



PATIENT

Bella Enright

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

12Y

WEIGHT

5.05kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Magdiel N.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

73535

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- P presents for upper respiratory symptoms, including coughing and snoring, that have been worsening over the past month. When she was adopted (3 years previously) she was a "snorter" but signs have slowly progressed since then. She previously presented at her primary care provider for coughing for several days in Feb 2024 and was treated with Tamaril-P and 10 day course of doxycycline. A cocci titer was performed in November 2024 that came back as negative.

Abnormal PE/Chem/CBC/UA Results: Today on exam, lungs sounded clear, no cough elicited on tracheal palpation, referred upper airway noise. Soft palate is short and centrally notched. The epiglottis is malformed (blunted/truncated rostrally and asymmetrical). Dorsally there is pharyngeal and palatal edema. There is also laryngitis and edema of the vocal folds. Sterile saline endotracheal wash produced little material. Nasopharynx was unremarkable. Biopsy samples were taken from the nasal cavity with samples of the left cavity more friable than the right.

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

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The ventral surface of the soft palate is irregular and presents a focal irregular concave depression.

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 wall of the right external ear canal is thickened and has an irregular luminal surface.

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.

Thorax

The superficial cervical lymph nodes and axillary lymph nodes are moderately prominent, rounded and present increased contrast uptake.

The periarticular bones of both shoulder joints present moderate osteophyte new bone formation. Post contrast administration the synovial capsule of both shoulder joints is thickened and a moderate intracapsular filling of the shoulder joints is seen.

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.



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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.

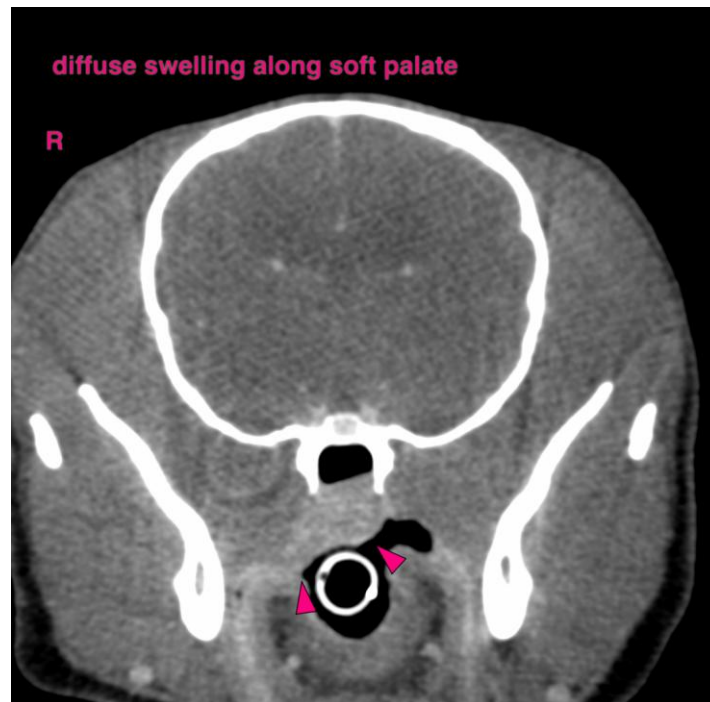
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Irregular swelling along the ventral surface of the soft palate
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes, superficial cervical and axillary lymph nodes bilaterally
- Right sided otitis externa
- Bilateral osteoarthritis of the shoulder joint with secondary synovitis and joint effusion
- Multiple absent teeth
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated diffuse mucosal swelling along the soft palate is not specific and inflammatory origin (e.g. eosinophilic granuloma, viral) is more likely than neoplastic disease (e.g. squamous cell carcinoma, round cell tumor). The prominent lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread. Biopsy has already been performed, regarding the history and results are pending. FNA sampling of the prominent lymph nodes is considered beneficial as well.





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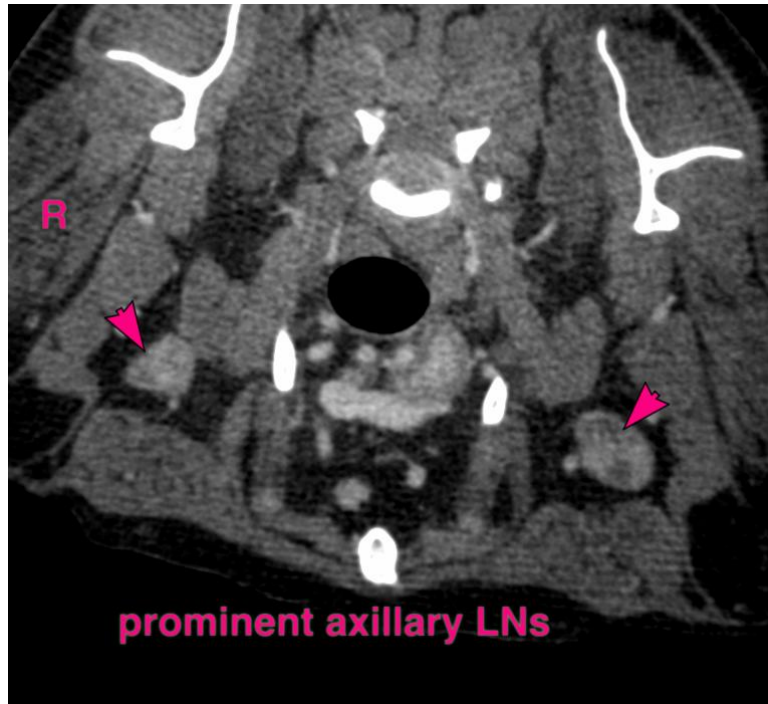
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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