



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sterling Stuckenberg
SPECIES History: Young cat with severe stertor lifelong (ever since was a young kitten). Previous had URI type signs when under 1 year old, but none for the past 4 years. No nasal discharge or ocular discharge. Stertor - especially with exercise. Visible marked facial abnormality - widened bridge of nose, boney irregularity to face between eyes. On nasopharyngoscopy unable to see choanae - mild narrowing of nasopharynx precluded visualization (possible concurrent mild nasopharyngeal stenosis).
 Feline Cryptococcus antigen test pending and obtained nasal biopsies from left nare as well. No travel history outside of Ontario, Canada.

BREED Abnormal PE/Chem/CBC/UA Results: Normal CBC & Chem PE: Intermittent marked stertor. Widened bridge of nose. Boney irregularity to face between eyes. Overweight. Very affectionate cat.
 DSH

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

INTERPRETED BY Advanced destruction of the nasal conchal & turbinate structures is appreciated and throughout the left nasal cavity septa are appreciated, resulting in an expansile multicameral pattern, walling of multiple pockets filled with soft tissue attenuating material (up to 81 HU) without contrast enhancement. The nasal septum is deviated to the right by the mass effect and outward deviation of the maxillary bone is noted. In the right nasal cavity, a moderate amount of fluid attenuating material is attached to the nasal conchal & turbinate structures.
 Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The mucosal lining of the nasopharynx is irregular.

HOSPITAL NAME Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.
 Animal Health Partners

The right tympanic bulla is filled with soft tissue attenuating material without contrast enhancement. In the left tympanic bulla, a small amount of fluid attenuating material is appreciated. The external ear canals are within normal limits.

REFERRING VET 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.
 Dr. Ashley Gold

INVOICE The medial retropharyngeal lymph nodes are prominent, R>L.
 21177

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

2/17/23



PATIENT

Sterling Stuckenberg

- Chronic rhinitis with multiple walled of pockets with potentially inspissated exudate in the left nasal cavity
- Secondary distortion of the splanchnocranium
- Mucosal swelling nasopharynx

SPECIES

Feline

- Bilateral otitis media, R>L
- Lymphadenopathy medial retropharyngeal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

DSH

The findings are most consistent with chronic rhinosinusitis and secondary multiple pockets of walled of material in the left nasal cavity and osseous remodeling with distortion of the left nasal cavity. Underlying causes can be fungal rhinitis (e.g. Cryptococcus), atypical Mycobacterial infection, however it is possible, that the primary underlying cause is not identified anymore. Workup has already been complemented by nasal biopsy and sampling for microbial culture. The options of surgical debridement of the walled of material in the left nasal cavity can be discussed with surgeon.

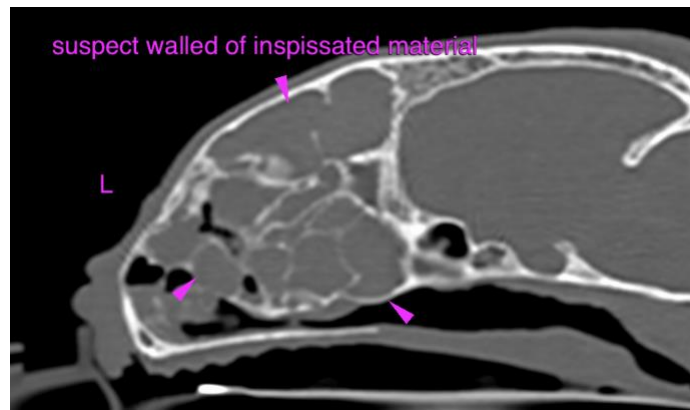
SEX

Spayed Female

The findings are atypical for underlying neoplastic disease.

AGE

4 Years



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Animal Health
Partners

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.

REFERRING VET

Dr. Ashley Gold

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.

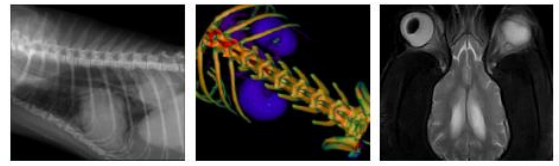
Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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