



**PATIENT PRESENTING CLINICAL SIGNS**

Lincoln Feller Patient was pre-medicated with buprenorphine and induced with alfaxalone. Intubated and maintained on isoflurane and oxygen with BAIN circuit. Crystalloid fluids support. Monitored with oxmetry / capnometry / ECG / NIBP and thermistor. Pre contrast CT scan completed. Patient treated with 500 mgs / kg of Iodine and post contrast scan completed. Image review fluid in the left bulla consistent with otitis / media / interna, no evidence of penetration of the vault to the meninges. Images submitted to Sonopath Post CT - patient transferred to the procedure table and a saline flush followed by myringotomy was completed in order to collect a deep culture. Sample submitted to CSU for A- C and S. Smooth recovery, plan to discharge this pm and reassess - may still require a ventral bulla osteotomy in future Owners updated

**SPECIES**

Feline

**BREED**

Domestic Short Haired

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

MN

The tooth elements 101-103, 107,109, 201-203, 206,301-303, 401-403 and 407 are absent. Triadan 106, 107 and 407 presents advanced resorptive lesions of the crown. Approximately half of the crown of triadan 204 is absent, exposing the pulp cavity to the dental surface – the root of triadan 204 present advanced resorptive lesions and a widened periodontal space. The periodontal space of triadan 105 is moderately widened. The crowns of triadan 104, 304 and 404 present an irregular undulating surface.

**AGE**

5 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. In the left frontal sinus, a small amount of fluid attenuating material is attached to the mucosal lining and mild hyperostosis of the osseous margins of the left frontal sinus is appreciated.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Southern Oregon  
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The volume of the left tympanic bulla is increased, the osseous lining is thickened and mildly rough. The left tympanic bulla is filled with soft tissue attenuating material. The right tympanic bulla is aerated and the wall is smooth and thin. 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.

**REFERRING VET**

Ravi Seshadri

The mandibular and medial retropharyngeal lymph nodes are prominent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

57812

- Left sided chronic otitis media
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Left sided chronic sinusitis frontal sinus
- Dental resorptive lesions 106, 107 and 407
- Complicated dental fracture 204 with evidence of accompanying periodontal disease
- Periodontal disease 106

**DATE**

4-16-23



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Lincoln Feller** The CT study is consistent with left sided chronic otitis media without signs of otitis interna. Myringotomy for sampling and flushing of the left tympanic bulla has already been performed, regarding the history.

**SPECIES** The chronic sinusitis of the left frontal sinus is considered as a sequela to preceding rhinitis - commonly primary viral in origin. The supposed preceding rhinitis may have caused the otitis media due to ascending infection via the Eustachian tube.  
**Feline**

**BREED** The irregular shaped crowns of the canine teeth can be a sequela to trauma/abrasion or represents enamel malformation (e.g. genetic, nutritional, deficiency, toxic).

