



PATIENT

Sydney Gregory

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Catie

HOSPITAL NAME

Cfranberry Holistic PC

REFERRING VET

Dr. Cynthia Maro

INVOICE

35357

DATE

1/9/26

PRESENTING CLINICAL SIGNS

Head: History of dental disease- please take a close look at area of 209 to monitor healing of this extraction site. Pet also has known history of Chiari, underdeveloped tear ducts, and sinus congestion. Abdomen: History of pancreatitis. Abdominal ultrasound shows hyperechoic nodule on left adrenal as well as liver enlargement. Chest: Thoracic x-rays done 12/22/25 had a concern of potential pulmonary edema. Echocardiogram shows Stage 1 valvular disease and pulmonary insufficiency.

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The skull has a brachycephalic conformation.

The tooth elements 102, 105-107, 109, 110, 205-209, 301-303, 305, 311, 401, 402, 405, 410 and 411 are absent. The alveolar process of the left maxillary bone level with absent triadan 208 and 209 presents a well-defined defect with rounded margins and progressive resorption of the small osseous fragments.

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. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation 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 pattern is uniform.

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.

Abdomen



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

Both kidneys present within normal limits for size, shape and organ architecture.

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.

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

Along the lumbar spine, multifocal spondylosis formation is seen.

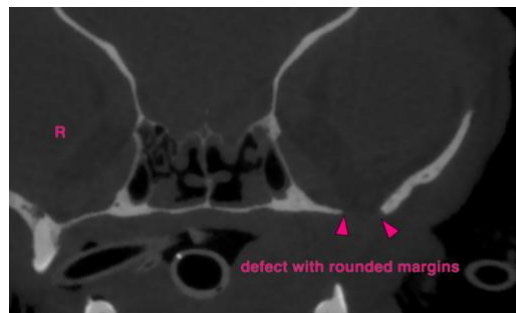
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of dental extractions with likely iatrogenic traumatic fracture of the alveolar crest triadan 208/209 -
- Multiple absent teeth
- Spondylosis deformans lumbar spine
- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no clinically relevant abnormalities. The defect and mild soft tissue swelling of the alveolar bone level with absent triadan 208/209 presents no signs of aggressive osseous lesions and is not progressive in comparison to the preceding CT series.

Be aware that in plain CT intraparenchymal lesions can be missed.



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, DVM, Dr. med. vet. DipECVCI
info@sonopath.com