



## PATIENT

Robin Ramm

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

MN

## AGE

12Y

## WEIGHT

9.9

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Tina Lynn,  
CVT/George  
Eales, DVM

## HOSPITAL NAME

Green Prairie Animal  
Hospital

## REFERRING VET

White Oaks West  
Animal Hospital

## INVOICE

73821

## DATE

2-18-26

## PRESENTING CLINICAL SIGNS

- History of Herpes virus
- Seen for URI on 1/15/26, has not responded to antibiotics or anti-inflammatory medications.

Abnormal PE/Chem/CBC/UA Results: Has a grade 3 heart murmur

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

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

In both nasal cavities, moderate destruction of the nasal conchal structures is appreciated. The nasal mucosal lining is generalized significantly thickened and the intranasal soft tissue swelling is dissecting through the osseous lining of the nasal cavity, extending into the subcutaneous tissue along the nose. The osseous lining of the nose presents moderate hyperostosis.

The right pterygoid and masseter muscle and mildly the left pterygoid muscle present a heterogeneous contrast uptake.

The right vena profunda faciei presents an intraluminal filling defect and is dilated.

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

The right tympanic bulla is partially obliterated by gravity dependent, fluid attenuating material. 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 and present an irregular contrast enhancement pattern.

### Thorax

In the subcutaneous tissue of the left lateroventral thoracic wall, level with the costal cartilage of the 8<sup>th</sup>/9<sup>th</sup> left rib, a well-defined, uniform soft tissue attenuating nodule is seen, measuring 10 mm in diameter.

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.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but very small zones with dystelectasis.



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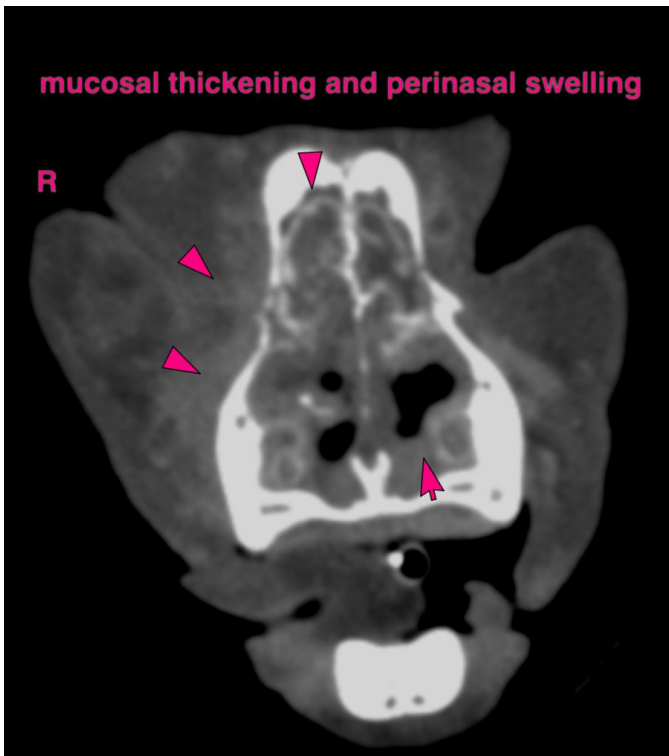
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse significant swelling of the nasal mucosal lining – dissecting through the osseous lining
- Destructive rhinitis with hyperostosis of the osseous lining – fitting the history of herpes virus infection
- Heterogeneous contrast uptake of multiple masticatory muscles
- Thrombus in right vena profunda faciei
- Lymphadenopathy mandibular and medial retropharyngeal lymph node bilaterally
- Right sided otitis media
- Non-specific subcutaneous nodule left caudoventral thoracic wall
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significant thickening of the nasal mucosal lining and perforation of the osseous lining of the nasal cavity by the diffuse mucosal swelling is increasing the odds for neoplastic transformation – such as adenocarcinoma or round cell tumor with potential involvement of the masticatory muscles. A differential is persistent rhinitis with osteitis and surrounding cellulitis and myositis – but the appreciated changes are unusual for primary viral or bacterial infection and mycotic superinfection may be present. If not done so yet, recommend FNA sampling of the subcutaneous swelling and rhinoscopy including biopsy of histopathology.





