



**PATIENT PRESENTING CLINICAL SIGNS**

**Gizmo Hosey**  
**SPECIES** Canine  
**BREED** Shih Tzu  
**SEX** FS  
**AGE** 11 Years

Several month history of episodes of sneezing, clear nasal discharge, trying to clear nasal passages and suspected reverse sneezing. These episodes have improved significantly with abx therapy in past. Retroflex view unremarkable on rhinoscopy - biopsies pending. Other concurrent health concerns incl stage B2 mitral valve disease, PU/PD (correlates with starting phenobarbital therapy), chronic cough, history slightly prominent adrenal glands on prior US, history bladder stones (asymptomatic) and history significant dental disease. Bronchoscopy today showed collapse of left mainstem bronchus but otherwise largely unremarkable. BAL sample pending. Abnormal PE/Chem/CBC/UA Results: mild elevation ALP (260)

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the skull, thorax and abdomen in a soft tissue, bone and lung reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

The tooth elements 105, 106, 110, 311 and 411 are absent. Triadan 206 and 207 present a moderate widening of the periodontal disease with perforation of the nasal cavity. A moderate soft tissue swelling is seen in the left nasal cavity, level with triadan 206/207. The tooth elements 107, 108, 208, 401-403 present a moderate widening of the periodontal space. Triadan 305&405 are impacted in the alveolar bone - triadan 405 is surrounded by a small geographic osteolytic lesion.

Moderate destruction of the nasal conchal structures in the left nasal cavity is seen.

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. A supracollicular fluid accumulation is seen. 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health Partners

**REFERRING VET**

Dr. Westgarth

**INVOICE**

49843

**DATE**

1-25-22



**PATIENT** The left atrium of the heart is prominent.

Gizmo Hosey The left principal bronchus is distorted between the prominent left atrium and the aorta. 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.

**SPECIES**

Canine The right caudal aspects of the lung present regions with compression atelectasis. The remainder of the lung parenchyma presents the expected architecture and attenuation behavior.

**BREED**

Shih Tzu

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

Abdomen

**SEX**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. A moderate amount of mineralized material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. On the ventral urinary bladder wall, three small mineral attenuating calculi are visible, measuring up to 1.5 mm in diameter and small amount of bladder sand is visible.

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Nodular enlargement of the cranial pole of the left adrenal gland is seen, presenting a heterogeneous contrast enhancement pattern and measuring 8.3 mm in diameter.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multifocal moderate spondylosis formation is seen along the caudal thoracic spine and the lumbar spine.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Periodontal granuloma with oronasal fistula formation 206&207
- Secondary odontogenic destructive rhinitis
- Advanced periodontal disease 107, 108, 208, 401-403
- Suspect impacted triadan 305&405 with small retention cyst level with triadan 405
- Nodular enlargement left adrenal gland
- Hepatomegaly
- Cystolithiasis



**PATIENT**

Gizmo Hosey

- Nephrolithiasis bilaterally without evidence of obstruction
- Supracollicular fluid accumulation – incidental
- Dystelectasis of the lung
- Spondylosis deformans

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the oronasal fistula formation by triadan 206&207 with secondary odontogenic rhinitis. The findings is a plausible explanation for the described clinical signs. A complete dental workup appears beneficial.

**BREED**

Shih Tzu

The nodular enlargement of the left adrenal gland is suggestive for (non)functional macronodular hyperplasia or neoplasia – such as adenoma, adenocarcinoma, pheochromocytoma. Testing of the pituitary adrenal axis can be considered as advanced diagnostic test.

