



## PATIENT

Theodore Cluff

## SPECIES

Lagomorph

## BREED

Holland Lop

## SEX

Male Neutered

## AGE

4Y, 3D

## WEIGHT

1.71kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Gina Vecere, DVM,  
DACEPM

## HOSPITAL NAME

Catskill Veterinary  
Services, PLLC

## REFERRING VET

Gina Vecere, DVM,  
DACEPM

## INVOICE

73168

## DATE

1-5-26

## PRESENTING CLINICAL SIGNS

1/2/26: Theodore's Chief Complaint/Clinical Signs and Duration: Primary concern for today is trying to figure out the cause of the head tilt. The owner also mentioned that the patient has struggled with stasis and thinks its related to the patient not eating hay - Energy Levels and behavior: Abnormal : decreased Assessment: - Left head tilt with caseous debris AS, suspect vestibular symptom secondary to otitis media/interna. Cannot rule out otic polyp, neoplasia, or E. cuniculi (possible borderline low E. cuniculi titers) without imaging. - Chronic dental disease with malocclusion of incisors and fractured right maxillary incisor.

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: Abnormal: Mild corneal scarring OS; Ears: Abnormal: White caseous discharge with ruptured tympanum AS; Mouth: Abnormal: Right maxillary incisor missing at the level of the gingiva, left maxillary incisor shortened to 2mm; mandibular incisors brown; Neurological System: Left head tilt, no nystagmus, mild ataxia; 11/11/2025: CBC & Chem: WBC 11.04; Heterophils 7.82; Monocytes 1.45; Eosinophils 0.01; Basophils 0.25; Platelets 825; Total Protein 7.5; Globulin 3.8; ALP 69; Bilirubin - Total 0.2; Cholesterol 24;

## COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The contrast of the osseous and dental structures of the skull is limited and are generalized hyperattenuating.

The crown of triadan 101 is absent and the retained part of triadan 101 within the alveolar crest is heterogeneous presenting hypoattenuating lesions and the periodontal space appears to be lost. Triadan 106 to 110 present significant retrograde elongation. The crown of triadan 106 is elongated and oriented in a buccal direction. The crown of triadan 107 presents a buccal spike. A remaining crown of triadan 201 is appreciated. Moderate retrograde elongation of the left maxillary, left & right mandibular buccal teeth is appreciated. Triadan 310 and 410 present periapical widening of the periodontal space. The occlusion plane of the buccal teeth is mildly irregular. The contact zone of the lower incisor is level with the occlusion plane of the left maxillary incisor. The peg teeth are elongated.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The nasolacrimal duct bilaterally is dilated, measuring up to 4.7 mm in diameter, L>R.

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

The left tympanic bulla is filled with non-contrast enhancing soft tissue material; the osseous lining is smooth and mildly thickened. The right tympanic bulla is aerated. The external ear canals are obliterated by soft tissue material.

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.

### Thorax

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



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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.

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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.

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### Abdomen

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. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. The caudate process of the liver is prominent and extending up to the level of the caudal pole of the right kidney – the caudate process is uniform soft tissue attenuating and has a physiological contrast enhancement pattern.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Malocclusion Grade II (Gabriel et al 2016) incisor teeth
- Generalized retrograde elongation of the buccal teeth
- Buccal dental spike 107
- Fractured crown and resorptive lesions & ankylosis 101
- Advanced resorption 201
- Elongated crown triadan 106
- Mild irregular occlusion plane buccal teeth
- Left sided otitis media, grade II (Richardson 2019)
- Left sided otitis externa, grade III (Richardson 2019)
- Right sided otitis externa, grade I (Richardson 2019)
- Bilateral dilation of the nasolacrimal duct
- Normal abdomen

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left sided otitis media is a potential trigger for accompanying otitis interna as possible cause for the left sided head tilt. Partial ear canal ablation along with lateral bulla osteotomy may be considered as surgical management option.

Clinical assessment and correction of the dental structures on a regular basis is beneficial.



