



## PATIENT

Rocky Fennelly

## SPECIES

Canine

## BREED

Staffordshire Bull  
Terrier Cross

## SEX

MN

## AGE

9

## WEIGHT

31.4

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Patricia Sanchez  
Sanchez

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Patricia Sanchez  
Sanchez

## INVOICE

73410

## DATE

1-21-26

## PRESENTING CLINICAL SIGNS

History:

- Chronic issues with increased respiratory rate with increased respiratory effort.
- Responding well now to medical treatment.
- Temporally muscle bilateral atrophy

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Triadan 308 is absent.

The masticatory muscles appear symmetric.

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.

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 region of the trigeminal nerve and its branches reveal no abnormalities.

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.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

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

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

The lung parenchyma presents a ventrally accentuated diffuse soft tissue attenuation pattern with air-bronchograms – successively fading out in the dorsal aspects of the lung.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ventrally distributed alveolar pattern and generalized unstructured interstitial lung pattern
- Absent triadan 308



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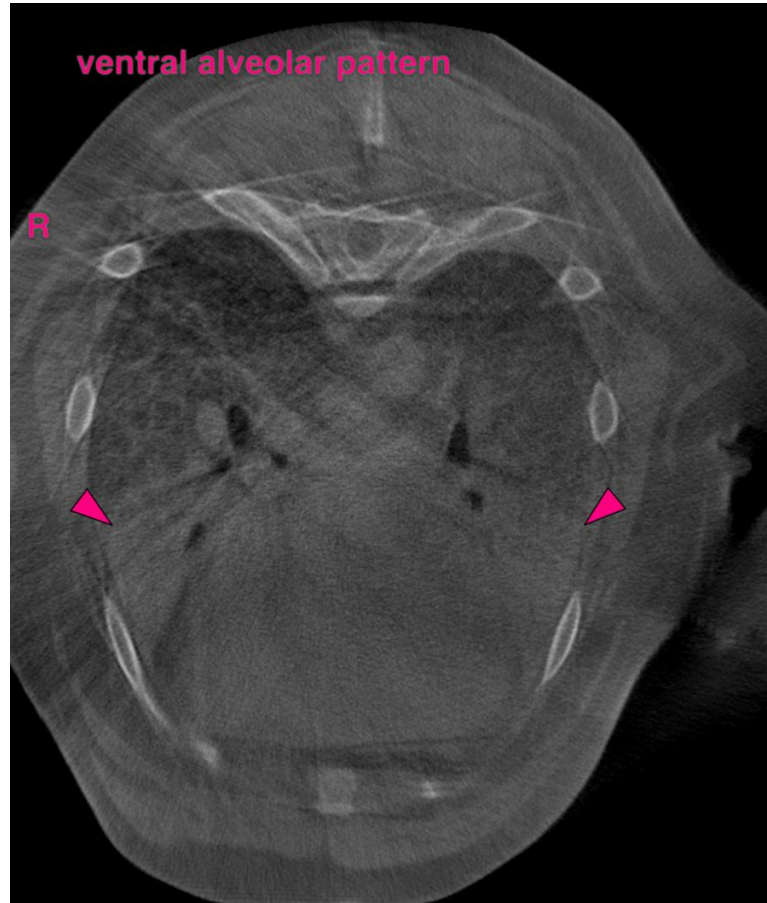
## DATE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lung pattern is compatible with pneumonia – bacterial origin is likely. There is little chance for underlying pulmonary hemorrhage or due to the atypical appearance far less likely diffuse neoplastic infiltration of the lung parenchyma. FNA sampling of the lung can be performed as minimally invasive diagnostic tool to rule out infiltrative disease entirely.

The skull reveals no clinically relevant abnormalities.



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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