



PATIENT PRESENTING CLINICAL SIGNS

Felix Lawson Felix presents for intermittent left sided nasal discharge. The discharge is generally thick and yellow in color. Felix was adopted from a cat cafe in Dallas Texas in the fall of 2018 and moved to Oregon in 2019. He went to a vet visit shortly after being adopted where he was diagnosed with dental disease and an upper respiratory virus that Felix's people cannot remember the name of. He gained weight and generally felt better after the dental was done. However, he has had some intermittent nasal congestion for the whole time they have had him, but much more noticeably in the last couple of years. They have tried several antibiotics, Convenia injectable helped the first time given but repeated courses did not seem to make a difference. Most recently, clindamycin and azithromycin did not result in much improvement. Felix is an indoor only cat and lives with a healthy puppy and one other cat. The other cat was also confirmed with the virus Felix has and has very mild intermittent symptoms, but nothing like Felix. Felix is eating, drinking, and going to the bathroom normally. He is not experiencing any regular coughing, sneezing, or diarrhea. One of the cats in the house does vomit a couple of times a week and it is believed to be Felix. The vomit is often dry food, but is sometimes thick yellow liquid. He has been observed to vomit with some effort, but also sometimes bobs his head as if he is going to vomit and then doesn't. Felix is also a bit fecal incontinent, he drops small amounts of feces as he is walking every now and then. He does snore at times, more so the last couple of months. Felix eats Fancy Feast wet food once daily in the morning, and has free access to Iams protective health adult indoor weight and hairball formula. He is currently taking: Probiotic once daily in the morning Firm-up pumpkin flavor once daily in the morning

SPECIES Feline

BREED DMH

SEX Male Neutered

AGE 5 Years

Abnormal PE/Chem/CBC/UA Results: PE - nasal discharge CBC - WNL CHEM - WNL Nasopharynx - very nodular started hemorrhaging

INTERPRETED BY COMPUTED TOMOGRAPHY OF THE SKULL

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

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 104, 106, 204, 301, 401 and 407 are absent.

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A moderate amount of fluid attenuating material is attached to the nasal mucosal lining. Mild to moderate atrophy of the nasal conchal & turbinate structures is seen. Foamy fluid attenuating material is seen in the nasopharynx.

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

REFERRING VET

Kim Winters

A small amount of gravity dependent soft tissue material is seen in the left tympanic bulla; the osseous lining is smooth and thin. The right tympanic bulla is filled with soft tissue attenuating material, presenting peripheral contrast enhancement. The osseous lining of the right tympanic bulla is irregular with multiple moth eaten osteolytic lesions. The osseous segment of the right Eustachian tube is mildly dilated in comparison to the left side. The external ear canals are within normal limits.

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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.

DATE

3-22-23

The mandibular lymph nodes and medial retropharyngeal lymph nodes are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided chronic otitis media, mild pressure erosion osseous segment right Eustachian tube



PATIENT

Felix Lawson

- Very mild left sided otitis media
- Destructive Rhinitis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Multiple absent teeth

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with chronic destructive rhinitis. The causative agent is commonly primary likely primary viral ± bacterial or less likely mycotic superinfection.

BREED

DMH

The otitis media is considered as a sequela to ascending infection by the auditory tube. The peripheral contrast enhancement of the material in the right tympanic bulla can be caused by thickened epithelial lining (likely) or inflammatory polyp confined to the tympanic bulla (less likely).

SEX

Male Neutered

The prominent medial retropharyngeal lymph nodes are consistent with secondary reactive lymphadenitis due to the underlying chronic rhinitis.

Rhinoscopy with biopsy and samples for microbial cultures can be considered – although the initial causative agent might not be isolated anymore. In cases of chronic rhinosinusitis, clinical signs are likely to reoccur.

