



## PATIENT

Ruby Carter Stone

## SPECIES

Feline

## BREED

DSH

## SEX

Female

## AGE

15 Years

## WEIGHT

4.3 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVCI

## IMAGING PERFORMED BY

Dr. Jess Austin

## HOSPITAL NAME

Bluegrass VS

## REFERRING VET

Dr. Jess Austin

## INVOICE

36790

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: She has 3-4 day history of hacking/gagging, unproductive vomiting, and recent onset of open-mouth breathing. Ruby has a history of feline herpesvirus and is described as being a chronic sneezer. Recently she had more right sided bloody nasal discharge with frequent sneezing. Currently on prednisolone, convenia, and Cerenia.

Abnormal PE/Chem/CBC/UA Results: Right nasal bloody discharge and congestion. Tonsils very irritated. Bloodwork unremarkable other than elevated TP and Globulins. DDX: neoplastic vs destructive rhinitis.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent.

In both nasal cavities, advanced destruction of the nasal conchal structures is appreciated. The frontal sinus bilaterally is partially obliterated by gravity dependent, fluid attenuating material.

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

In the right tympanic bulla a small volume of gravity dependent, fluid attenuating material is seen. The osseous wall of the right tympanic bulla is mildly thickened and smooth. 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 prominent.

### Thorax

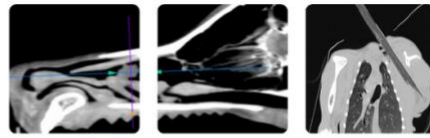
The bony and surrounding soft tissue structures are within normal limits.

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.

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.



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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Multifocal throughout the hepatic parenchyma, well-defined, roundish parenchymal filling defects are seen; measuring up to 6 mm in diameter.

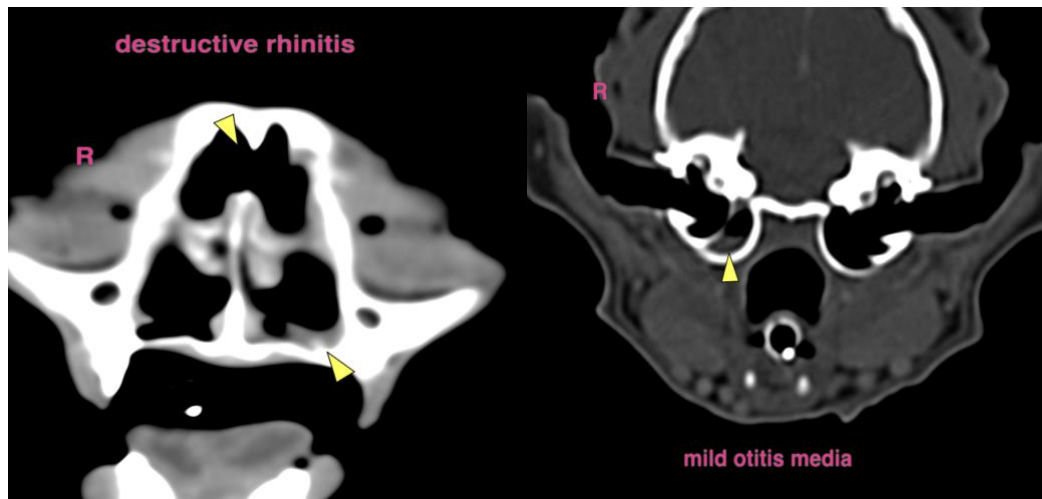
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis
- Sinusitis frontal sinus bilaterally
- Secondary mild right sided otitis media
- Lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph nodes bilaterally
- Multiple absent teeth
- Multiple simple hepatic cysts
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

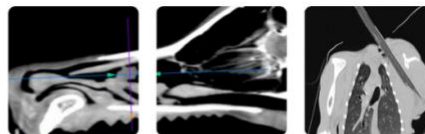
Destructive rhinitis in feline patients is commonly primary viral ± bacterial or mycotic superinfection. Rhinoscopy including biopsy and sampling for microbial culture - in many cases the initial causative infectious agent cannot be isolated anymore – can be used as advanced diagnostic tool. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

The prominent regional lymph nodes of the skull are indicative for secondary reactive lymphoid hyperplasia.



**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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**Sebastian Schaub**, DVM, Dr. med. vet. DipECVDI

[info@sonopath.com](mailto:info@sonopath.com)

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