



PATIENT

Luckyboy Barosin

PRESENTING CLINICAL SIGNS

P presented for anorexia, insomnia, decreased urinating and defecating, and weakness/lethargy. P seemed to be "staring off into space" and wandering.

Abnormal PE/Chem/CBC/UA Results: Aural exam - TM not intact AD. Moderate thickening to the external ear canal. Suspect polyp over the TM Chronic otitis Nasopharyngeal polyp

SPECIES

Feline

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a plain CT study of the thorax are provided for review.

BREED

Domestic Shorthair

COMPUTED TOMOGRAPHIC FINDINGS

Skull

All teeth but triadan 104, 106, 207, 304 and 404 are absent.

SEX

Male Neutered

Advanced destruction of the nasal conchal & turbinate structures is seen. Protruding from the orifice of the right Eustachian tube into the nasopharynx, a peripheral contrast enhancing polypoid lesion is seen, occupying approximately up to 75% of the cross-sectional area of the nasopharynx.

AGE

5

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are filled with non-contrast enhancing soft tissue material. The osseous lining of both tympanic bullae is moderately thickened and mildly irregular. Soft tissue material is protruding mildly into the medial aspect of the horizontal segment of the right external ear canal. Both external ear canals contain a small amount of non-contrast enhancing soft tissue material.

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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.

REFERRING VET

Dr. Joseph D'Abbraccio

Thorax

The vertebral endplates T11/T12 present mild spondylosis formation

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation is uniform.

INVOICE

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

DATE

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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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Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. The right ureter is crossing the caudal vena cava dorsally to the medial side, level with L4/L5.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic otitis media with right sided inflammatory polyp formation
- Otitis externa
- Destructive rhinitis
- Right sided retrocaval ureter without signs of obstruction
- Bilateral mild nephrolithiasis without signs of obstruction
- History of dental extractions
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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D'Abbraccio

The CT study presents no specific abnormality, explaining the presenting – likely neurological – clinical signs. If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.

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The conchal destruction is a sequela to chronic destructive rhinitis. Viral rhinitis ± bacterial superinfection or less likely mycotic superinfection (cryptococcal rhinitis) is most common. The otitis media can be a sequela to the rhinitis due to ascending infection by the Eustachian tube and right sided inflammatory polyp formation. Removal of the polyp by traction technique or ventral bulla osteotomy are considered as the therapy of choice.

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The thorax and abdomen present without clinically relevant pathologies.



