



PATIENT PRESENTING CLINICAL SIGNS

Sophie Ryan
 Chronic weight loss since 05/22 until now (4.14kg to 3.40kg). 05/ 22: Cat was initially presented for sneezing, which improved with Doxycycline paste. Full blood test revealed marginal elevation in ALKP. FIV/FeLV negative 06/22: Sneezing reoccurred but improved with Doxycycline 07/22: Sneezing persisted and started to be hypersalivating. Chest radiograph (nsad), dental scaling and polishing (no dental rad), ECG, oral PCR (positive for Mycoplasma felis, and Calicivirus) and inhouse full blood (elevated TP of 91 (<89) and GLOB 62 (<51)). Continue Doxycycline 08/22: Sneezing and hypersalivation did not improve. Hence trial on pred 0.5mg/kg BID. Marked improvement in 1st week. Then recude pred dose to 0.5mg/kg SID 14d. Then clinical signs reoccurred and worsen (sneezing, hypersalivation, erythemic gingiva, ulcerated nose). Currently on Pred 0.25mg/kg EOD, Buprenorphin 0.02mg/kg PO PRN, Doxycycline paste 1 notch day and slowly improved 09/22: CT and biopsy performed to diagnose or rule in/out neoplasia .

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Female, neutered

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Colyton Veterinary Hospital

REFERRING VET

Bao Truong

INVOICE

53972

DATE

9-7-22

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 106 & 206 are absent. The crowns of triadan 101, 102, 201 and 202 are absent and the respective roots are appreciated within the alveolar crest.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates, but in the most rostral segment mucosal swelling is seen. Soft tissue material is attached to the mucosal lining of the nares.

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

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.

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 prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect mild rhinitis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Absent triadan 106&206
- Retained roots of triadan 101, 102, 201 and 202

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mucosal swelling in the most rostral segment of the nasal cavity, R>L, is most suggestive for underlying rhinitis, primary viral rhinitis ± bacterial superinfection is most common. Biopsy has already performed, to rule out neoplastic transformation entirely.



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Recommend complementing workup by FNA sampling of the prominent mandibular & medial retropharyngeal lymph nodes to differentiate between reactive hyperplasia and neoplastic transformation (e.g. round cell tumor).

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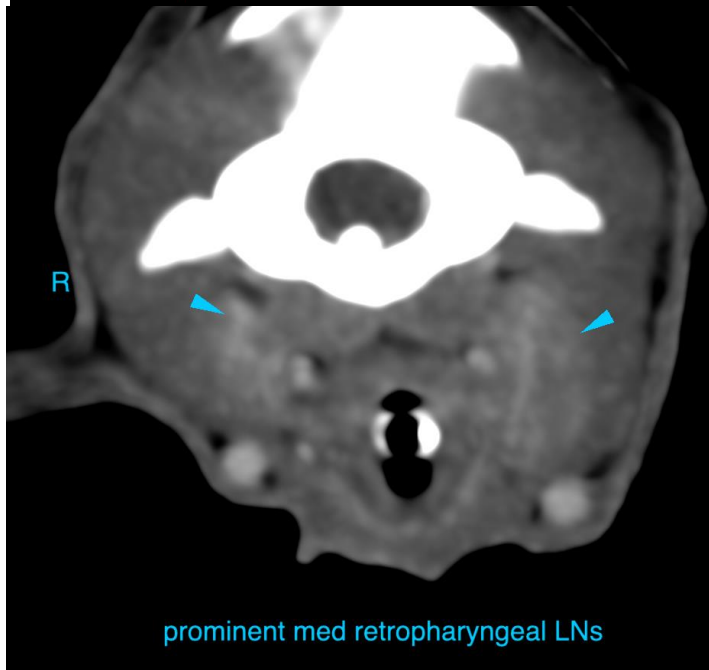
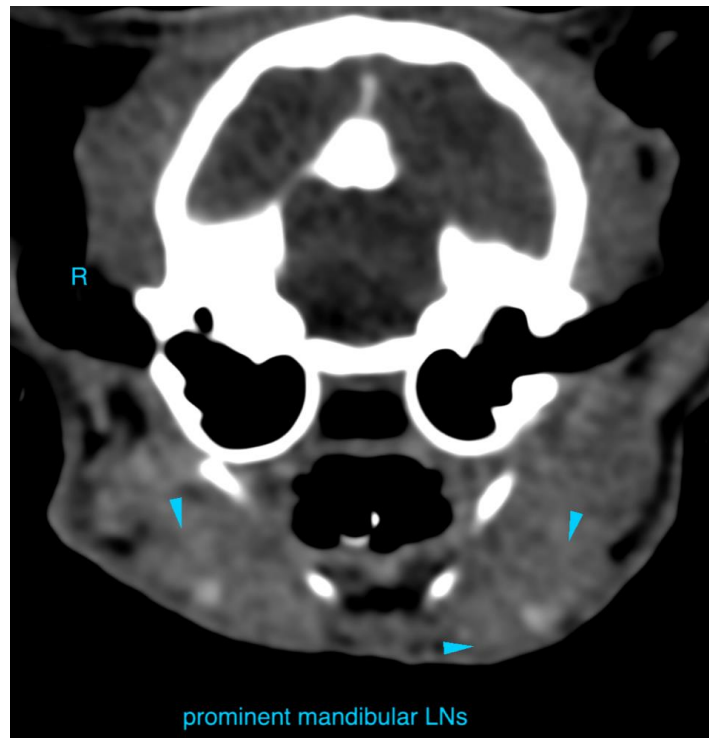
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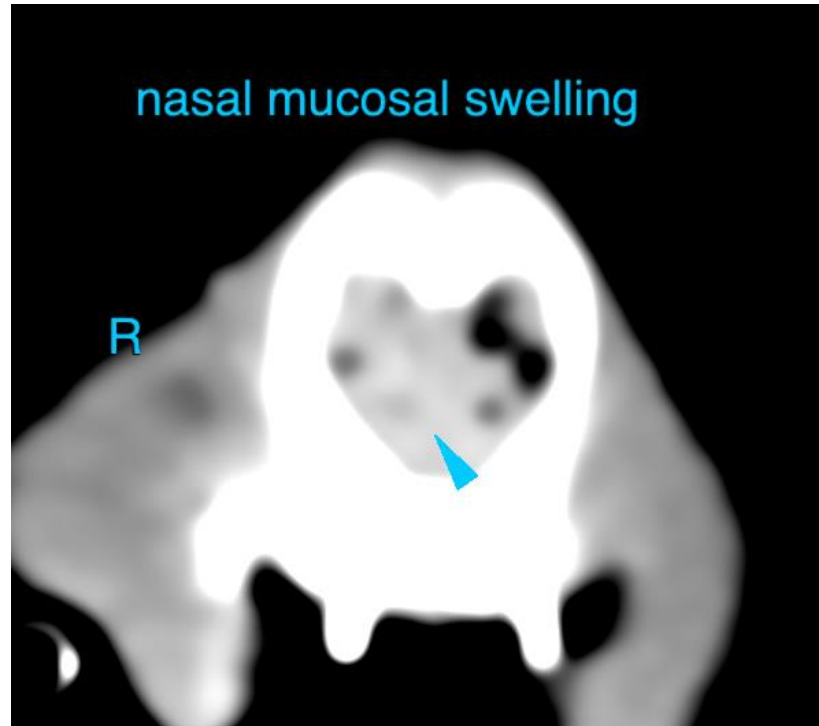
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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