



PATIENT

Tilli Matsusaka

PRESENTING CLINICAL SIGNS

Patient presenting for further diagnostics for a possible left ear ablation. Owner noticed liquid discharge from left ear on Friday, went to pDVM. Medications were given at that time. Convenia injection, dexamethasone/triamcinalone inj.

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 109 and 209 are absent.

SEX

FS

In the caudolateral aspect of the right ventral nasal meatus a small amount of trapped fluid attenuating material is visible. The remainder of the nasal cavity bilaterally are aerated and present the expected aerated spaces between thin and smooth conchal structures.

AGE

15

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The left external ear canal contains a small amount of soft tissue attenuating material.

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.

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Critical Vet
Care/Suncoast
Veterinary

The left medial retropharyngeal lymph node is mildly prominent.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

REFERRING VET

Dr. Young

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.

INVOICE

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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



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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SEX

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The stifle joints bilaterally present mild osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Left sided otitis externa
- Mild lymphadenopathy left medial retropharyngeal lymph node
- Absent triadan 109&209
- Mild degenerative osteoarthritis stifle joints bilaterally
- Structural normal thorax
- Structural normal abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings from the CT study are consistent with the history of left sided otitis externa. There are no signs for accompanying otitis media.

Secondary reactive hyperplasia of the left medial retropharyngeal lymph node.

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No additional clinically relevant pathologies are appreciated.

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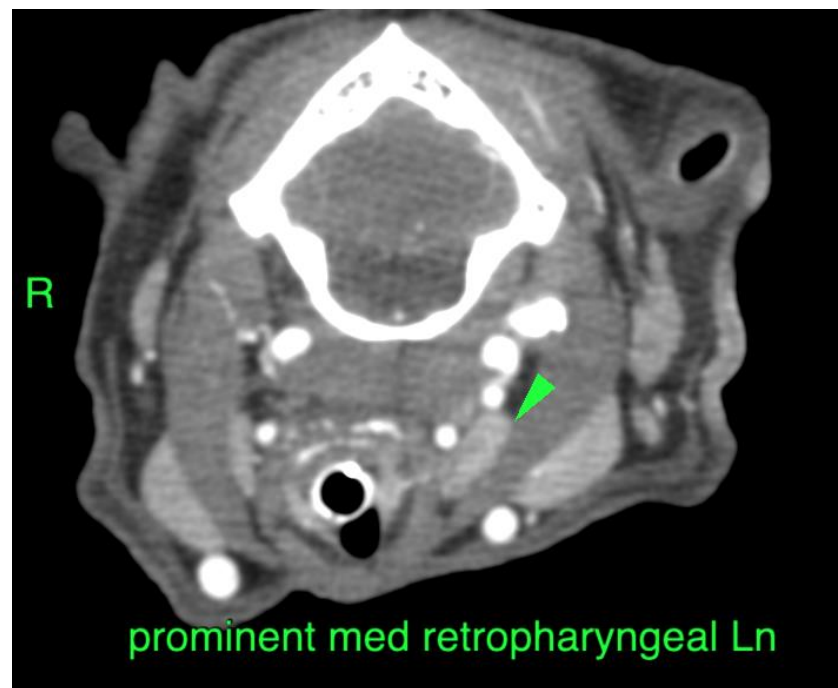
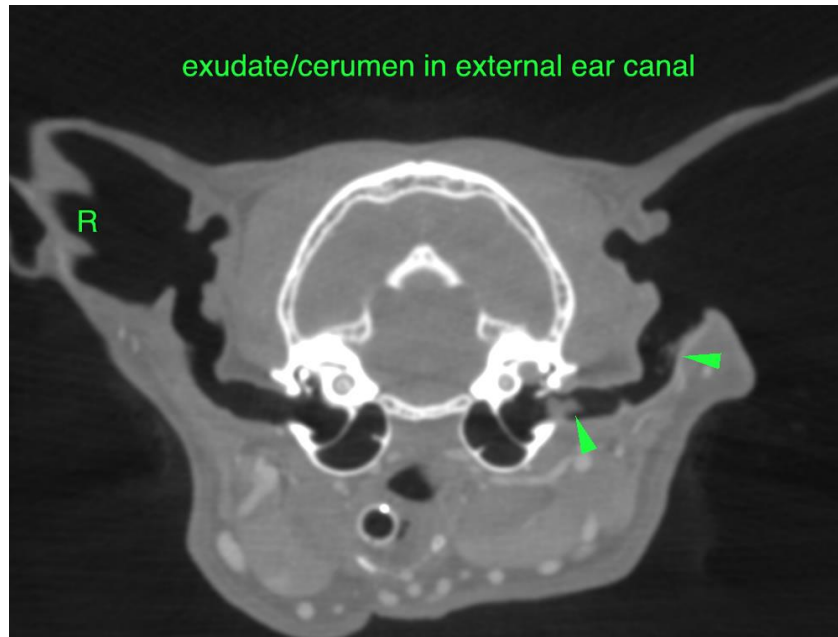
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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