



PATIENT

Piper Vaughn

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7Y

WEIGHT

5.43kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey,
DVM

HOSPITAL NAME

Vet View Mobile
Imaging

REFERRING VET

Dr. Roque-Torres,
DVM, MS, DACVIM

INVOICE

75007

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Concern for thyroid mass. The owner also reports nasal/ocular discharge.

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent.

The nasal cavity bilaterally is obliterated by a small amount of fluid attenuating material that is attached to a generalized significant thickened nasal mucosal lining, presenting increased contrast uptake. Generalized moderate destruction of the nasal conchal structures is appreciated. The frontal sinus bilaterally presents a decreased volume, R>>L, and irregular hyperostosis of the osseous lining.

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 medial retropharyngeal lymph node is significantly enlarged and rounded, presents a mild irregular attenuation pattern and irregular contrast enhancing – sparing multiple intraparenchymal fluid attenuating regions. The left deep & superficial cervical lymph nodes are moderately enlarged and have a mild irregular contrast enhancement pattern.

The right medial retropharyngeal lymph node is prominent.

The left thyroid gland is appreciated at the caudal aspect of the enlarged left medial retropharyngeal lymph node.

Abdomen

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. A small amount of fatty material is appreciated in the urinary bladder.

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 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.



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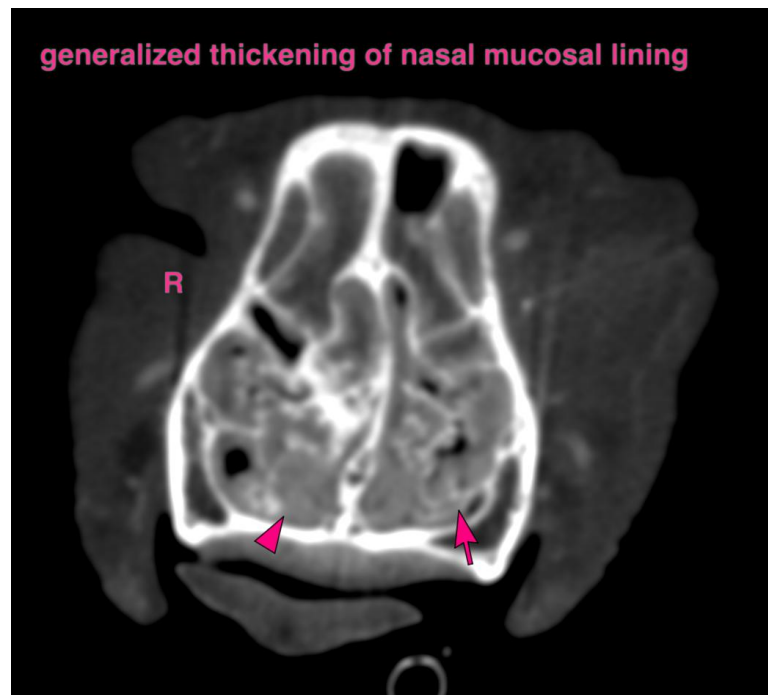
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis and generalized significant thickening of the nasal mucosal lining
- Bilateral chronic sinusitis with hyperostosis
- Suspect congenital hypoplasia of the frontal sinuses
- Lymphadenopathy left & right medial retropharyngeal (L>R) and left deep & superficial cervical lymph node
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Destructive rhinitis in feline patients is commonly primary viral ± bacterial or mycotic superinfection. The CT study reveals no evidence of a distinct nasal soft tissue mass – although in few cases diffuse neoplastic infiltration of the mucosal lining due to underlying lymphoma or adenocarcinoma are possible here. The enlarged lymph nodes along the neck are increasing the odds for neoplastic disease. Rhinoscopy including biopsy and sampling for microbial culture along with FNA sampling of the enlarged lymph nodes is warranted for specification.





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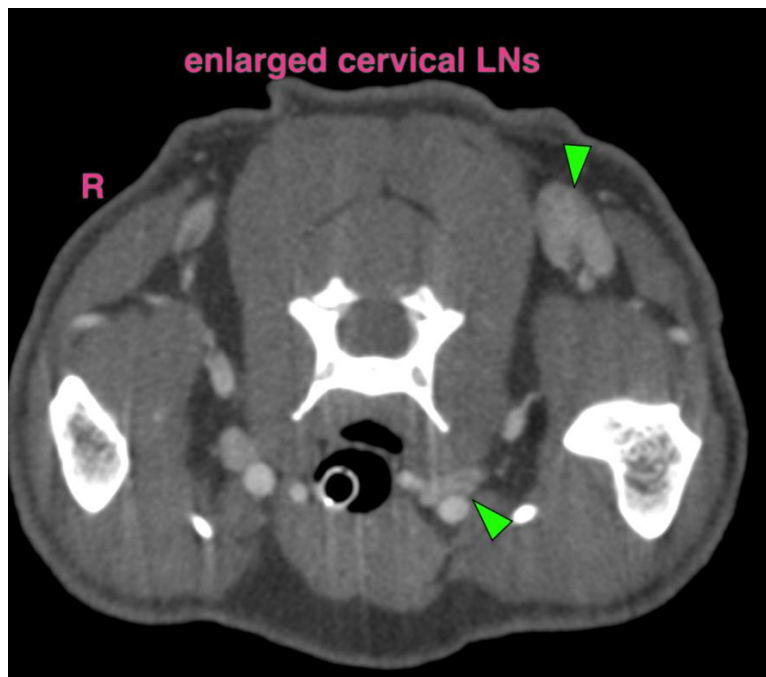
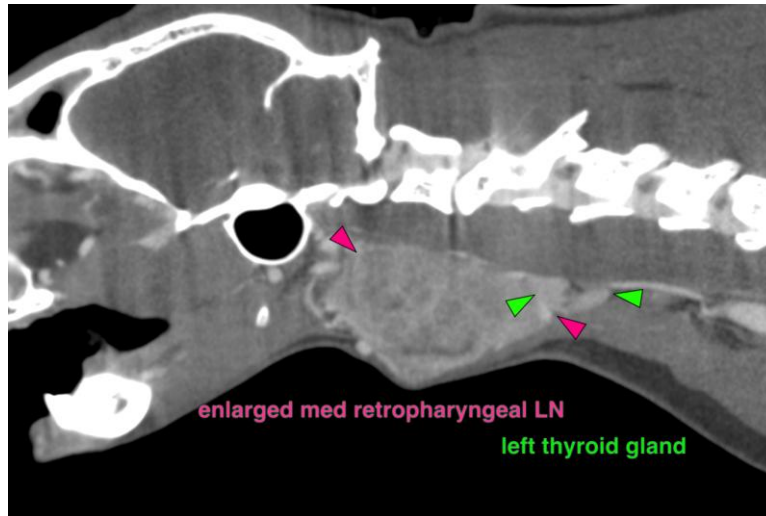
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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