**SEX**

FS

Recommend complete urinalysis for further workup of the cystolithiasis.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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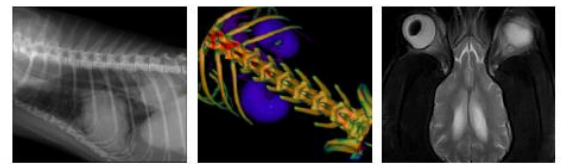
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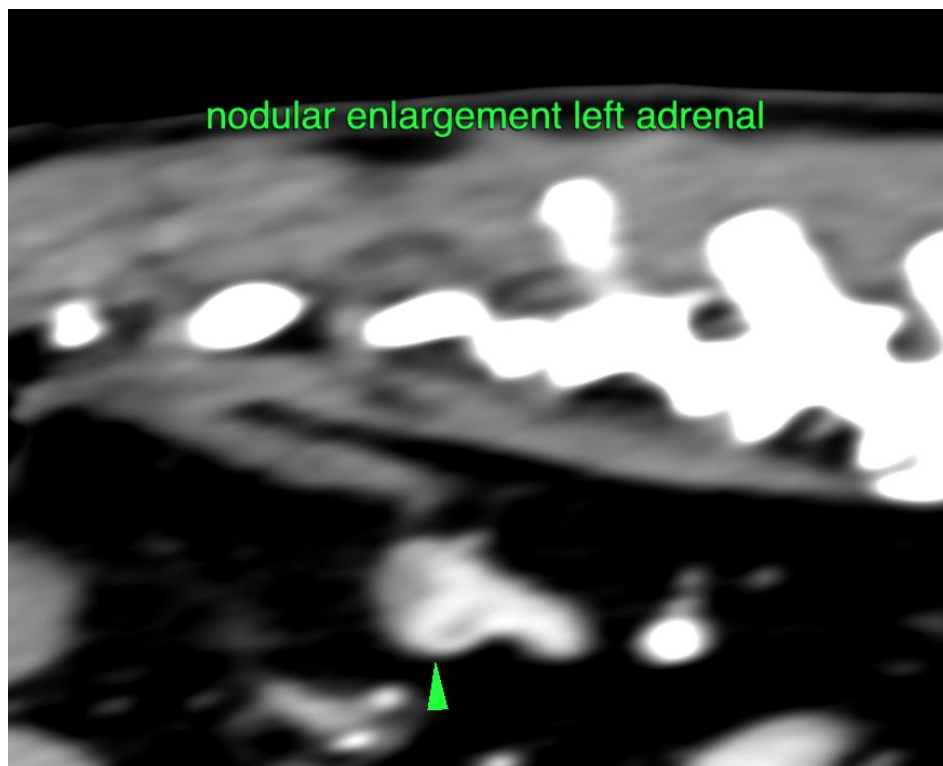
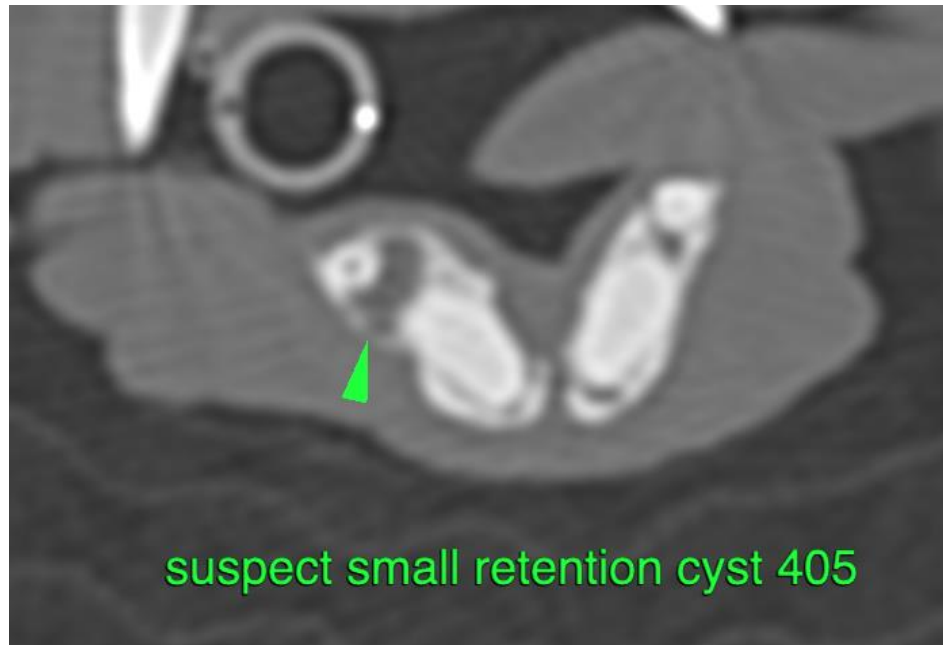
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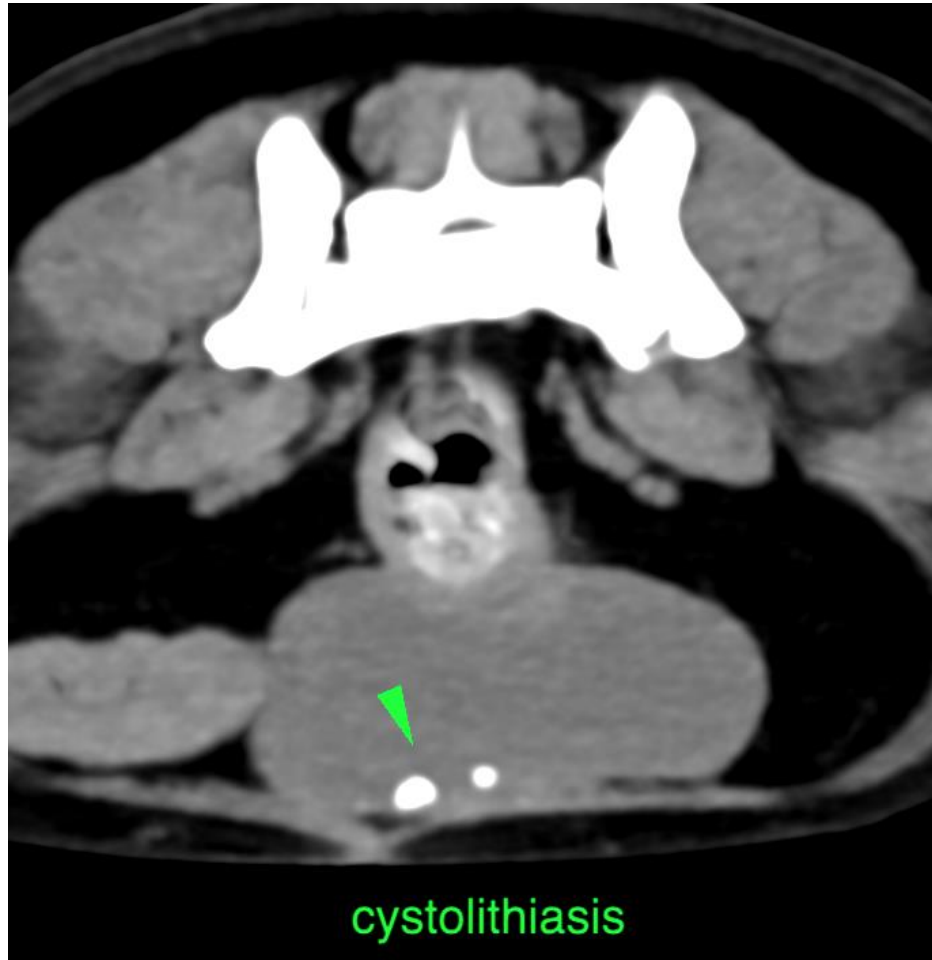
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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