



PATIENT

Toby Glasgow

SPECIES

Feline

BREED

Ocicat

SEX

Male Neutered

AGE

3Y

WEIGHT

4.89kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDF

IMAGING PERFORMED BY

Magdiel N.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

75168

DATE

5-27-26

PRESENTING CLINICAL SIGNS

Chronic coughing + sneezing with blood nasal discharge since 6 months old with no improvement on various medications (Convenia, prednisone, clavamox, Cerenia drops, doxycycline, Enisyl-F, Zyrtec nasal spray). Hx of calicivirus.
Abnormal PE/Chem/CBC/UA Results: NEU 12.97 K/uL, BASO 0.27 K/uL, TP 9.3 g/dL, GLOB 6.4 g/dL, ALKP 12 U/L

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

All teeth but the canine teeth are absent. Mild to moderate atrophy of the alveolar bone in all jaw quadrants is appreciated.

In the nasal cavity, bilateral advanced destruction of the nasal conchal structures is appreciated. Post contrast administration, a small amount of fluid attenuating material is attached to a generalized moderate thickened nasal mucosal lining. A small amount of gravity dependent, fluid attenuating material is seen in the ventral aspect of the frontal sinus bilaterally.

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

Both tympanic bullae are obliterated by non-contrast enhancing soft tissue material. The osseous lining of both tympanic bullae is moderately 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 moderately prominent, uniform soft tissue attenuating and have a heterogeneous contrast enhancement pattern.

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.

In the cranioventral mediastinum, a prominent thymic remnant is appreciated

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

The bronchial tree presents generalized moderate smooth thickening of the walls. Multiple bronchial segments present central hypoattenuating material.

The lung parenchyma presents the expected architecture and attenuation behavior.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic destructive rhinitis
- Bilateral otitis media
- Lymphadenopathy mandibular lymph nodes and medial retropharyngeal lymph nodes – compatible with reactive lymphoid hyperplasia
- Bronchial lung pattern with multifocal segmental mucus accumulation
- History of dental extraction
- Prominent thymic remnant in mediastinum – presenting normal anatomy of the thymus

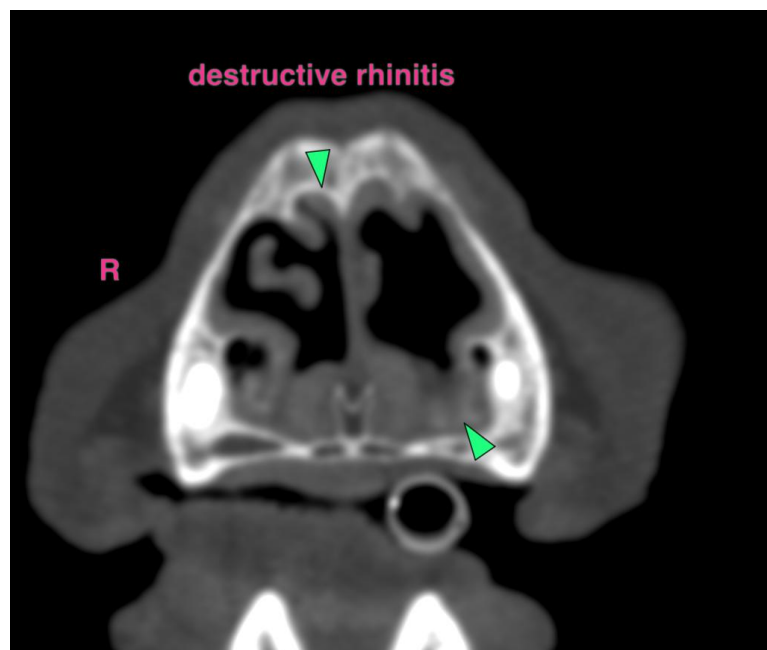
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. In chronic cases of rhinosinusitis, clinical signs are prone to reoccur.

