



PATIENT PRESENTING CLINICAL SIGNS

Mrs. Fezzywig Leggett

Pt has 2-3 yr hx of feline asthma and environmental allergies, managed fairly well with antihistamines and limited access to outdoors. For past 1-2 months pt has had more frequent sneezing, nasal discharge and mild ocular discharge. Pt presented 8/12 for these clinical signs and significant aural discharge (dark brown ceruminous debris) noted but cytology did not reveal any bacterial or yeast organisms. Pt was placed on otic flush, gabapentin and Tresaderm (otic ointment) because of the amount of debris and scratching at the ears. One week later, 8/19, pt had improved with all clinical signs but resorptive lesion was noted (upper right arcade, premolars), so dental procedure was suggested with anesthetized ear exam (pt still wouldn't allow thorough ear exam). Today while pre-anesthetic meds were being administered for dental procedure, more significant nasal discharge was noted (more copious and opaque pale green/tan mucoid discharge from both nares). Two teeth were extracted today (106, 107). Pt is overweight with BCS approximately 6.5/9.

SPECIES

Feline

BREED

Domestic Short Hair

SEX

FS

AGE

12

Abnormal PE/Chem/CBC/UA Results: Lungs were clear of crackles and wheezes. No murmur or arrhythmia noted. Significant opaque, pale green/tan nasal discharge from both nares.

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

Triadan 204, 206, 307 and 407 are absent. Triadan 107 presents with resorptive lesions of the crown.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In both nasal cavities, a moderate amount of fluid attenuating material is attached to a thickened mucosal lining. Moderate destruction of the nasal conchal & turbinate structures is appreciated. The osseous lining of both frontal sinuses presents mild to moderate hyperostosis, R>L.

The left tympanic bulla is filled with fluid attenuating material; the osseous lining is mildly thickened and smooth.

HOSPITAL NAME

Petroglyph Animal
Hospital

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

REFERRING VET

Amanda Espinosa

The submandibular and medial retropharyngeal lymph nodes are prominent and present a heterogeneous contrast enhancement pattern.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

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- Destructive rhinitis and sinusitis with hyperostosis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Left sided otitis media, no evidence of polyp formation
- Resorptive lesions 107
- Absent triadan 204, 206, 307 and 407

DATE

8-24-22



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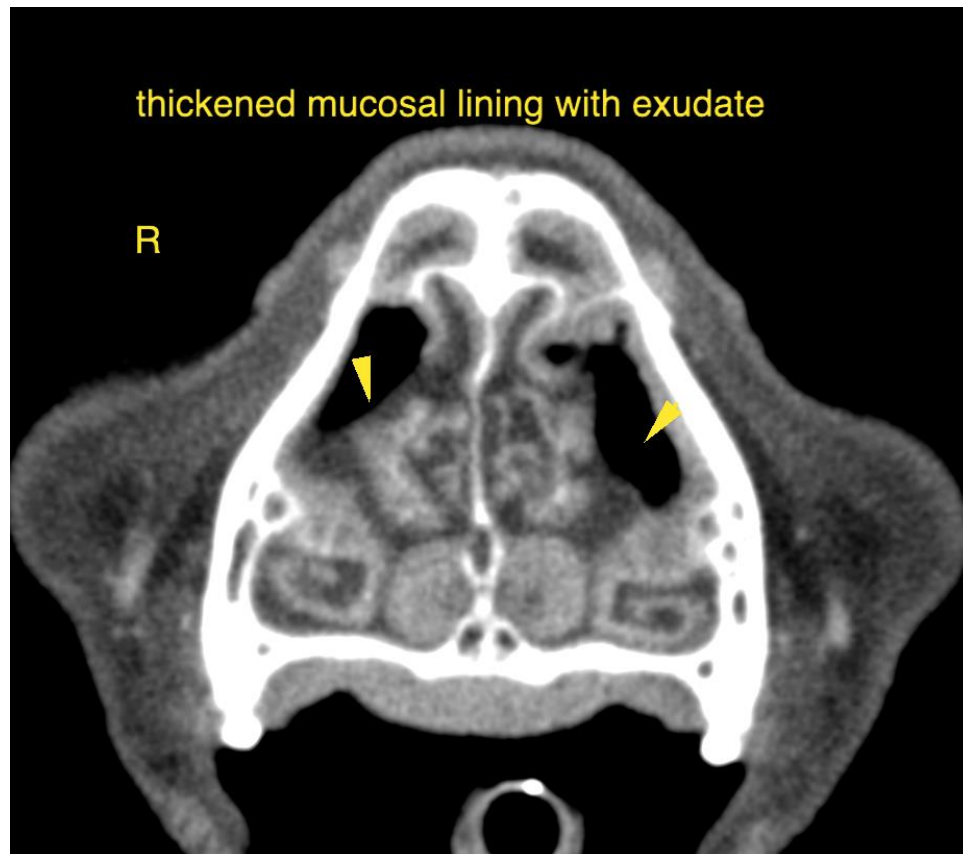
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with chronic destructive rhinitis. The causative agent is most likely primary viral with bacterial superinfection. Even though unlikely, there is a small chance of emerging fungal (cryptococcal) superinfection. There are no signs for neoplastic disease.

