



PATIENT PRESENTING CLINICAL SIGNS

Aurora Lafata
SPECIES Patient initially presented to rDVM 3/2022 for nasal congestion and sneezing. General BW was WNL at that time. Over the next few months, pet was treated with cortisone based nasal drops and antibiotics with no improvement. A viral infection was suspected. A DepoMedrol injection was given in early July and pet improved. Late July 2022, pet presented with vestibular signs and R sided facial nerve paralysis. AS otitis externa and media were diagnosed and pet was treated with Baytril + Dexamethasone otic, oral Veraflox and oral Baytril. Recheck on 8/26 revealed resolution of the vestibular signs, but a mild head tilt to the R and decreased facial sensation on the R side persisted. A CT was recommended to evaluate for possible polyp or other pathology to explain the symptoms.
BREED Feline

DSH COMPUTED TOMOGRAPHY OF THE SKULL

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

SEX COMPUTED TOMOGRAPHIC FINDINGS

FS 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.

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

INTERPRETED BY Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME 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. In the right ventral aspect of the cranial fossa, extending from the level of the petrosal part of the right temporal bone rostrally up to the level osseous canal of the right trigeminal nerve, thickening and increased contrast enhancement of the meningeal lining is appreciated.

Wilson Veterinary Hospital

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 COMPUTED TOMOGRAPHIC DIAGNOSIS

Dr. Kristin Donovan

- Intracranial extraaxial contrast enhancing lesion right ventral aspect cranial fossa
- No evidence of otitis media, nasopharyngeal polyp

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There evidence of focal thickening of the meningeal lining in the right ventral aspect of the cranial fossa, extending from the level of the petrosal part of the right temporal bone rostrally up to the level of the osseous canal of the trigeminal nerve. Potentials include meningitis (e.g. bacterial, mycotic, protozoal) or neoplastic infiltration (e.g. round cell tumor, en plaque meningioma, nerve sheath tumor). If not done so yet, recommend complementing workup by a CSF tap. The location of the region is explaining the presenting clinical signs.

