



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Gru Cats Veterinary

Gru presents to MVCT for a skull CT. Axial Pass. Images submitted in both soft tissue & bone algorithm. Pre & Post contrast. Chronic URI symptoms including sneezing and drainage since 2019. Worsening last 6 months or so. Culture/cytology/biopsies previously done. Symptoms not improving with antibiotics or other therapies (nasal flushes).

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE SKULL**

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**

MN

In both nasal cavities, a moderate amount of non-contrast enhancing soft tissue material is attached to the nasal mucosal lining. Post contrast administration, the nasal mucosal lining is moderately thickened. Advanced destruction of the nasal conchal & turbinate structures is appreciated, L>>R. The left frontal sinus presents with significant hyperostosis of the osseous lining.

**AGE**

6

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The left tympanic bulla is occupied by soft tissue attenuating material and post contrasts administration moderate thickening of the mucosal lining of the left tympanic bulla is appreciated. The osseous wall of the left tympanic bulla is mild to moderately thickened. The right tympanic bulla contains a mild to moderate amount of fluid attenuating material. The external ear canals are within normal limits.

**HOSPITAL NAME**

Mobile Veterinary CT

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 left submandibular and medial retropharyngeal lymph nodes are prominent.

**REFERRING VET**

Christy Reagan, DVM

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Chronic destructive rhinitis, L>R
- Chronic sinusitis with hyperostosis of the wall of the left frontal sinus
- Bilateral otitis media, L>R

**INVOICE**

51612

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with chronic destructive rhinitis, L>R. The causative agent is most likely primary viral ± bacterial superinfection. There is a small chance of emerging fungal (e.g. Cryptococcal) superinfection. There are no signs for underlying neoplastic disease.

**DATE**

4-19-22

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

Rhinoscopy with biopsy and samples for microbial culture/PCR have already been performed as advanced diagnostic test. In cases of chronic rhinosinusitis, clinical signs are likely to reoccur.



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The bilateral otitis media is considered as a sequela to the history of chronic upper respiratory tract infection, there is no evidence of nasopharyngeal polyp formation.

