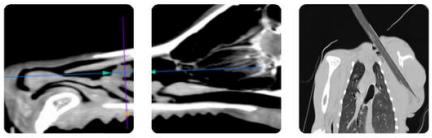


PATIENT

Ozzy Payne

SPECIES

Feline

BREED

DSH

SEX

MC

AGE

13Y

WEIGHT

8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Bogdansky

INVOICE

74769

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Persistent discharge from OD , r/o possible nasolacrimal duct stricture/obstruction
Owner requested whole body scan for abnormalities
Abnormal PE/Chem/CBC/UA Results: Bloodwork wnl

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

Mild to moderate destruction of the nasal conchal structures is appreciated. A small amount of fluid attenuating material is attached to the nasal conchal structures. Post contrast administration the nasal mucosal lining is generalized mild to moderately thickened. In the right frontal sinus, a small amount of soft tissue material is attached to the wall. The osseous lining of the right frontal sinus presents mild hyperostosis.

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

The left tympanic bulla is filled with peripherally contrast enhancing soft tissue material. The osseous wall of the left tympanic bulla is mildly thickened. 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 mandibular lymph nodes, R>L, and the left medial retropharyngeal lymph node are prominent.

Thorax

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

The mediastinum is widened by fat.

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.

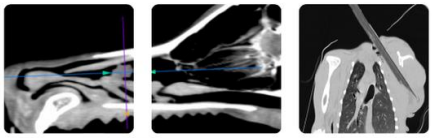
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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, but zones with dystelectasis of the ventral dependent aspects of the lung.

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

Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The intrahepatic vessels of the biliary tree are dilated. The gallbladder is bilobed. The common bile duct is dilated, measuring up to 3.5 mm in diameter.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

A colonic lymph node is prominent.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis
- Chronic sinusitis right frontal sinus with secondary mild hyperostosis of the osseous lining
- Left sided chronic otitis media
- Lymphadenopathy right mandibular lymph nodes, left medial retropharyngeal lymph node and colonic lymph node
- Dilated intra- and extrahepatic biliary vessels without mechanical obstruction – can be indicative for cholangiohepatitis versus age related changes
- Bilobed gallbladder
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or less likely 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.

The prominent lymph nodes along the skull are most consistent with secondary reactive lymphoid hyperplasia.

The prominent colonic lymph node is equivocal for reactive lymphoid hyperplasia versus neoplastic transformation (e.g. lymphoma). Ultrasound guided FNA sampling can be performed as advanced minimally invasive diagnostic test.

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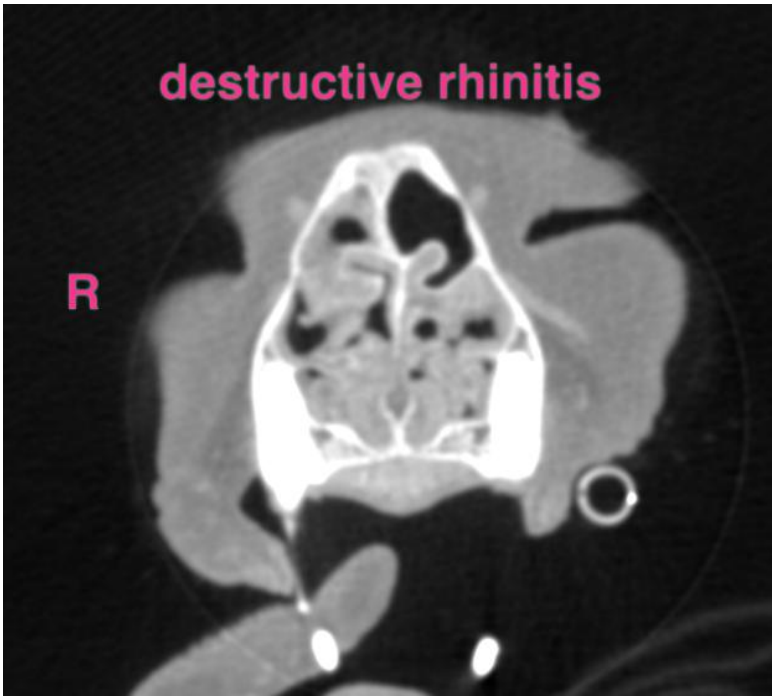