The left sided otitis media is considered as a sequela to ascending infection by the Eustachian tube.

The prominent regional lymph nodes are consistent with secondary reactive lymphadenitis.

Rhinoscopy with biopsy and samples for microbial cultures can be used as advanced diagnostic test. Consider long-term – for at least 4 weeks – antimicrobial therapy after bacterial sensitivity testing. In cases of chronic rhinosinusitis, clinical signs can reoccur.





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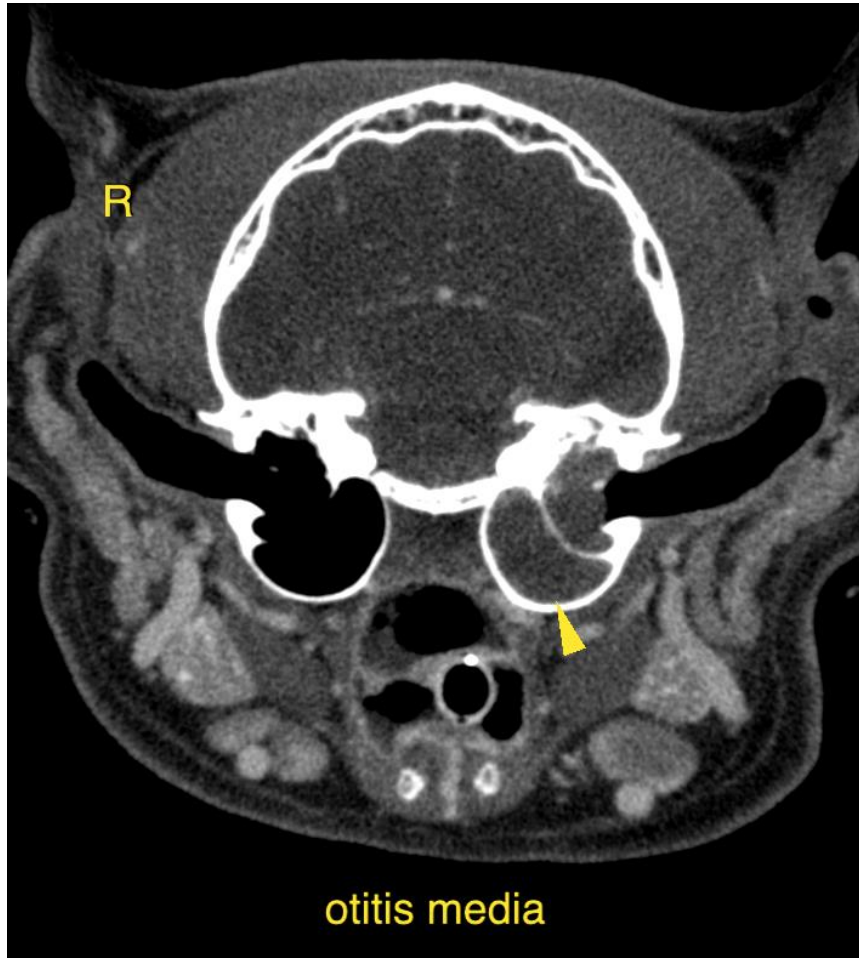
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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