



**PATIENT PRESENTING CLINICAL SIGNS**

Marty Advocat Rescue Lungs clear/eupneic, no crackles/wheezes auscultated; increased upper respiratory/nasal noise, possible nasal polyp

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

Feline **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED** In both nasal cavities, soft tissue attenuating material is attached to the nasal mucosal lining, L>R. Destruction of the nasal conchal & turbinate structures bilaterally is appreciated. The osseous lining of the left frontal sinus is thickened, and the left frontal sinus is filled with soft tissue material.

DSH

**SEX**

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

Female

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. In the medial aspect of the horizontal segment of the external ear canals, a small amount of soft tissue material is noted.

**AGE**

The submandibular and medial retropharyngeal lymph nodes are prominent with a normal short-to-long-axis-ratio is < 0.5, the attenuation is uniform.

1 Year

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Destructive rhinitis and chronic sinusitis left frontal sinus with hyperostosis
- Lymphadenopathy medial retropharyngeal and mandibular lymph nodes – suspect reactive hyperplasia
- Bilateral mild otitis externa
- No evidence of nasopharyngeal polyp
- No evidence of otitis media

**HOSPITAL NAME**

Animal Surgical  
Center

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are compatible with mild destructive rhinitis, the underlying cause is commonly primary viral ± bacterial or mycotic superinfection. No polyp is appreciated. In a plain CT study possible masses might be effaced by the surrounding exudate – although this is considered far less likely here, Rhinoscopy including biopsy and sampling for microbial culture would be ideal as advanced diagnostic tool – in many cases the initial causative infectious agent cannot be determined anymore and clinical signs are likely to reoccur in chronic cases.

**REFERRING VET**

Kew Gardens Animal  
Hospital

**INVOICE**

57925

**DATE**

4-21-23



**PATIENT**

Marty Advocat  
Rescue

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

1 Year

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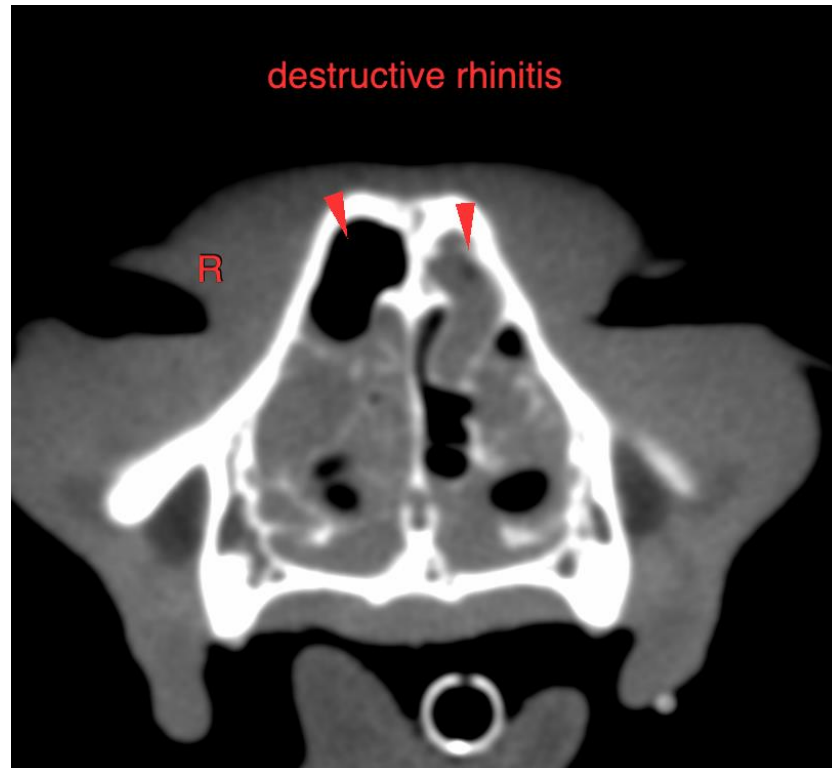
Kew Gardens Animal  
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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