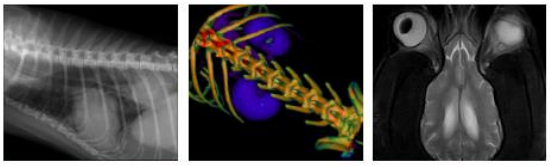

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Coconut Garcia

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

10 Years, 7 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Kim Winters

INVOICE

50671

DATE

3-2-22

PRESENTING CLINICAL SIGNS

Coconut is here for chronic rhinitis since adoption 6/25/21 from the shelter diagnosed with an upper respiratory infection. He had been receiving clavamox when he was at that shelter. Over the past months he has been treated with Amoxicillin, Clavamox, Doxycycline and prednisone. Some of the treatments were somewhat helpful so that the amount of congestion improved a bit. Improvement was never long lasting and never complete. Coconut did become quiet lethargic when he was taking prednisone. Coconut was tested at the shelter for FELV/FIV which was negative and retested 7/9/2021 which was still negative (chlamydia, calcicivirus, herpesvirus, influenza, mycoplasma). 8/8/21 a PCR test was completed and he was found to be positive for Bordetella bronchiseptica. He was negative for other infectious diseases. Coconut has had a nasal flush with no lasting improvement. Coconut is an indoor cat. Currently Coconut is eating and drinking normally with no diarrhea or vomiting. He is eating Science Diet Kitten & Adult since he is transitioning to adult food. He has not been on any medications since December. And is discharge has always been from his left nostril. Much of the fluid is thin and blood tinged. Rubs his nose a lot - overall grooms a lot. he is not sneezing. When he sleeps, some of the discharge with crust but then it thins back out. He does have noisy breathing when he is sleeping - snoring type He otherwise has been doing very well at home - active, eating and drinking well, cuddly, etc. No other cats at home. At home, he is indoors only. No other medical issues.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY 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.

The left nasal cavity is obliterated by fluid attenuating material, attached to the nasal mucosal lining. Post contrast administration, the nasal mucosal lining is moderately thickened, and moderate destruction of the nasal conchal & turbinate structures is seen. The caudal aspect of the left ventral nasal meatus – level with the transition to the choana – is obliterated by a contrast enhancing mucosal membrane. The nasal septum is mildly deviated to the right. Mild hyperostosis of the surrounding osseous margins of the left nasal cavity is seen. The right nasal cavity is aerated and presents the expected aerated spaces between thin conchal & turbinate structures.

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.

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 left mandibular and medial retropharyngeal lymph nodes are prominent, uniform soft tissue attenuating and contrast enhancing.

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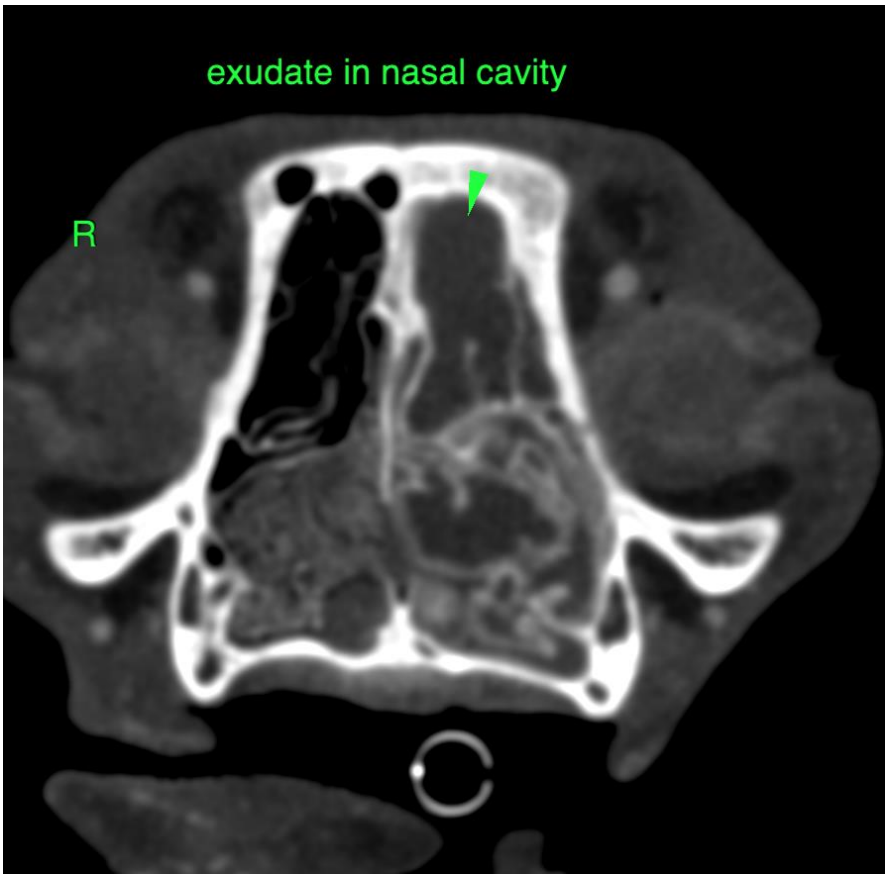
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided chronic mild destructive rhinitis with mild hyperostosis of the osseous margins
- Left sided membranous choanal atresia versus acquired proliferation of mucosal membrane
- Lymphadenopathy left medial retropharyngeal & mandibular lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left ventral nasal meatus is ending blindly in a mucosal membrane, separating the left nasal cavity from the nasopharynx – this condition can be congenital (membranous choanal atresia) or represents an acquired soft tissue membrane due to preceding inflammation and adhesions. Treatment option of choice is perforation/resection of the respective soft tissue membrane – and options should be discussed with internal medicine/surgeon.