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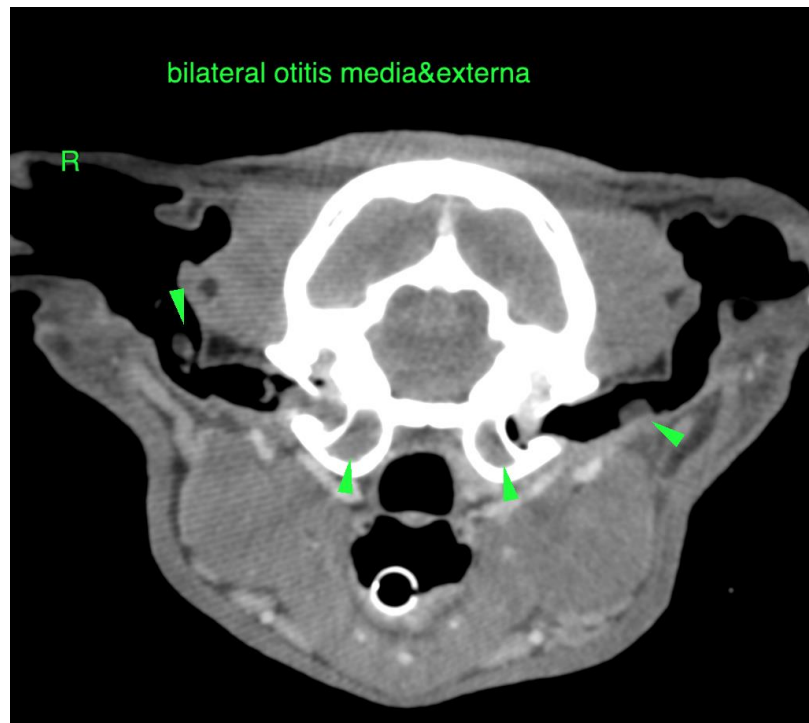
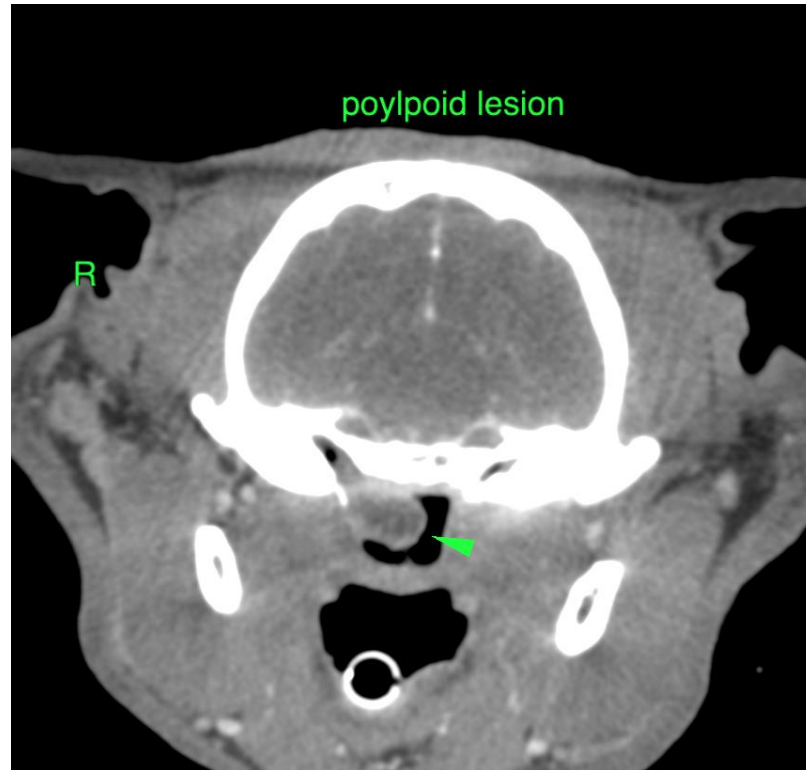
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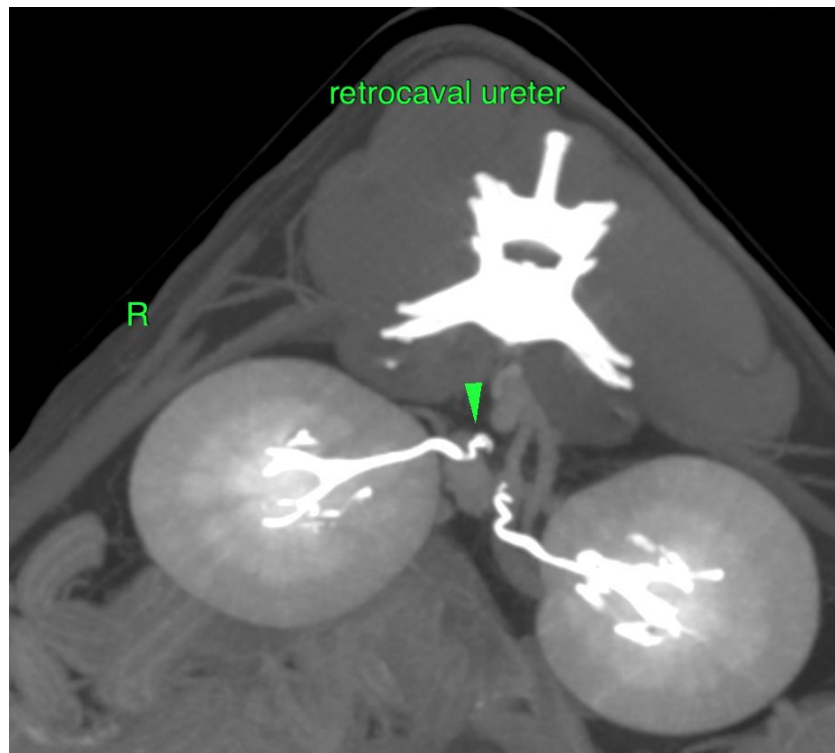