**Domestic Short Haired** The odds for reactive hyperplasia of the tributary lymph nodes of the skull are high.

**SEX**

MN

**AGE**

5 Years

**INTERPRETED BY**

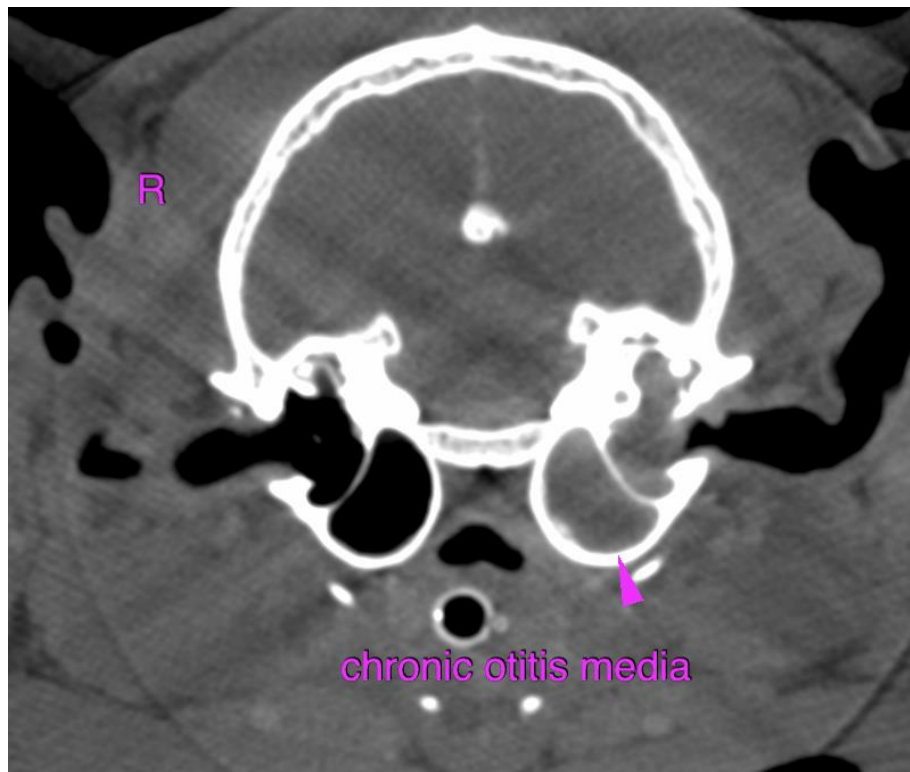
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**REFERRING VET**

Ravi Seshadri



chronic otitis media

**INVOICE**

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**DATE**

4-16-23



**PATIENT**

Lincoln Feller

**SPECIES**

Feline

**BREED**

Domestic Short  
Haired

**SEX**

MN

**AGE**

5 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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**REFERRING VET**

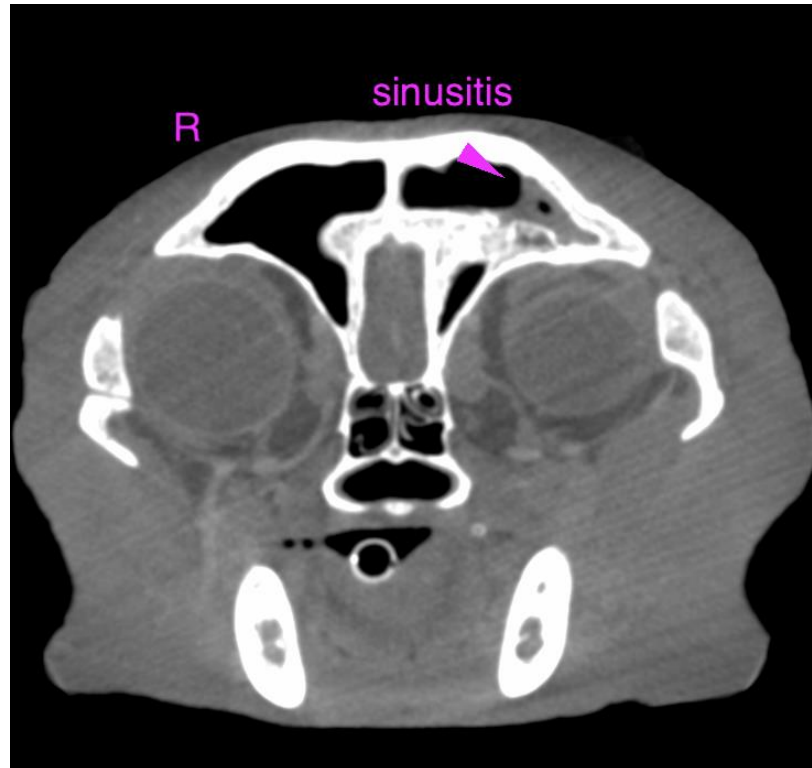
Ravi Seshadri

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**DATE**

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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.

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