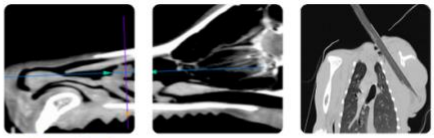

PATIENT

Ally Daichman

SPECIES

Feline

BREED

Siberian

SEX

Spayed Female

AGE

13 Years 7 Months 23 Days

WEIGHT

12.50 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill VS, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

36086

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History: Owner reports persistent upper respiratory symptoms since 2022, initially presenting as nasal discharge, congestion, and sneezing. Symptoms have worsened this year, including green nasal discharge in April, ongoing wheezing, coughing during sleep, and lethargy. Owner notes a three-pound weight loss and describes current appetite as present but eating smaller amounts at a time; drinking is normal. Owner reports normal feces and no vomiting except for stress-related hypersalivation during car rides. Current medications include prednisolone and recently completed Veraflox; prednisolone dosing has been adjusted per previous veterinarian instructions. No other medications or preventatives mentioned. Indoor-only cat; received two haircuts in the past year due to excessive shedding.

Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Coat described as shedding excessively. No mention of matting, wounds, or debris. No other notable visual abnormalities described.; Fear/Anxiety/Stress Score: 3/5 - Nervous, requires gabapentin.; Oral Cavity: Missing right lower canine tooth.; Cardiovascular: Heart murmur auscultated.; Respiratory: Upper airway noise present. Heart murmur ausculted, but normal heart sounds otherwise. No deep pulmonary abnormalities described.; Musculoskeletal: Muscle mass loss (atrophy) along the hips. Muscle mass loss on the back. Arthritis in the hips.; Chem: Chloride 113; Total Protein 9.0; CBC: Monocyte 561; Eosinophil 1224;

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Triadan 104 and 304 present ankylosis and advanced resorptive lesions of the roots.

In both nasal cavities, mild to moderate destruction of the conchal structures is seen. The nasal mucosal lining is prominent, and a small amount of fluid attenuating material is attached to the mucosal lining.

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

Both tympanic bullae are partially obliterated by soft tissue attenuating material; post contrast administration the soft tissue lining of the tympanic bullae is prominent and increased contrast enhancing. 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 submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

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

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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.

The bronchial walls are generalized mildly thickened and smooth. In the cranioventral aspects of the lung, multiple bronchial segments contain soft tissue attenuating material without contrast uptake.

The right middle lung lobe is consolidated with air-bronchograms and presents a significant decreased volume. 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

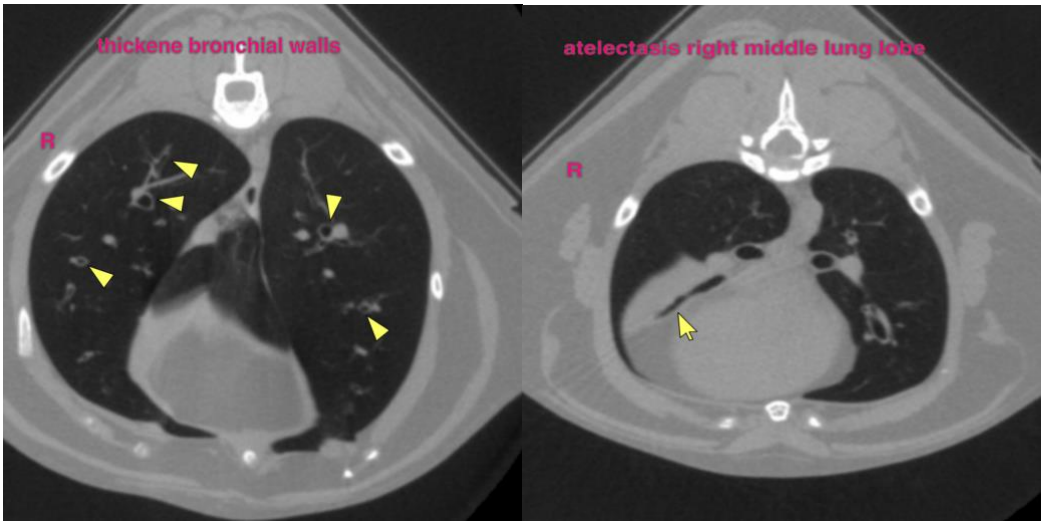
- Destructive rhinitis
- Bilateral chronic otitis media without evidence of inflammatory polyp formation
- Bronchial lung pattern with segmental peripheral bronchial plugging
- Resorption atelectasis right middle lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or 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. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

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

The bronchial lung pattern is consistent with feline bronchial disease – commonly primary allergic in origin ± viral or bacterial superinfection. The atelectatic right middle lung lobe is considered as a sequela to resorption atelectasis likely due to preceding bronchial mucus plugging.



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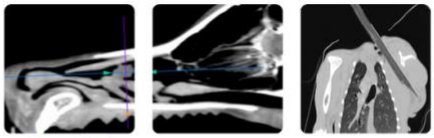

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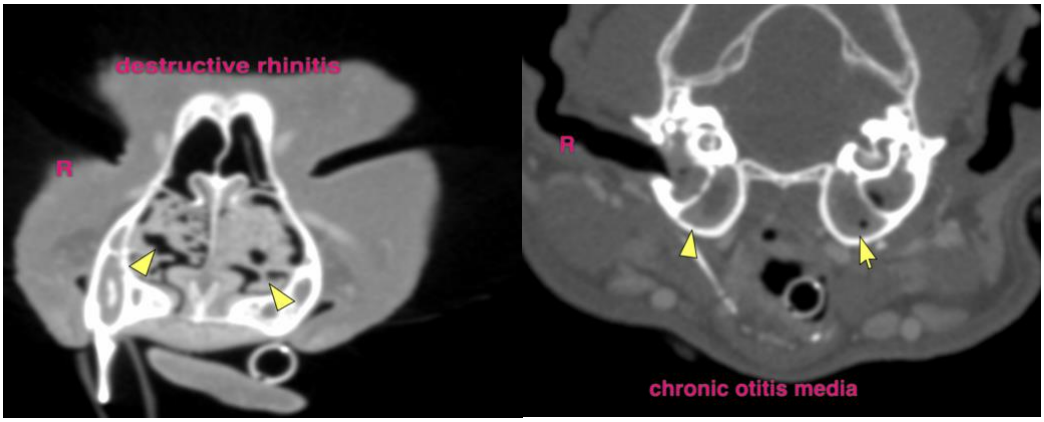

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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