



PATIENT

Nandor Capes

PRESENTING CLINICAL SIGNS

Hx 5 days ago started open mouth breathing, started on meloxicam and clavamox. no airflow through right nostril, congestion in upper airway. FeLV positive. mucopurulent discharge from both nostrils. concern for possible nasal polyp, migrating foreign body or nasal lymphoma given felv status

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

BREED

DMH

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

SEX

In both nasal cavities, fluid attenuating material is attached to a thickened nasal mucosal lining, causing upper airway obstruction

MN

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

AGE

1 Year

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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, with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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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.

REFERRING VET

Dr. Westgarth

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

The ventral dependent aspects of the lung lobes, accentuated the cranial lung lobes, are consolidated, partially with air-bronchograms and fluid filled bronchi in the consolidated regions. Generalized moderate thickening of the bronchial walls is appreciated

INVOICE

51863

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

DATE

5-2-22

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. A small amount

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of mineral attenuating material is appreciated in the left renal pelvis. 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.

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

BREED

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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.

SEX

MN

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Lymphadenopathy medial retropharyngeal and mandibular lymph nodes bilaterally.
- Ventrally distributed alveolar lung pattern in combination with a bronchial lung pattern
- Left sided mild nephrolithiasis without signs of obstruction
- No sign for inflammatory nasopharyngeal polyp

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the material in the nasal cavity is non-contrast enhancing the odds for exudate in the nasal cavity are high and the top differential is rhinitis. Primary viral ± bacterial superinfection is most likely. The pulmonary changes would support the diagnosis as accompanying bronchopneumonia is considered most likely.

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FNA sampling of the prominent tributary lymph nodes of the skull can be used to rule out malignant transformation and confirm reactive hyperplasia.

REFERRING VET

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Rhinospoty including biopsy can be used to rule out neoplastic transformation and will allow sampling for microbial culture/PCR.

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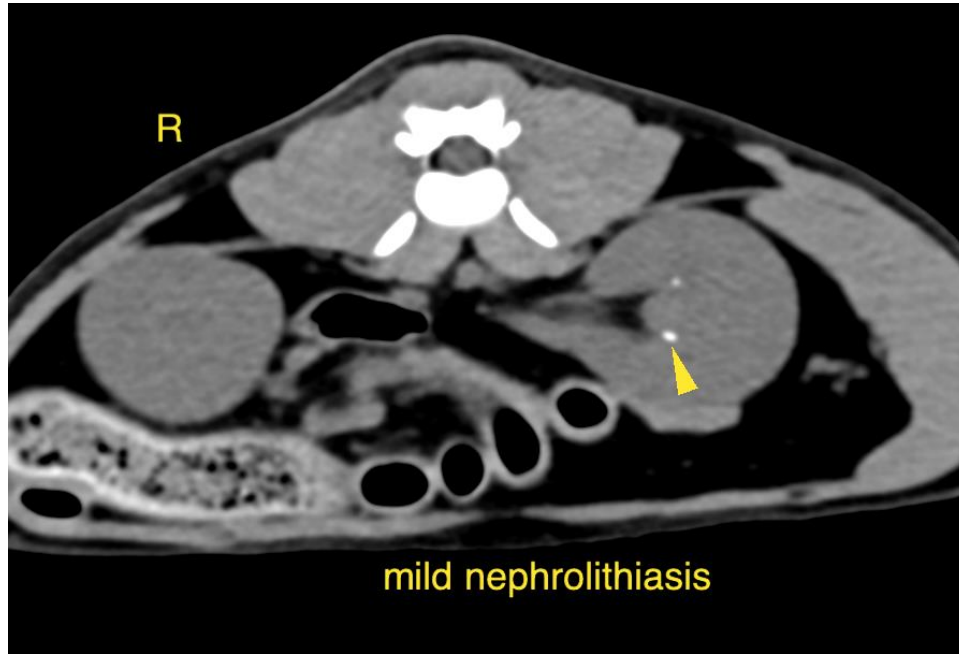
Dr. Westgarth

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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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