



PATIENT

Pebbles Marshall

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

14

WEIGHT

5.5

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73438

DATE

1-22-26

PRESENTING CLINICAL SIGNS

History:

- left side epistaxis r/o neoplasia vs fungal infection vs FB vs inflammation vs others
- heart murmur, echo was done, stage B1
- history of laminectomy surgery 2015

COMPUTED TOMOGRAPHY OF THE SKULL AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. Triadan 204 presents a significantly widened periodontal space along with resorptive lesions of the root. Level with the alveolar crest of triadan 204, an intranasal soft tissue swelling is appreciated along with local conchal destruction.

Triadan 408 presents a significantly widened periodontal space. The remaining teeth present signs of generalized periodontal disease and variable degree of dental resorptive lesions.

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. In the medial aspect of the right external ear canal, a small amount of soft tissue attenuating material is visible.

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.

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 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.

The lung parenchyma presents the expected architecture and attenuation behavior; a solitary punctuate mineralization of the parenchyma of the left caudal lung lobe is seen.



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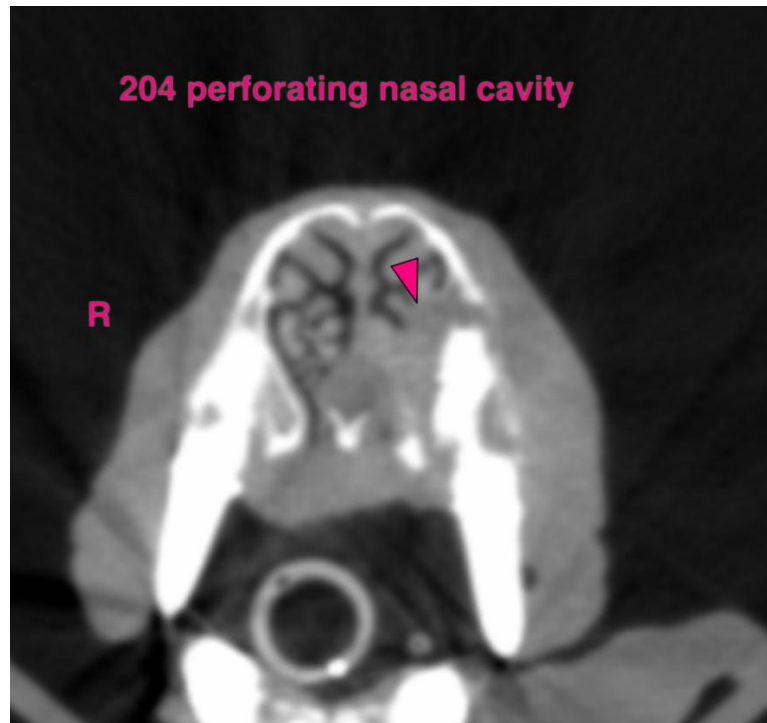
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Advanced periodontal disease triadan 204 and 408 – triadan 204 is perforating the left nasal cavity
- Localized destructive rhinitis rostral aspect left nasal cavity
- Generalized periodontal disease of the remaining teeth
- Multiple absent teeth
- Soft tissue material in right external ear canal – suspect cerumen
- Pulmonary osteoma
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided epistaxis is likely a sequela to the periodontal disease of triadan 204 with perforation of the left nasal cavity and secondary odontogenic rhinitis. Theoretically a soft tissue neoplasm centered on the alveolar crest of triadan 204 is a potential, but I consider the odds low. A complete dental work with extraction of at least the affected teeth is recommend. Biopsy of the alveolar crest of triadan 204 can be used to rule out malignancy entirely.





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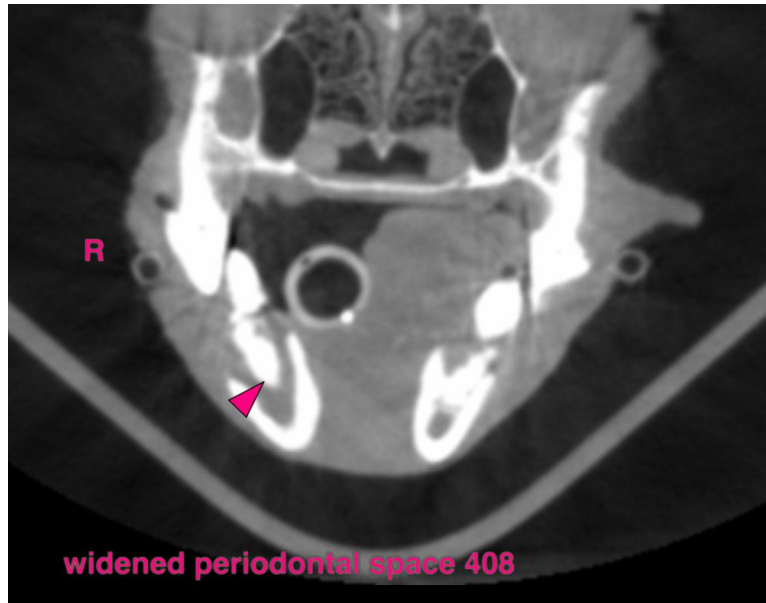
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com