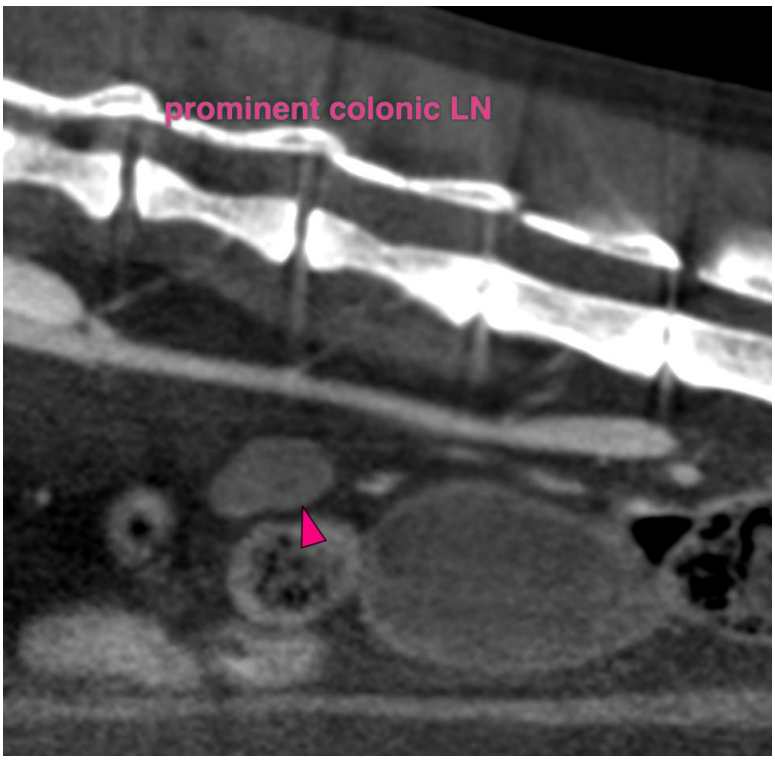

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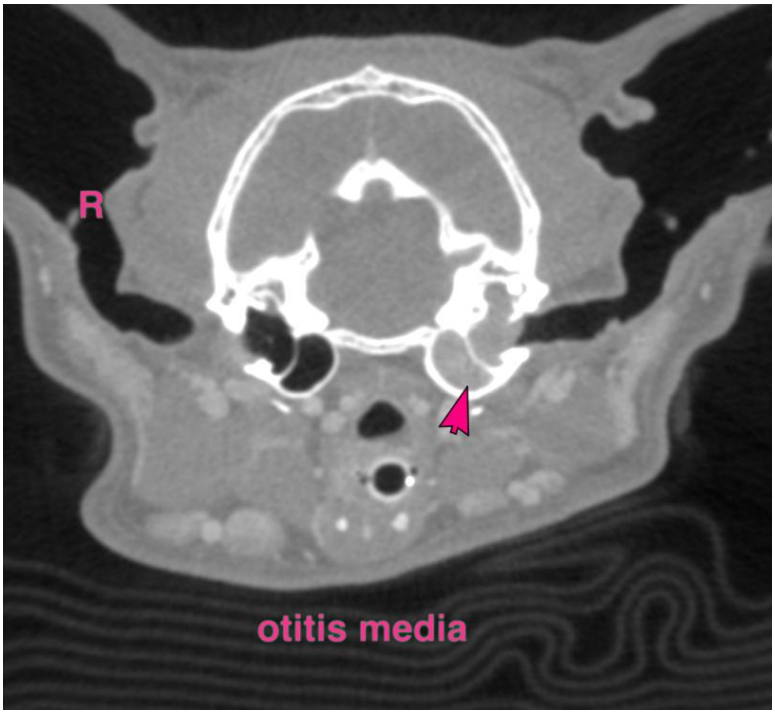

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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