



PATIENT

Copper O'Rourke

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

5.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Short

INVOICE

36432

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- OS: serosal ocular discharge, mild conjunctivitis
- OD: wnl
- crusty discharge on both nostrils
- Lungs clear/eupneic, no crackles/wheezes auscultated

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 201 is absent.

In both nasal cavities, mild to moderate destruction of the conchal structures is appreciated and the nasal mucosal lining is thickened. A small amount of fluid attenuating material is attached to the nasal mucosal lining.

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

Both tympanic bullae are obliterated by non-contrast enhancing soft tissue material – bulging mildly into the medial aspect of the horizontal segment of the external ear canal respectively. The osseous wall of the tympanic bullae is moderately thickened and irregular. The tympanic part of the left temporal bone is perforated in the dorsal aspect and a strong contrast enhancing ovoidal shaped mass is protruding into the left ventrolateral aspect of the cranial fossa at the same level; measuring 13 x 7 x 13 mm – distorting the left temporal lobe at the same level.

The submandibular and medial retropharyngeal lymph nodes are prominent.

Thorax

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

The sternal lymph nodes are moderately enlarged and rounded.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

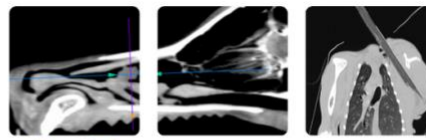
Generalized moderate thickening of the bronchial walls is appreciated. Multiple peripheral bronchial segments are dilated and obliterated by soft tissue material – presenting as a 'tree-in-bud' pattern.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis



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- Bilateral chronic otitis media with left sided perforation of the cranial fossa
- Intracranial extraaxial strong contrast enhancing mass left ventrolateral aspect cranial fossa
- Lymphadenopathy medial retropharyngeal lymph nodes and sternal lymph nodes
- Significant bronchial lung pattern along with a tree-in-bud pattern
- Absent triadan 201

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

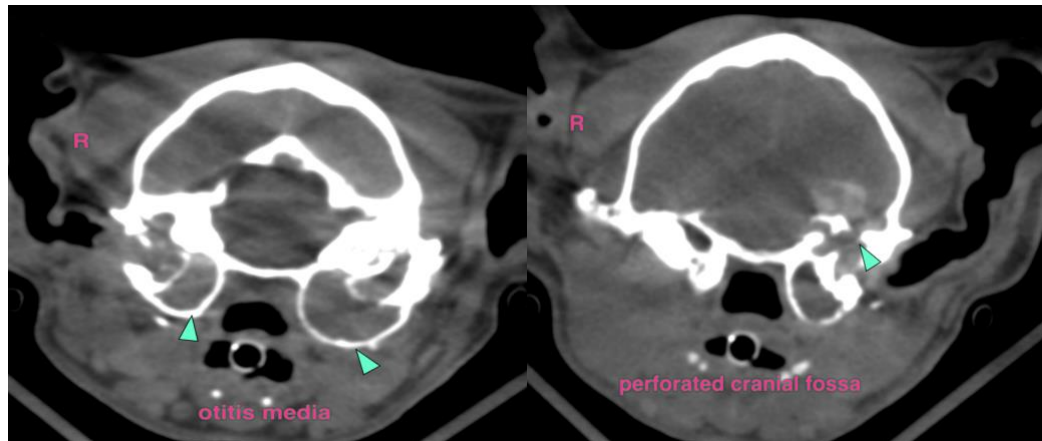
Destructive rhinitis in feline patients is commonly primary viral ± bacterial or less likely mycotic superinfection. Rhinoscopy including biopsy and sampling for microbial culture - in many cases the initial causative infectious agent cannot be isolated anymore – can be used as advanced diagnostic tool.

The otitis media can be a sequela to ascending infection via the Eustachian tube.

The appreciated intracranial extraaxial mass is level with the defect in the tympanic part of the left temporal bone and can present chronic intracranial extent of the otitis media with granuloma/empyema formation or is unrelated to the otitis media and presents primary meningeal neoplastic disease (e.g. meningioma).