AGE

5 Years

INTERPRETED BY

Sebastian Schaub, DVM
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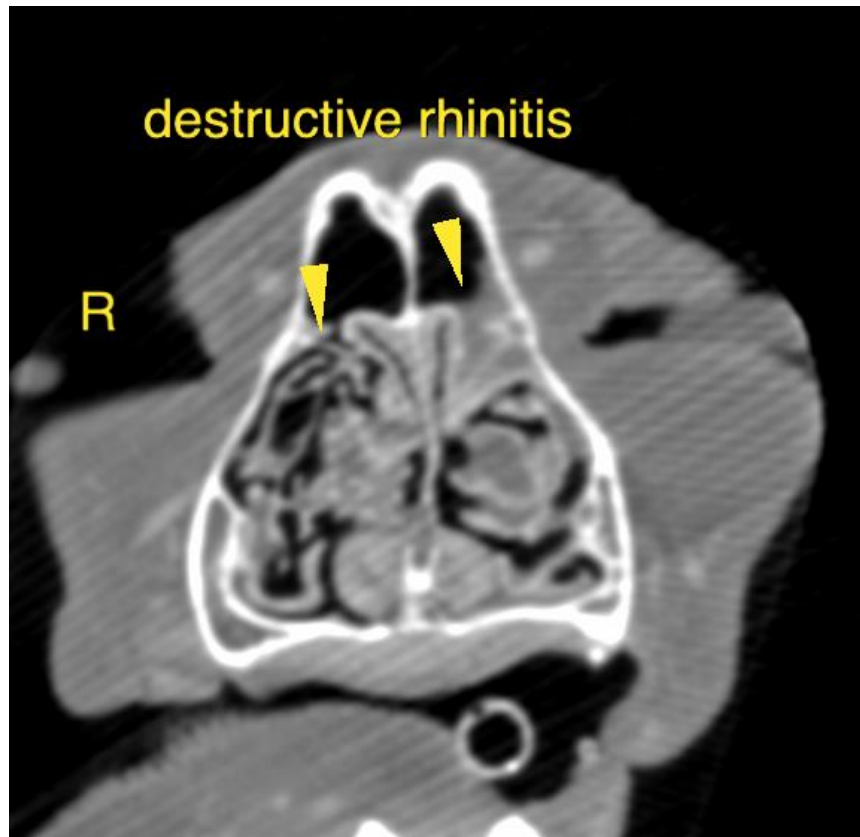
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PATIENT

Felix Lawson

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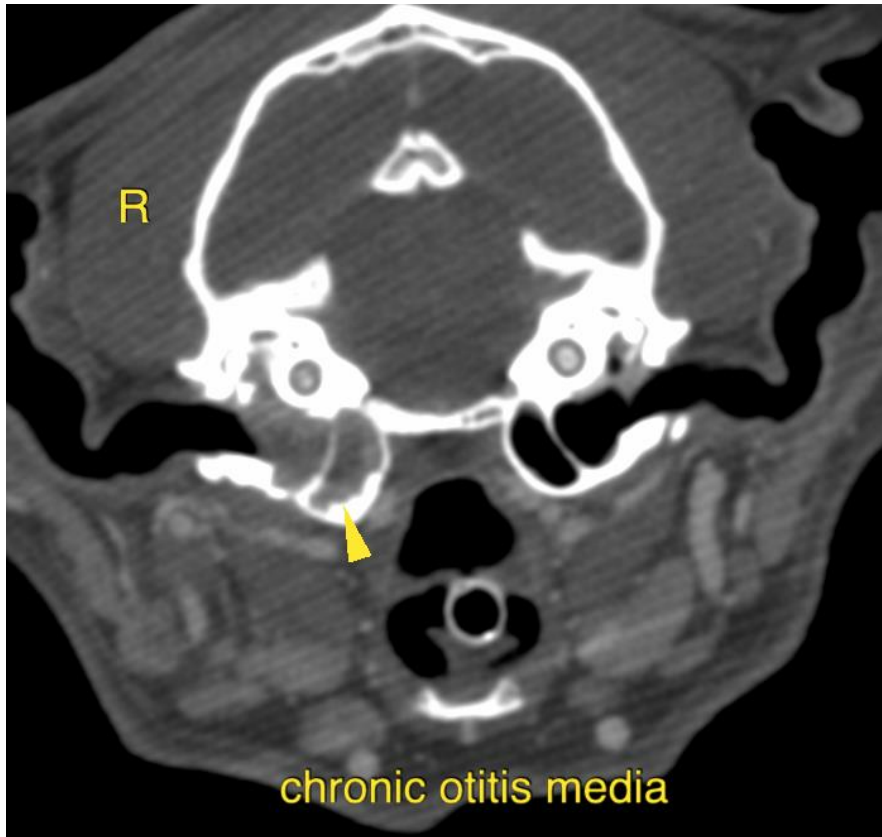
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

REFERRING VET

Kim Winters

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