Secondary reactive hyperplasia of the tributary lymph nodes.



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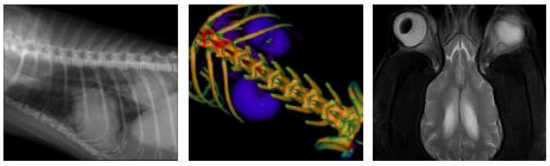

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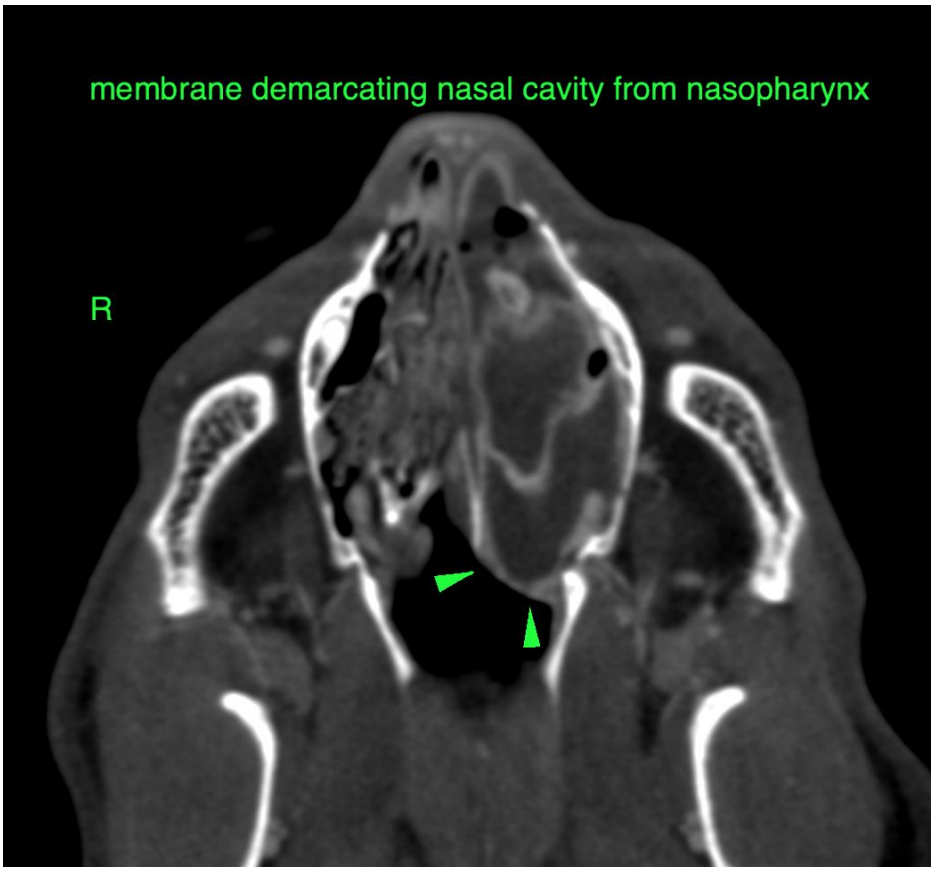

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com