



## PATIENT

Daisy Koba

## SPECIES

Canine

## BREED

Alaskan Malamute

## SEX

S

## AGE

8Y

## WEIGHT

36.0kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Victoria Bradshaw

## HOSPITAL NAME

Gulf Shore Veterinary  
Specialty Surgery

## REFERRING VET

Dr. Byron Young DVM,  
MS, DACVS

## INVOICE

73191

## DATE

1-6-26

## PRESENTING CLINICAL SIGNS

Daisy presents for chronic bilateral mucoid rhinitis that has not responded to antimicrobial therapy. She has a history of presenting to Blue Pearl ER for pneumonia in November 2025 that has since resolved. Following CT Daisy was moved to the endoscopy suite for rhinoscopy. A flexible endoscope was advanced into the oral cavity and retroflexed dorsal to the soft palate to view the nasopharynx. The nasopharyngeal openings were symmetrical. No mass effect or discharge was seen in this region. A rigid endoscope was passed through the nares into each nasal passage in turn. Left nasal passage: red, inflamed nasal mucosa. Right nasal passage: mucoid nasal discharge, inflamed mucosa (less than left side). Bilateral culture swabs submitted for bacterial and fungal culture, nasal mucosal biopsies submitted for histopathology.

## COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The tooth elements 305 and 405 are absent.

The nasal cavity is obliterated by fluid attenuating material that is attached to the nasal mucosal lining.

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

Both tympanic bullae are partially filled with gravity dependent, fluid attenuating material; the osseous lining 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 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 ventral dependent aspects of the lung are irregularly consolidated with small air-bronchograms. The dorsal aspects of the lung parenchyma present 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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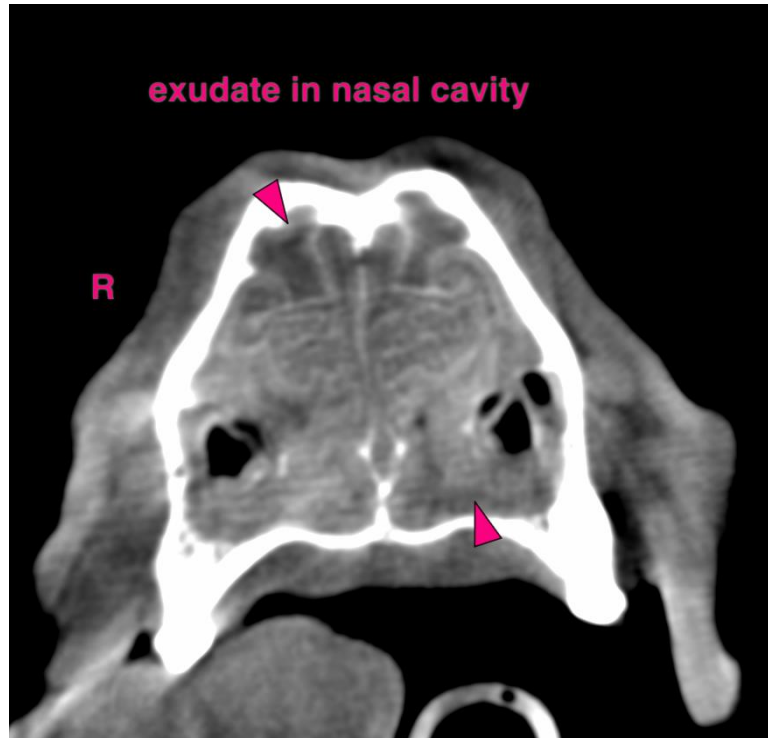
1-6-26

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Otitis media
- Ventrally distributed alveolar lung pattern
- Absent triadan 305 and 405

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with rhinitis, and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic). There is no evidence of nasal mass, foreign body, mycotic rhinitis or odontogenic rhinitis. Rhinoscopy including biopsy can be used for further workup. Accompanying bronchitis/bronchopneumonia is a likely cause for the ventral alveolar pattern.





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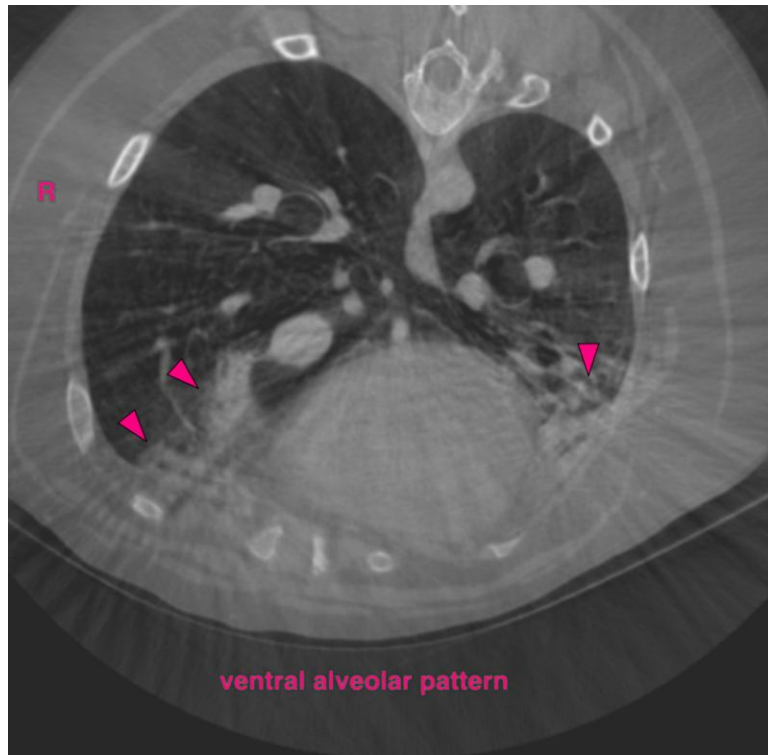
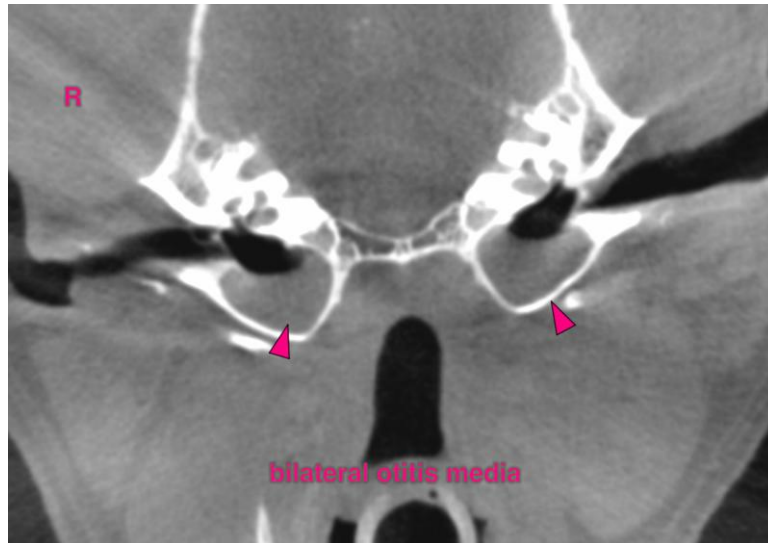
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)