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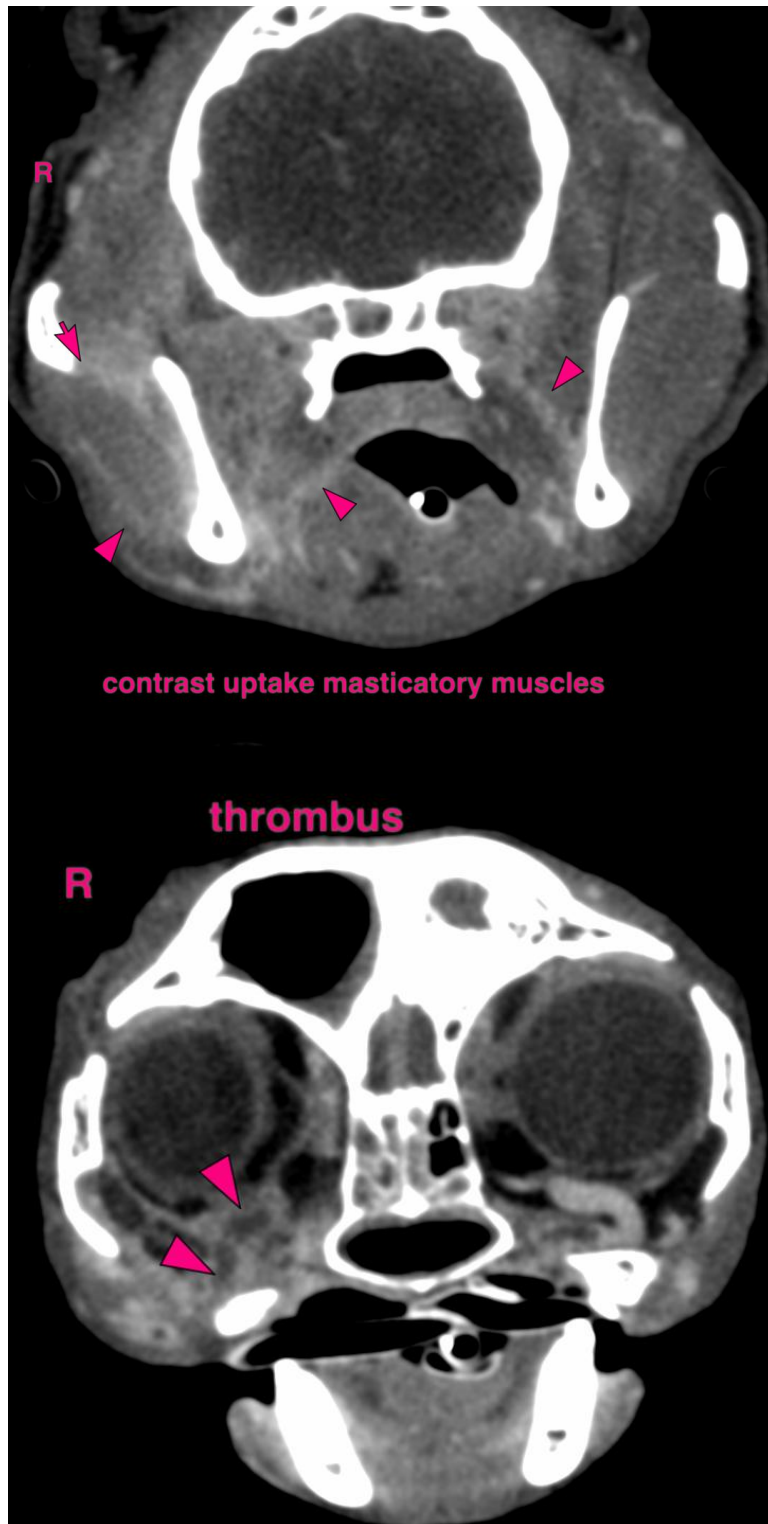
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)