The bilateral otitis media can be a sequela to the rhinitis due to ascending infection via the Eustachian tube, the CT is negative for inflammatory polyp formation.

The bronchial pattern along with the upper respiratory tract infection can be indicative for infectious bronchitis, a differential is feline bronchial disease – commonly primary allergic ± superinfection.

The prominent thymus is considered as a normal anatomical variant, there are no signs suggestive for neoplastic transformation – in case of doubt, ultrasound guided FNA sampling can be tried.





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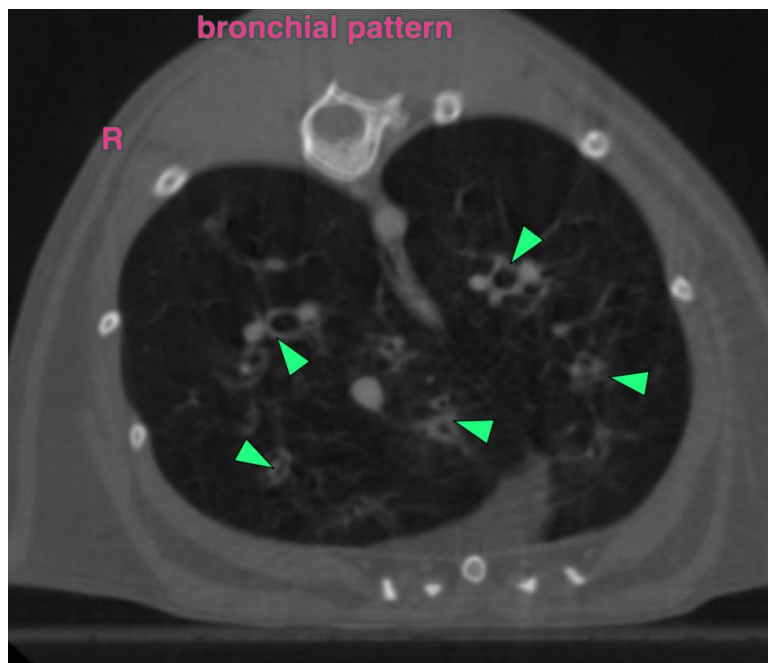
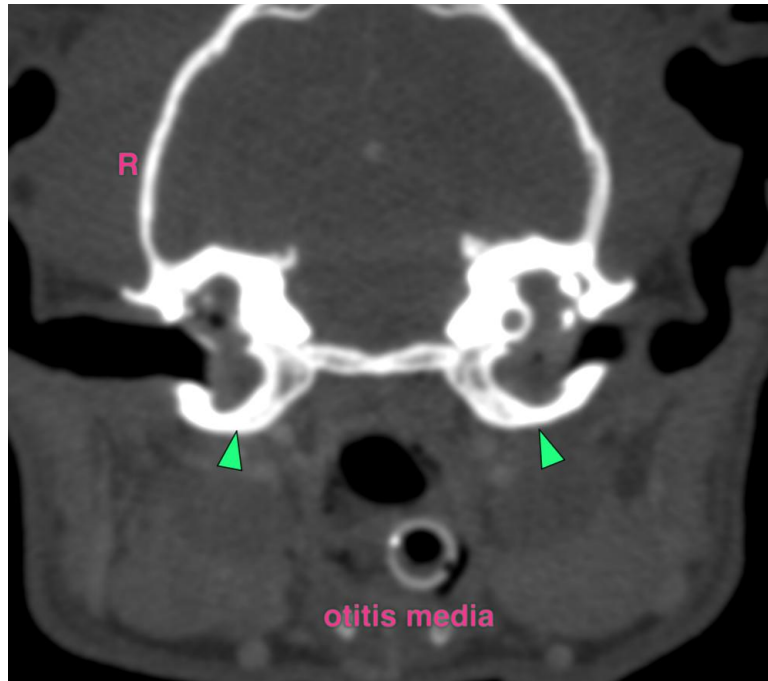
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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