The bronchial pattern is most consistent with chronic feline bronchial disease ± viral or bacterial superinfection and mucus plugging of multiple peripheral bronchial segments. Theoretically bronchogenic carcinoma can present with a predominant bronchial pattern as well.

FNA sampling of the prominent lymph nodes is beneficial to confirm reactive lymphoid hyperplasia and ruling out neoplastic transformation.





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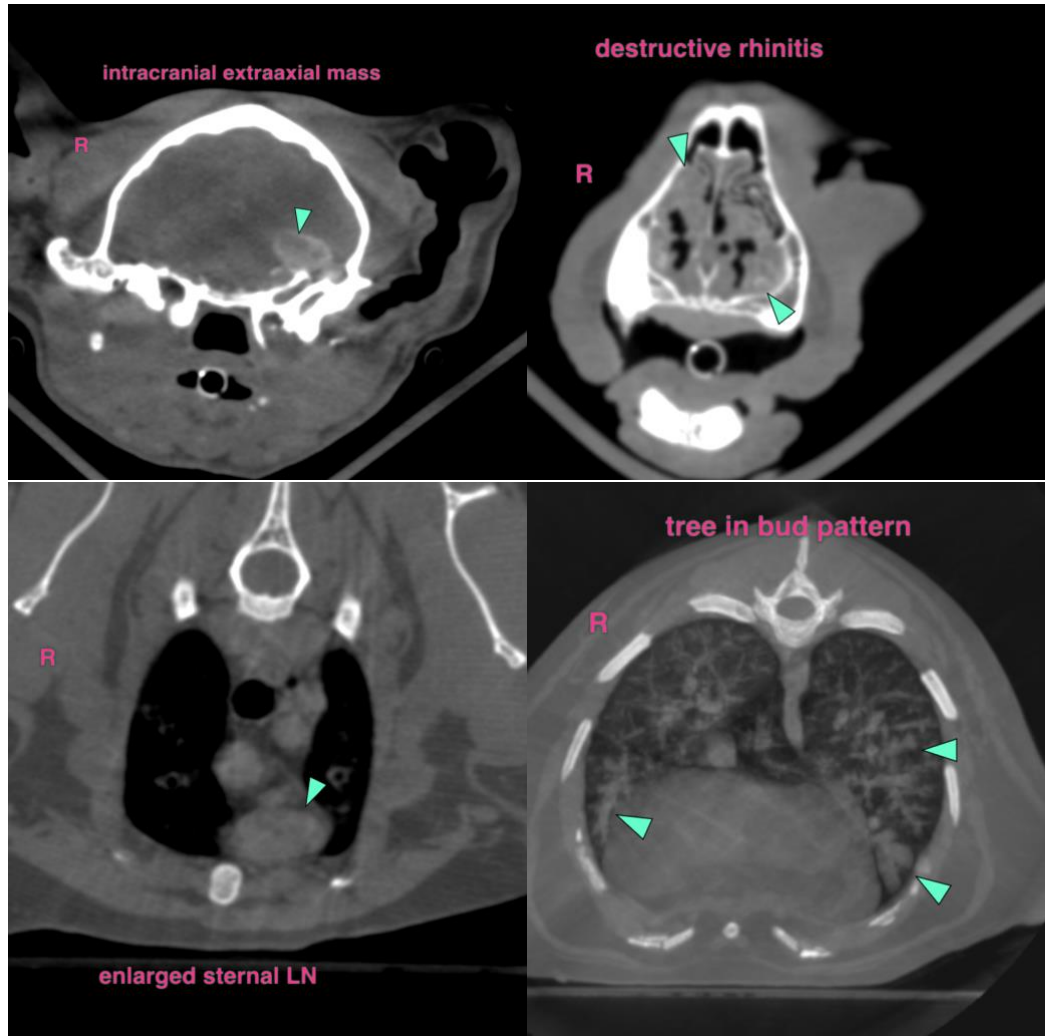
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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