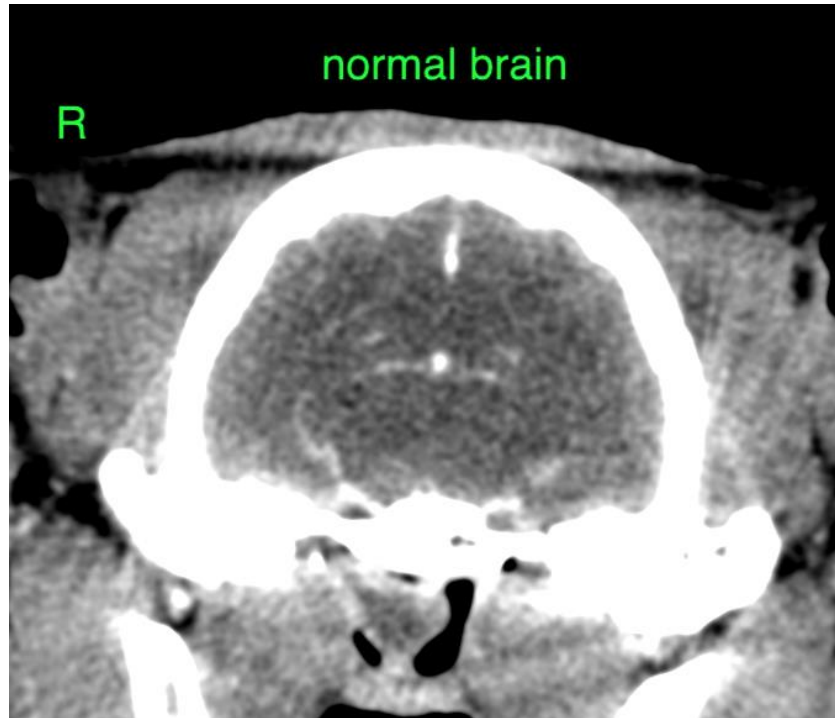
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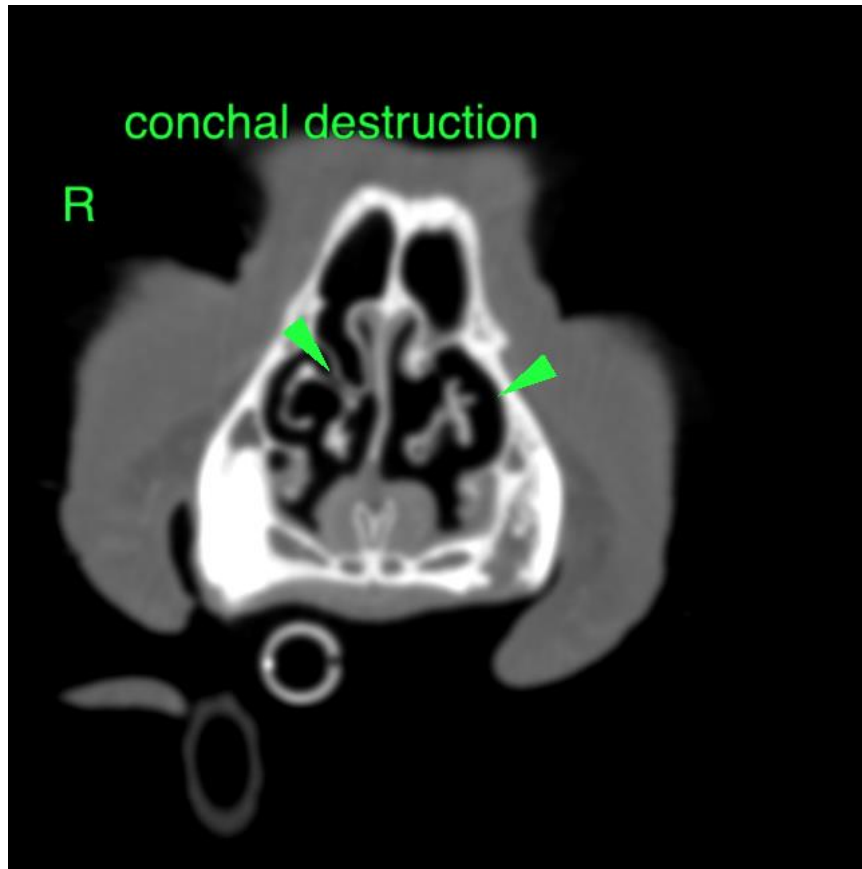
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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