



PATIENT

Mocha Borrowman

PRESENTING CLINICAL SIGNS

Presented as a referral: Initially seen Mar 2022 for raspy/noisy breathing. Tried 3 week course of Doxycycline; was effective but raspy breathing came back after medication. Has been losing ~0.5lb every few months. Off/on appetite. Decent activity reported. cranial to the base of heart with heterogenous radioopacities; homeogeneous soft tissue opacity around trachea at the thoracic inlet; cardiac silhouette WNL CBC: mild reticulocytosis, mild lymphocytosis, low platelets (clot in tube) Chem: mild hyperglycemia (stress), elevated globulins (5.8), slightly elevated ALT (309); insuff sample for Chol & Amylase

SPECIES

Feline

BREED

Tonkinese

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution plain CT study of the skull and thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female Spayed

Skull

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

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Focal narrowing of the nasopharynx is appreciated.

AGE

9 Years, 4 Months

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

Both tympanic bullae are moderately filled with soft tissue attenuating material. The osseous lining of the tympanic bullae is mildly thickened, R>L. The external ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Thorax

The bony and surrounding soft tissue structures are within normal limits.

HOSPITAL NAME

State Avenue Vet
Clinic

A redundant aortic arch is bulging into the cranial aspect of the left hemothorax.

The cranioventral aspects of the lung present regions with ground glass attenuating parenchyma. Multiple bronchial segments of the cranial lung lobes present mild circumferential thickening of the wall.

REFERRING VET

Dr. Raul Casas-Dolz

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

53167

- Segmental narrowing of the nasopharynx
- Bilateral otitis media
- Mild bronchial pattern with zones of interstitial lung pattern cranial lung lobe
- Redundant aortic arch

DATE

7-28-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal narrowing of the nasopharynx can be caused by focal mucosal swelling – consider retrograde evaluation of the nasopharynx to rule out nasopharyngeal stenosis.



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The otitis media bilaterally can be a sequela to possible preceding upper airway infection. At this point there is no evidence of active rhinitis.

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The interstitial pattern of the cranial lung lobes is considered as a sequela to dystelectasis, bronchopneumonitis is a differential here as well.

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SEX

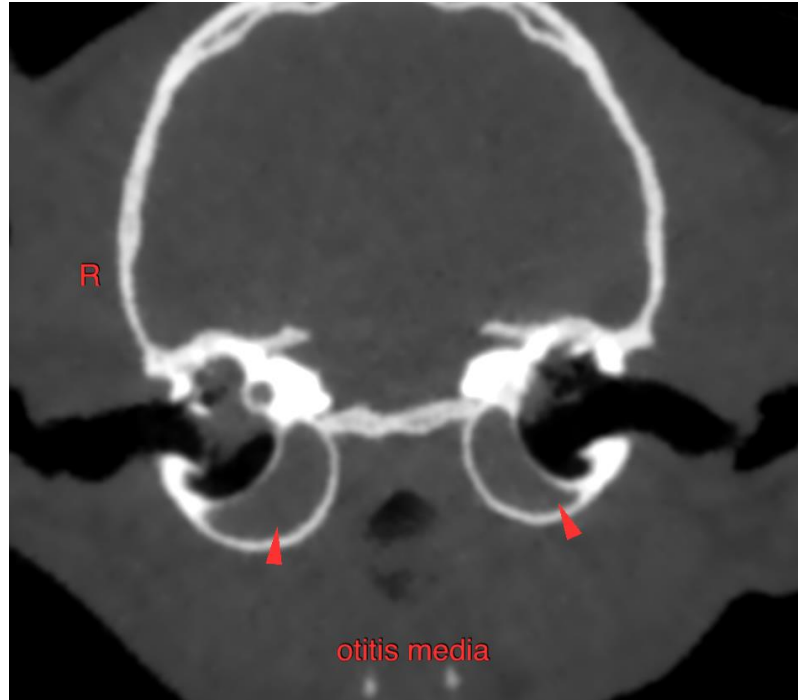
Female Spayed

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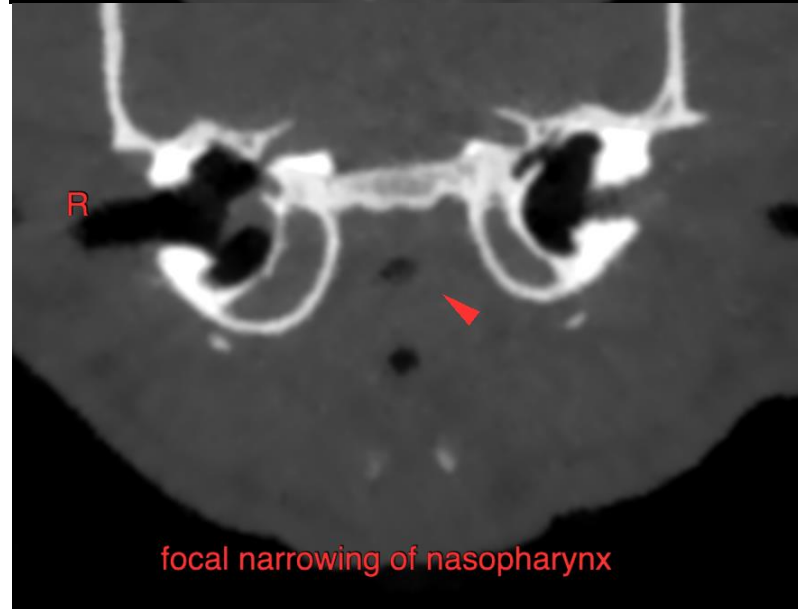


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
sebast.schaub@gmail.com

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