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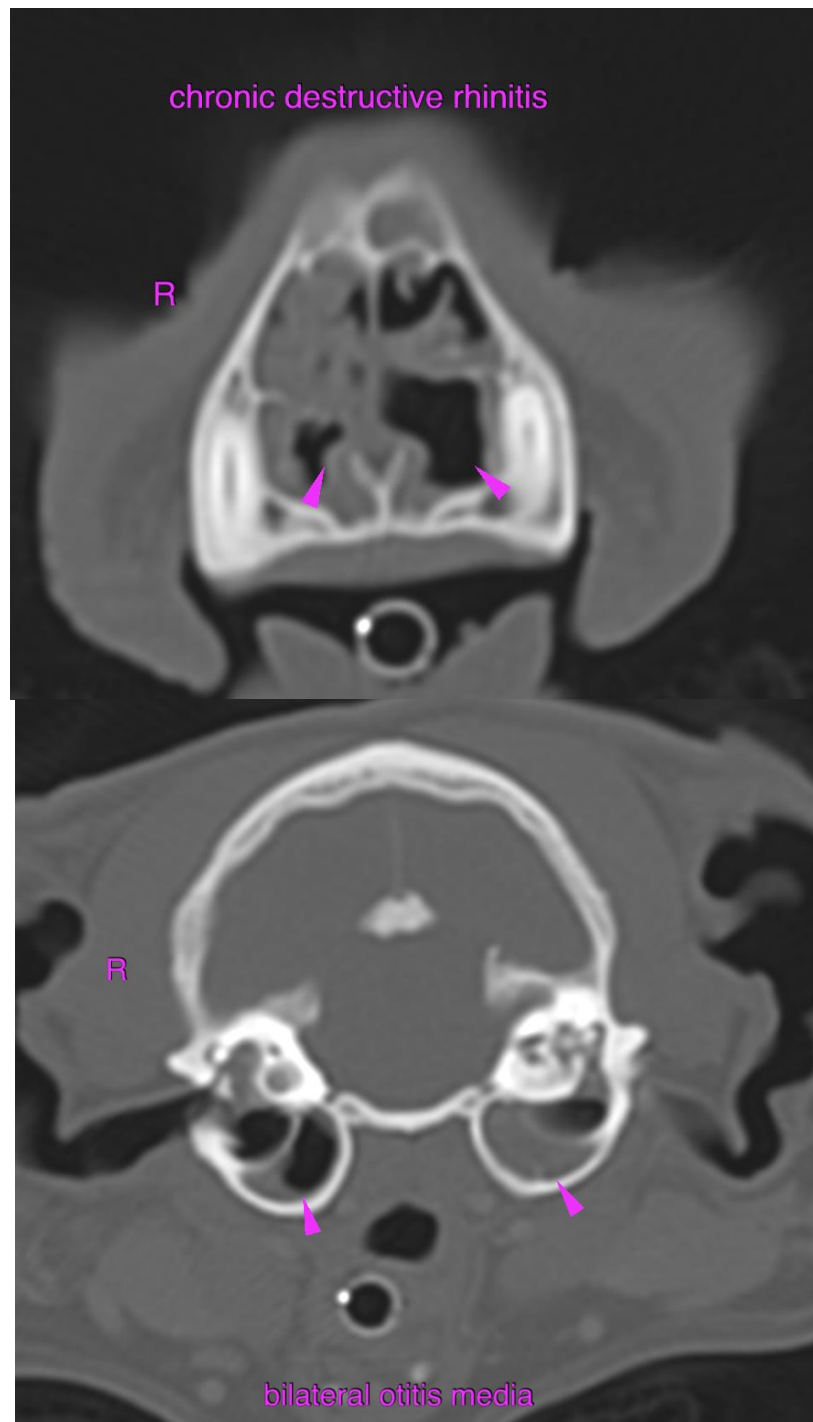
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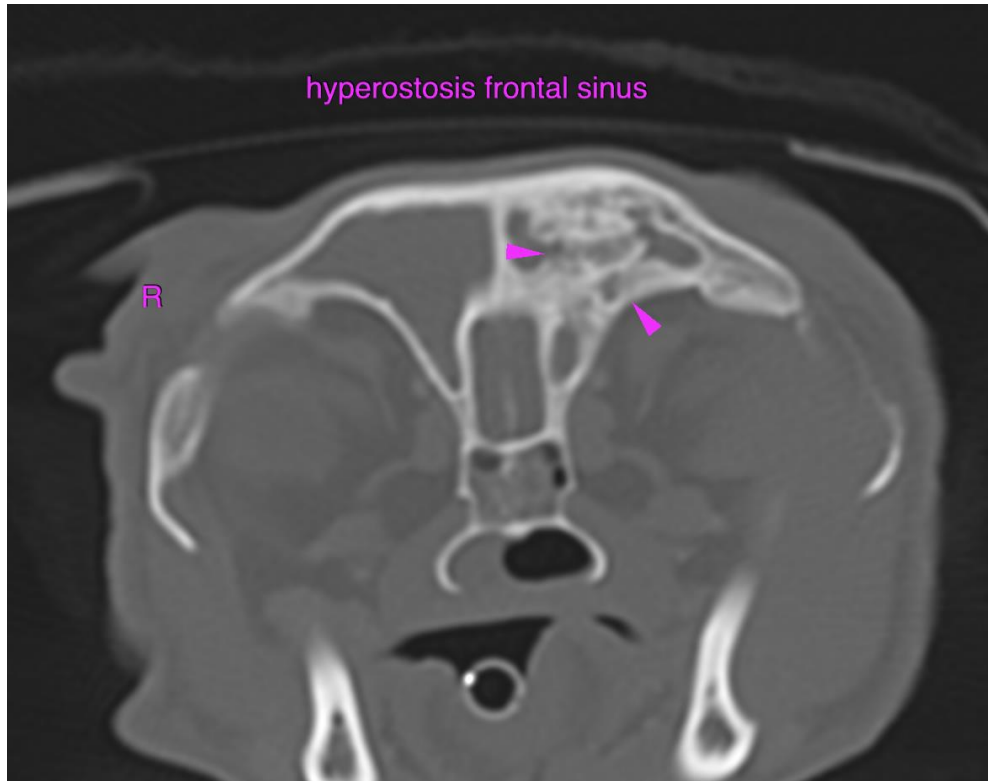
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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