



PATIENT

Mario Lipka

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

7.42 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Alicia Bergin

HOSPITAL NAME

Westford VERC

REFERRING VET

Dr. Maura Carney

INVOICE

36017

DATE

2/27/26

PRESENTING CLINICAL SIGNS

Chronic history of sneezing and nasal discharge over at least last couple of years. Symptoms do abate after a Convenia injection, but do return. No epistaxis. Otherwise eats well, acts well. CBC and chemistry overall unremarkable. On CT today-some fluid accumulation rostral nares bilaterally, no mass effect. Right bullae fluid filled. On anterograde rhinoscopy-some mucus seen both nares, some erythematous tissue, no fungal plaques, obvious FBs or masses seen. Obtained biopsy from right nares

COMPUTED TOMOGRAPHIC STUDY 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.

Multifocal mild thickening of the nasal mucosal lining is appreciated.

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

The right tympanic bulla is filled with non-contrast enhancing soft tissue material; the osseous lining is mildly thickened and smooth. 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 medial retropharyngeal lymph nodes are moderately prominent and have a heterogeneous contrast enhancement pattern.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild rhinitis
- Right sided otitis media
- Lymphadenopathy medial retropharyngeal lymph node bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rhinitis in feline patient is commonly primary viral ± bacterial or less likely mycotic superinfection. There is no evidence of a nasal soft tissue mass or mechanical upper airway obstruction. The right sided otitis media can be a sequela to ascending infection via the Eustachian tube. 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.

The odds for reactive lymphoid hyperplasia of the medial retropharyngeal lymph nodes are high. FNA sampling can be used for confirmation.



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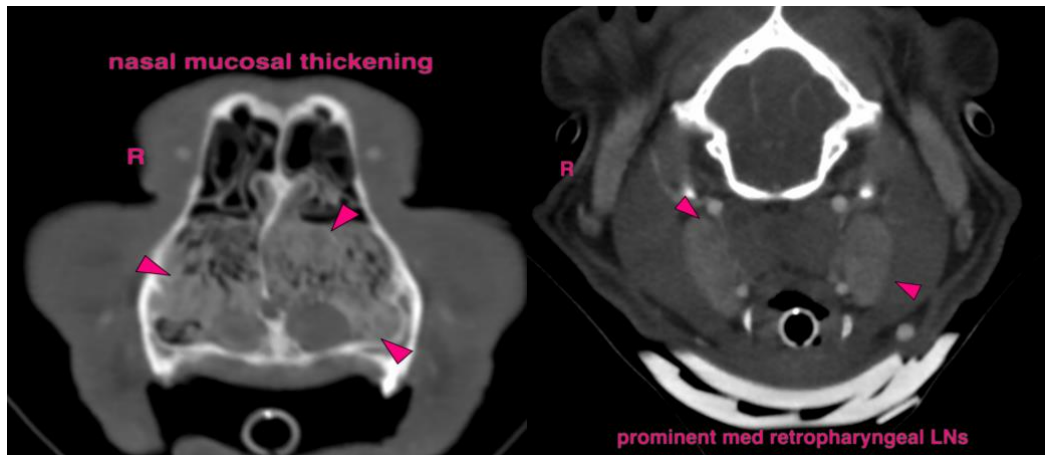
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com