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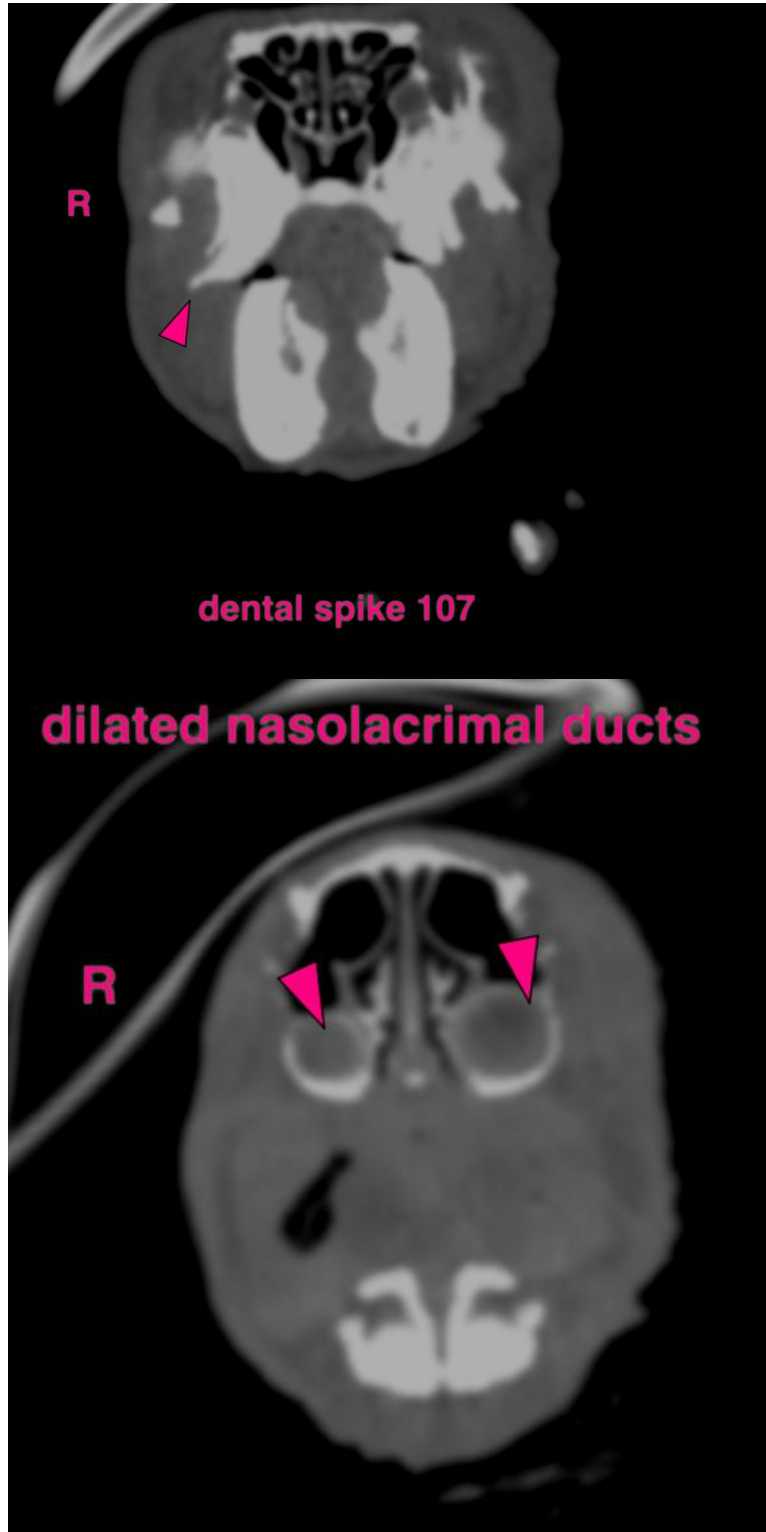
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The dilation of the nasolacrimal duct can be indicative for chronic dacryocystitis.





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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  
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