



PATIENT PRESENTING CLINICAL SIGNS

Bear Prior Months History Sneezing and Nasal Discharge Treated with orbax 1 mo ago, but never resolved Has had ear polyps removed in the past Moderate dental calculus Preliminary CT & Dental Radiograph Observations -Left Maxillary canine resorptive lesion. Removed tooth during anesthesia -Left Ear Canal Polyp deep within ear canal. Did not remove during procedure. -
SPECIES Feline Bilateral Copious Nasal Discharge -Obtained sample from left nostril for C&S with MIC - Obtained Sample from left nostril for fungal culture -Flushed both nasal passages Abnormal PE/Chem/CBC/UA Results: CBC unremarkable Biochem unremarkable

BREED COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX The dentition is complete. Ankylosis of the root of triadan 204 is appreciated, the pulp cavity of triadan 204 is moderately widened and filled with cloudy mineralized material.

MN A moderate amount of fluid attenuating material is attached to the nasal mucosal lining of both nasal cavities. Post contrast administration, the nasal mucosal lining is moderately thickened.

AGE 9 The tympanic bulla bilaterally is filled with soft tissue attenuating material and the mucosal lining of the tympanic bullae is significantly thickened. The osseous lining of both tympanic bullae is moderately thickened and irregular. The osseous segment of the Eustachian tube bilaterally is moderately widened and a peripheral contrast enhancing mass is protruding from the opening of the auditory tube bilaterally into the lumen of the nasopharynx, occupying approximately 75% of the cross-sectional area of the nasopharynx at the same level. Protruding into the left external ear canal, peripheral contrast enhancing material is noted - extending up into the vertical segment of the left external ear canal.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Holy Family
 Veterinary Hospital

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.

REFERRING VET

Dr. O'Connor

The medial retropharyngeal lymph nodes bilaterally are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Bilateral chronic otitis media, R>L
- Nasopharyngeal inflammatory polyp bilaterally, originating from the middle ear/Eustachian tube respectively - polypoid material extending into left external ear canal
- Lymphadenopathy medial retropharyngeal lymph nodes
- Tooth root resorption & ankylosis 204ww

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with bilateral chronic otitis media with secondary inflammatory nasopharyngeal polyp formation and polypoid tissue extending into the left external ear canal. The rhinitis is most likely primary viral ± bacterial superinfection - ascending infection of the



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Bear Prior

middle ear can trigger the otitis media and the polyp formation will amplify the rhinitis as circulus vitiosus. Removal of the polypoid tissue can be performed by using traction technique or bilateral ventral bulla osteotomy.

Secondary reactive hyperplasia of the tributary lymph nodes.

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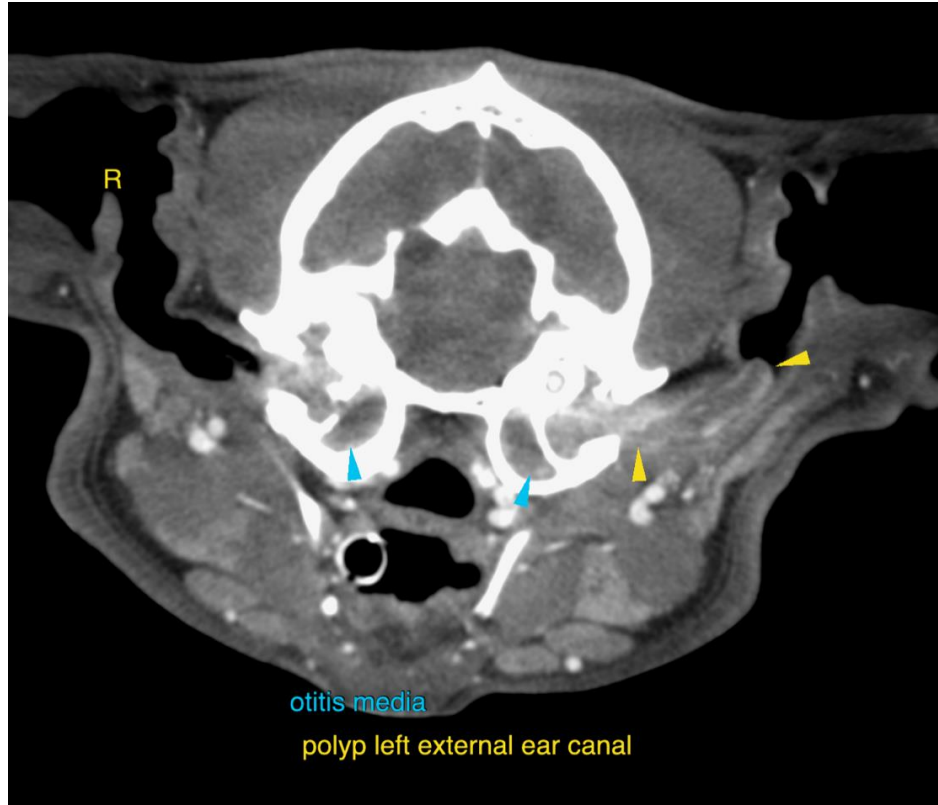
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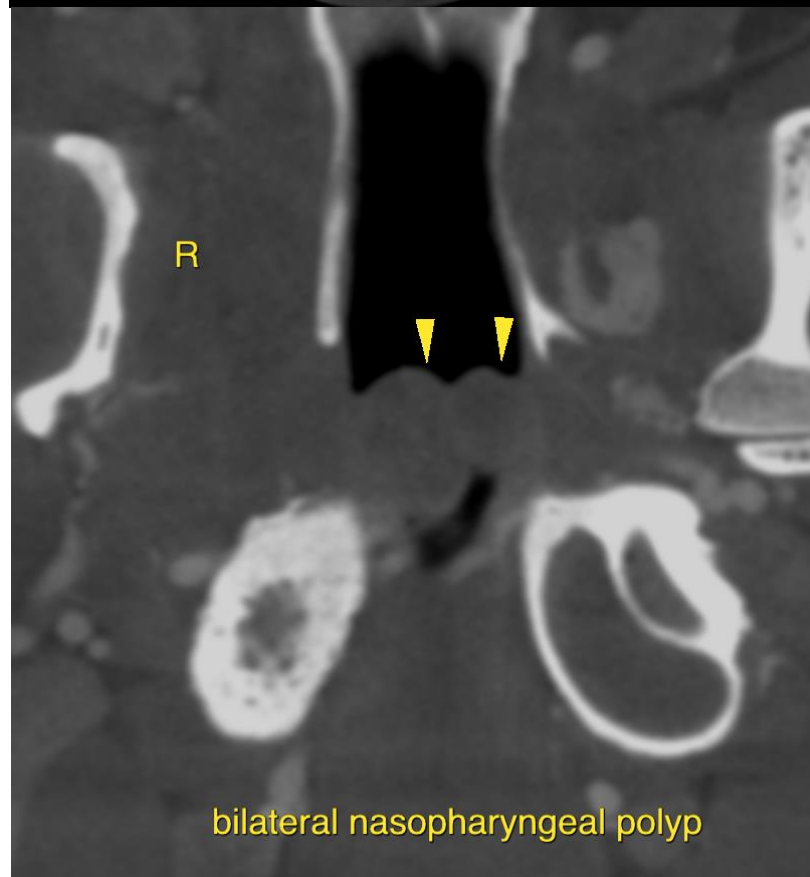
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widened osseous segment Eustachian tube



bilateral nasopharyngeal polyp



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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.

BREED

DSH

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.

SEX

MN

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