



PATIENT

Bomboli Vargas

SPECIES

Feline

BREED

Russian Blue

SEX

MC

AGE

4

WEIGHT

5.56kgs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Carly Bloom

INVOICE

74499

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- sneezing, runny eyes starting in September 2025
- wheezing, suspect upper respiratory (suspect stridor; not noted on today's exam)
- Broadened slightly swollen but firm area from middle of left bridge of nose extending over left cheek
- ddx: Cryptococcus, nasal neoplasia, tooth root abscess, less likely polyp, chronic rhinitis, foreign body

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

In the left nasal cavity, mild expansile destruction of the conchal structures is appreciated. A moderate amount of non-contrast enhancing material is attached to the mucosal lining of the left nasal cavity.

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony 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.

The left submandibular and medial retropharyngeal lymph node are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided destructive rhinitis with mild deformation of the osseous lining
- Left sided mild lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated changes are consistent with unilateral chronic destructive rhinitis and secondary distortion of the osseous lining – the most common cause for rhinitis is primary viral infection with likely bacterial or mycotic superinfection. I do not see signs for nasal neoplastic disease nor foreign body. Rhinoscopy including sampling for microbial culture and histopathology may be used as advanced diagnostic tests.

The prominent ipsilateral lymph nodes of the skull are consistent with reactive lymphoid hyperplasia.



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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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info@sonopath.com