DATE

9-6-22



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HOSPITAL NAME

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Hospital

REFERRING VET

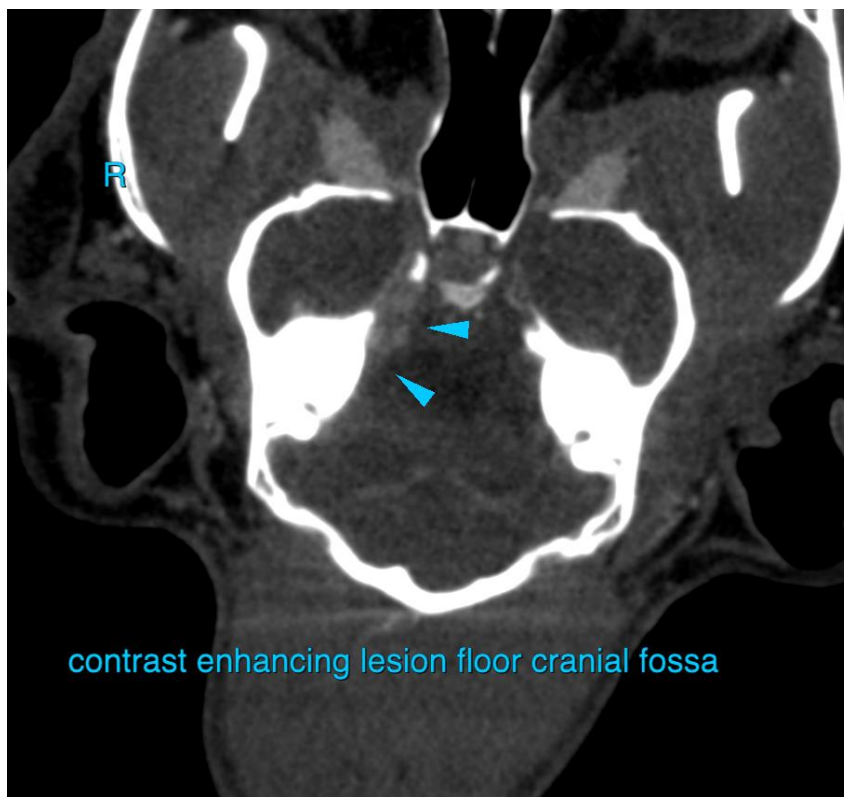
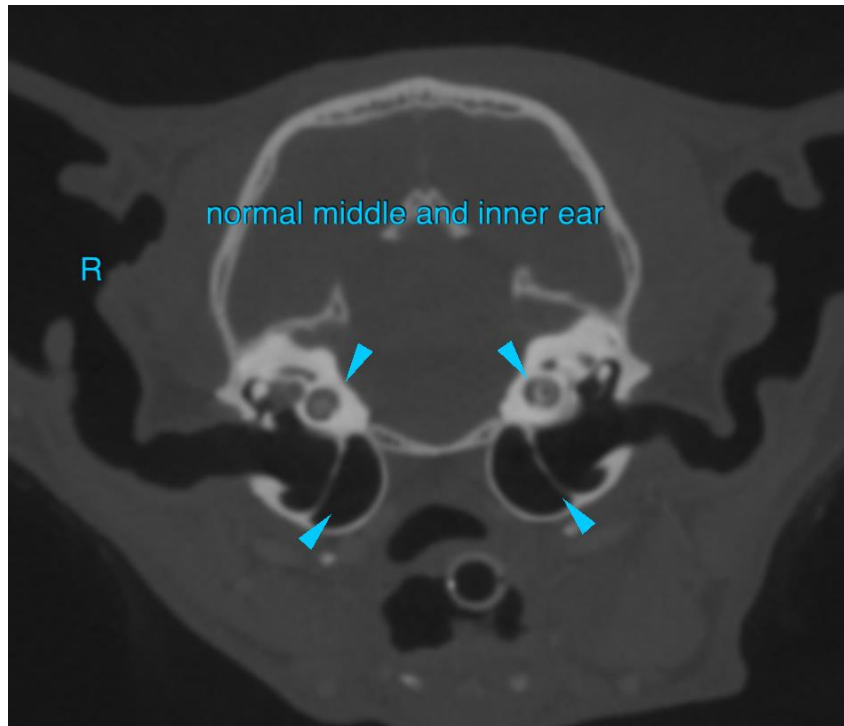
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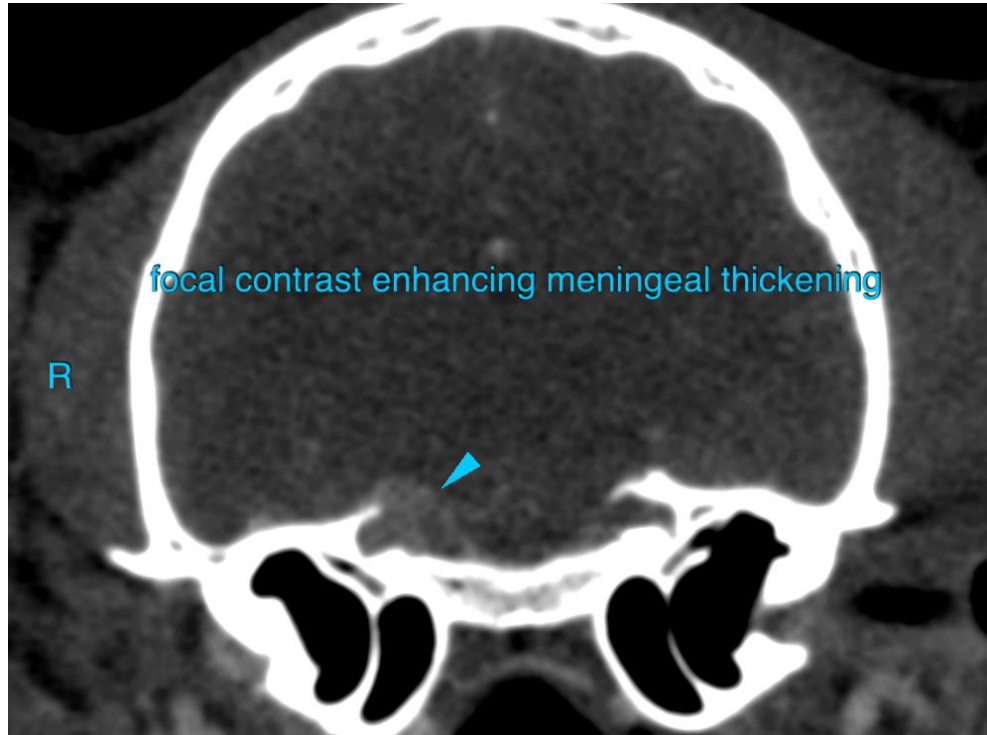
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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