



PATIENT

JVC Levine

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 2 Months 9 Days

WEIGHT

3.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental & Wellness

REFERRING VET

Dr. Geist

INVOICE

37387

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: 16-year-old male feline presenting for chronic upper respiratory signs. History of upper respiratory infections for 8 years, initially occurring once yearly and resolving with doxycycline. Over the past 2 years, frequency has increased exponentially and signs are now chronic. Currently no longer responsive to doxycycline; only responds temporarily to enrofloxacin (Orbax), with signs recurring after course completion. Symptoms include multiple sneezes in succession with green nasal discharge, occasional coughing to clear throat. When untreated, becomes lethargic with decreased appetite. Recent concerning signs include blood noted in vomit this morning and approximately one week ago (bile only, no food present). Additionally, 3-4 days ago experienced episode after eating churro treat: acted as if something stuck in mouth, repeatedly opening/closing mouth, protruding tongue, lifting left paw to wipe face, lost balance and stumbled. Episode lasted approximately 10 minutes, improved 90% after second churro but continued mouth movements persisted briefly. Client moved 3.5 years ago to house with backyard; patient became indoor/outdoor cat at that time. Client questions possible environmental trigger.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Multiple teeth are absent.

Multifocal mild thickening of the nasal mucosal lining is appreciated along with focal consolidation of the nasal cavity bilaterally, L>R. Mild destruction of the nasal conchal structures is appreciated.

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

Both tympanic bullae contain non-contrast enhancing soft tissue material, L>R. The osseous lining of the left tympanic bulla is mild to 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 small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The right thyroid gland is prominent and presents a fluid attenuating center.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild destructive rhinitis
- Bilateral chronic otitis media without inflammatory polyp formation
- Multiple absent teeth

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

JVC Levine

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years 2 Months 9 Days

WEIGHT

3.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental & Wellness

REFERRING VET

Dr. Geist

INVOICE

37387

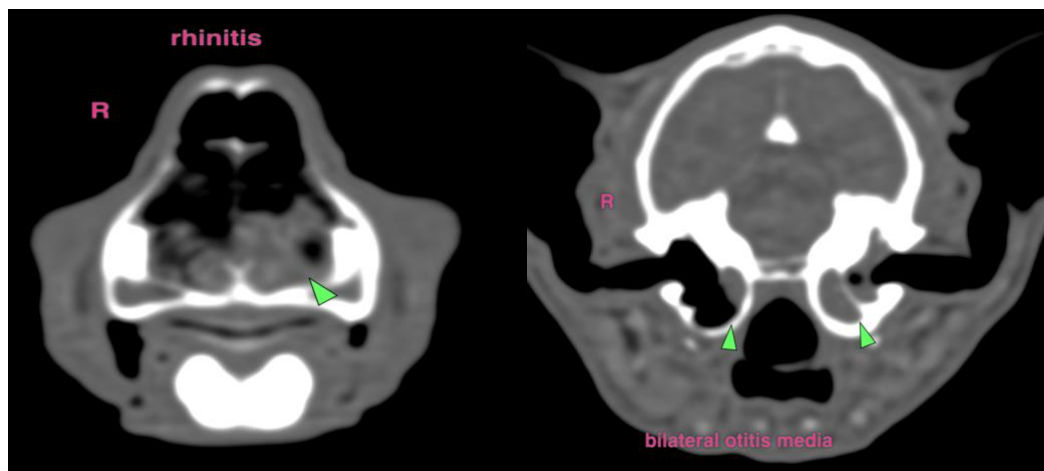
DATE

6/5/26

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. 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 otitis media is likely a sequela to ascending infection via the Eustachian tube.

Suspect (non)functional right thyroid adenoma formation versus benign thyroid cyst or far less likely thyroid carcinoma.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com