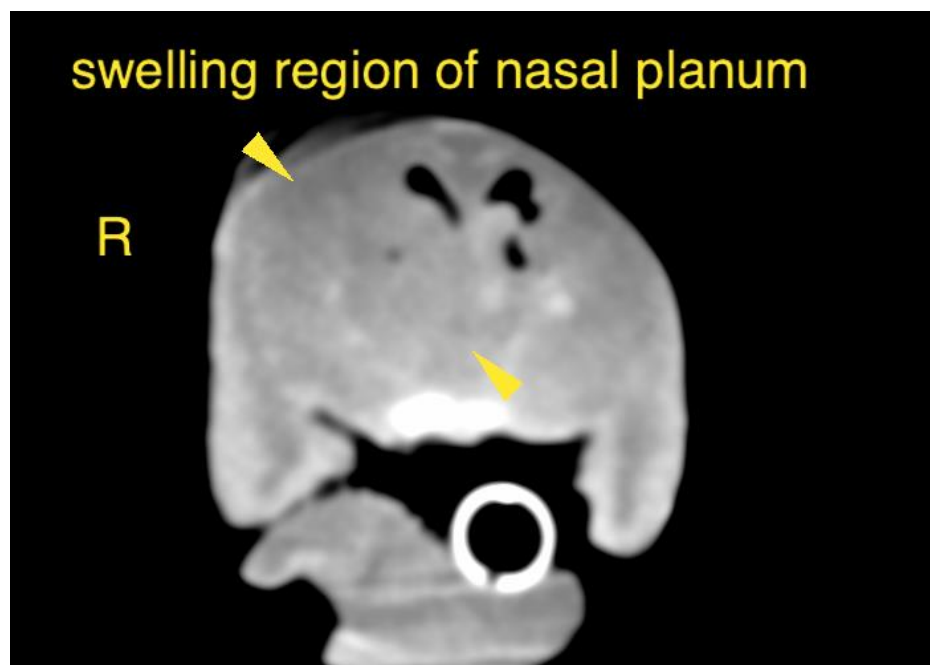
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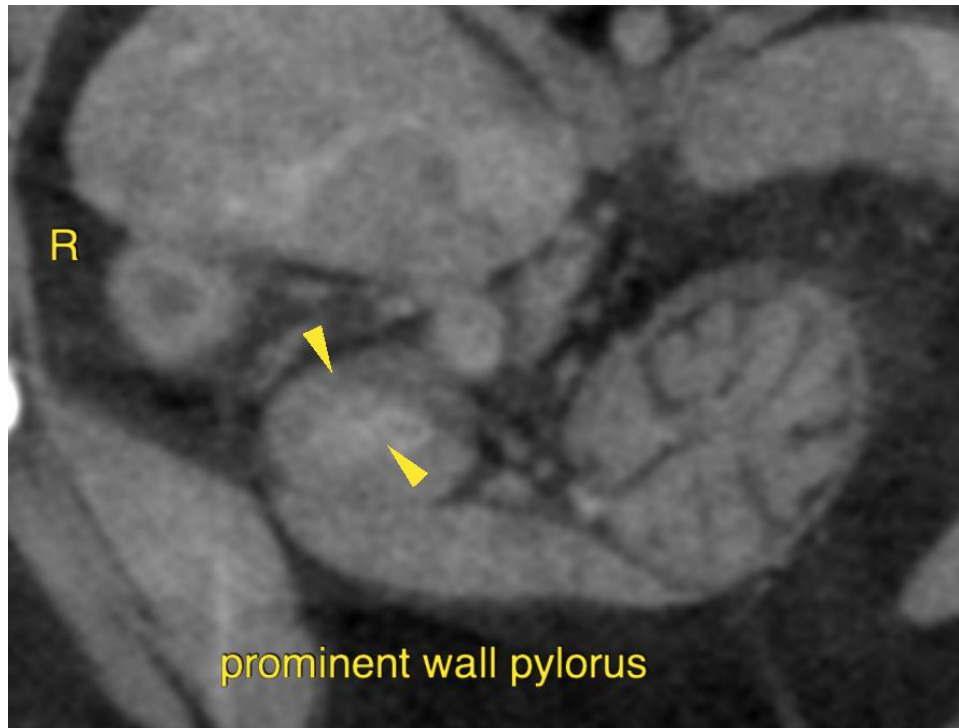
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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