



PATIENT

Kanaya Decrescente

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

6M, 3W

WEIGHT

3.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74081

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- Since Kanaya was found on the street a few months ago, he is presented nasal congestion that has been worsening besides the therapy with different kind of antibiotic used (Clavamox and Convenia). In the last visit (2/27/26), the breathing was difficult, showing exhaled straining causing the neck to expand. Lungs sound clear. Nasal, ocular and throat discharge observed. Upper Respiratory PCR panel was positive for Mycoplasma felis. Treatment with Baytril (22.7 mg) 1/2 tablet SID for 10 days was given, but patient does not improve. Bloodwork and X-rays were done on 3/4/26. CBC: WBC 24.73 K/ μ L (2.87 - 17.02), NEU 19.37 K/ μ L (2.30 - 10.29), MONO 0.89 K/ μ L (0.05 - 0.67). Chem: PHOS 10.0 mg/dL (3.1 - 7.5), TP 9.5 g/dL (5.7 - 8.9), GLOB 6.9 g/dL (2.8 - 5.1).
- CT was requested to evaluate the Respiratory System and determine the origin of the neck bulge.

Abnormal PE/Chem/CBC/UA Results: PE: T 98.9 F, HR 168, RR 20, MM Pink, CRT <2 seg. Abdominal deep breathing. Bulge of air on ventral neck in expiration. Green nasal discharge and congestion on the right nostril.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

In both nasal cavities, R>L, a small amount of fluid attenuating material is appreciated.

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

The right tympanic bulla is filled with non-contrast enhancing soft tissue attenuating material. The osseous lining of both tympanic bullae is moderately thickened and smooth. Protruding from the orifice of the Eustachian tube bilaterally into the nasopharynx – up to the level of the larynx – a pedunculated mass is seen respectively – measuring up to 18 mm in diameter and 3 cm in length, L>R. 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.

The esophagus is generalized significantly distended by gas.

Thorax

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

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.



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

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.

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

- Bilateral signs of chronic otitis media
- Bilateral large inflammatory polyp extending into the nasopharynx with secondary mechanical upper airway obstruction
- Mild rhinitis
- Megaesophagus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or mycotic superinfection. The appreciated otitis media is considered as a sequela to the rhinitis due to ascending infection via the Eustachian tube and secondary nasopharyngeal inflammatory polyp formation. The latter will exacerbate respiratory clinical signs. Removal of the polyps using traction technique is the therapy of choice – if signs reoccur, ventral bulla osteotomy may be considered as surgical treatment option.

The megaesophagus is most likely a sequela to the mechanical upper airway obstruction by the inflammatory polyps.



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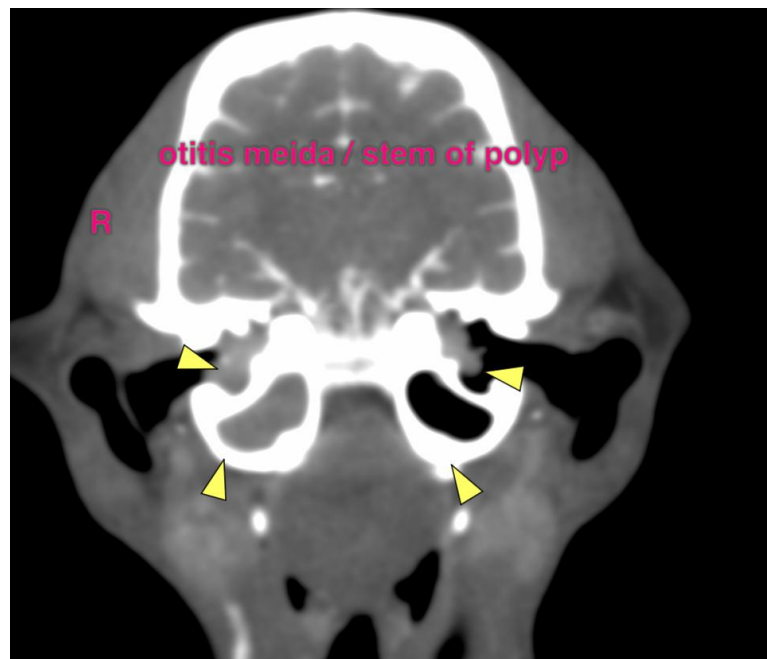
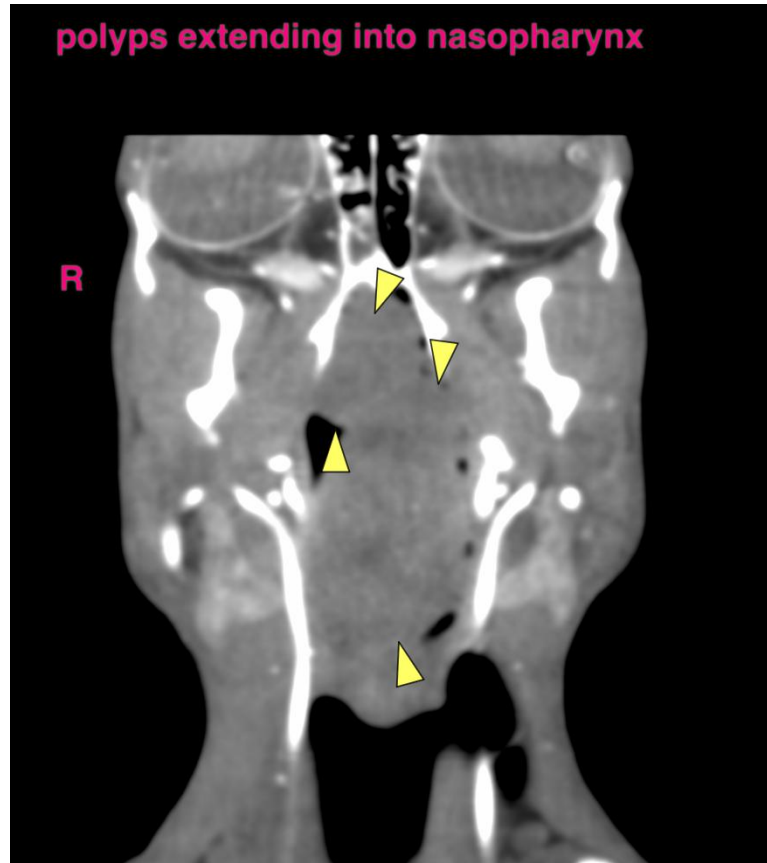
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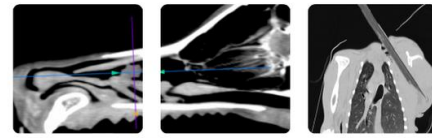
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com