



**PATIENT**

Bella Kowalik

**PRESENTING CLINICAL SIGNS**

9 month old DSH with mildly brachycephalic conformation. Chronic nasal discharge, congestion and stertor. No nasopharyngeal polyp seen. Retroflex nasopharyngoscopy revealed copious mucus in nasopharynx, no other abnormalities seen. Once suctioned, nasopharynx appeared normal (no masses, foreign bodies or stenosis appreciated)

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Beige nasal discharge, no stertor appreciated on examination, mildly brachycephalic conformation. Blood work unremarkable.

**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**

FS

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

**AGE**

9 Months

Advanced destruction of the nasal conchal & turbinate structures is seen with resulting appearance of an empty nose. A moderate amount of fluid attenuating material is attached to the nasal mucosal lining of the nasal cavity bilaterally. The left frontal sinus and the sphenoid sinus bilaterally contain a moderate amount of fluid attenuating material. The osseous lining of the left frontal sinus is mildly thickened. The cribriform plate is intact.

**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.

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.

**HOSPITAL NAME**

Animal Health  
Partners

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 lymph nodes are prominent.

**REFERRING VET**

Dr. Ashley Gold

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Chronic destructive rhinosinusitis with mild hyperostosis of the osseous lining
- Lymphadenopathy mandibular lymph nodes bilaterally
- No evidence of inflammatory polyp formation or malformation of the upper airways

**INVOICE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with chronic destructive rhinitis. The most likely causative agent is primary viral with bacterial superinfection. Due to the degree of conchal destruction, mycotic rhinitis is a consideration as well, although the odds are considered lower.

**DATE**

3-2-22

Secondary reactive hyperplasia of the mandibular lymph nodes.

Rhinospoty with biopsy and samples for microbial cultures is recommended. In cases of chronic



**PATIENT** rhinosinusitis, clinical signs are likely to reoccur.

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**REFERRING VET**

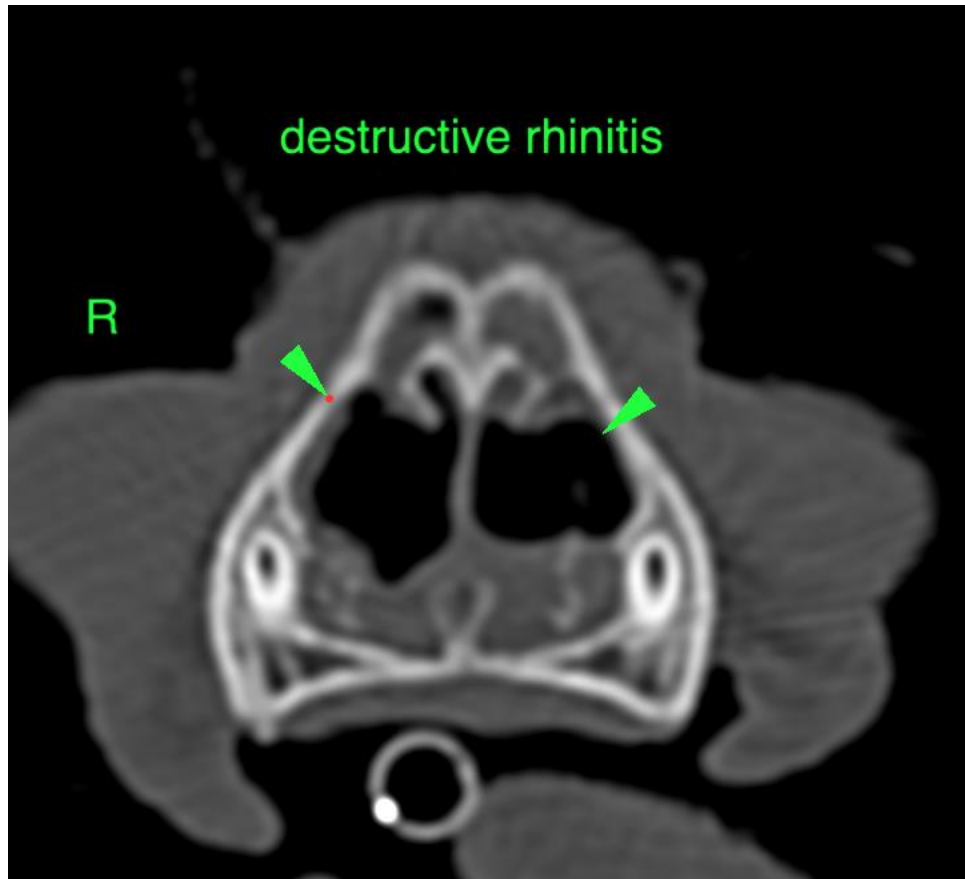
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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