



**PATIENT**

Phoebe Choptain

**SPECIES**

Feline

**BREED**

Domestic Med Hair

**SEX**

FS

**AGE**

15 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Bridgwater  
Veterinary Hospital  
and Wellness Centre

**REFERRING VET**

Dr. K. Choptain

**INVOICE**

53383

**DATE**

8-10-22

**PRESENTING CLINICAL SIGNS**

Progressive pain in her lower left jaw, running away from food dish screaming in pain. Stenotic ear canal found initially, was treated with Depomedrol, Convenia 3 doses and Buprenorphine Slow Release every 3 days.

Abnormal PE/Chem/CBC/UA Results: No abnormal labs.

**COMPUTED TOMOGRAPHY OF THE SKULL**

A high resolution pre- and post-contrast CT study of the skull is provided for review. CT study is dated 5/20/22

**COMPUTED TOMOGRAPHIC FINDINGS**

The tooth elements 307-309 are absent and moderate atrophy of the alveolar bone is visible. Triadan 407 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

The left tympanic bulla contains a small amount of gravity dependent soft tissue material. 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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left sided otitis media
- Multiple absent teeth, see above, with atrophy of alveolar bone

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study presents without specific abnormalities, explaining the described clinical signs. Rule out potential underlying gingivostomatitis complex as source for the pain. Depending on the presenting clinical feline oral facial pain syndrome might be a consideration as well.

Consider follow up CT study in case of strong suspicion for structural changes, explaining the clinical signs.



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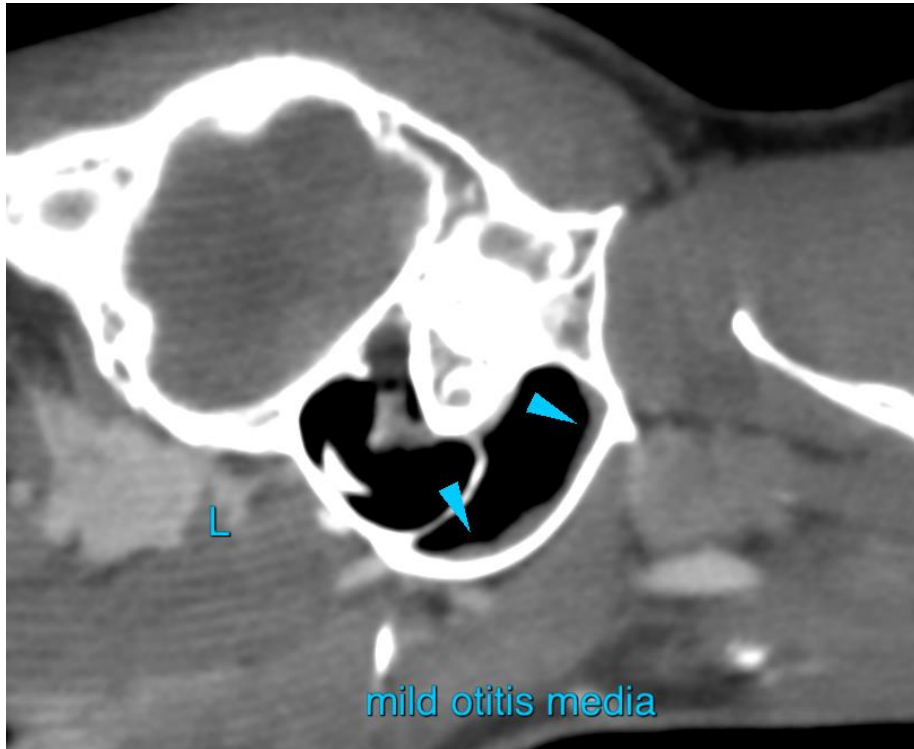
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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