



PATIENT

Autumn Dunn/
Reenies Rabbit Rescue

SPECIES

Pocket Pet/Guinea Pig

BREED

Guinea Pig

SEX

Female

AGE

3Y, 10D

WEIGHT

0.87kg

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

72546

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Patient has a history of dental disease and abscessed incisors. Dental procedure performed today after CT scan. Dental Findings: Left and right maxillary molars have mild palatal points. Left and right mandibular molars severe lingual points and partial tongue entrapment . Left mandibular incisor overgrown with severe gingival recession. All molars adjusted to provide even occlusal surfaces. Incisors adjusted to shorten and provide even occlusion. Med: Azithromycin - unsure if finished, foster did not drop off Appetite: normal - free fed Assessment (10/31/2025): -Dental disease with malocclusion of incisors, reported previous abscessation though antibiotics not prescribed at time of previous CT. Potential disease of cheek teeth, difficult to visualize today and records of dental adjustment from other veterinarian not available for review. -Dermal mass on left lateral flank, suspect benign trichofolliculoma though cannot confirm without histopathology. -Open wound with keratinaceous exudate on left hip, abscess vs open trichofolliculoma. Abnormal PE/Chem/CBC/UA Results: PE (10/31/25): Conjunctiva: Abnormal: Mild thickening of lower conjunctiva OD Ears: Mild brown debris AU Mouth: Incisors maloccluded, maxillary overgrown, mandibular overgrown with right mandibular thin and discolored brown, left mandibular thickened with flaking brown occlusal edge and gingival recession Hair coat and Skin: 1cm open wound on left hip, thickened edges with mild keratinaceous exudate Musculoskeletal: 1cm soft dermal mass on left lateral abdomen

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

The CT series does not support windowing for bone evaluation, resulting in limited assessment of dental and osseous structures.

Skull

Triadan 301 presents as macrodontia and the periodontal space is moderately widened. Triadan 310 and 311 present antegrade and retrograde elongation with signs of osseous remodeling along the alveolar crest. Elongation of the crowns of triadan 308 and 408 is seen.

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. In the left external ear canal a small amount of soft tissue material is visible.

The regional lymph nodes of the skull 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.



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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, but small zones of dystelectasis of the left ventral dependent aspects of the lung parenchyma.

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

Abdomen

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.

The adrenal glands present the expected size, shape and attenuating behavior.

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

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

The cutaneous tissue in the left gluteal region is irregularly thickened with interspersed granular mineralization.

In the subcutaneous tissue at the left lateral abdominal wall, a well-defined, uniform fat attenuating mass is seen; measuring 16 x 8 x 23 mm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Macrodonia 301 with periodontal disease
- Ante- and retrograde elongation 310 and 311 with secondary malocclusion
- Secondary elongation of the mesial buccal teeth with early stage of bridge formation
- Irregular cutaneous thickening left gluteal region with dystrophic mineralization
- Lipoma left lateral abdominal wall
- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, evaluation of the osseous and dental structures is limited by the decreased image contrast – anyway the CT reveals macrodonia of triadan 301 along with periodontal disease and extraction of the respective teeth is considered beneficial, along with correction of the buccal teeth to regain a more physiological occlusion.

The cutaneous thickening in the left gluteal region is fitting the history of supposed chronic abscess versus trichofolliculoma formation. Malignant cutaneous neoplastic disease is considered far less likely.



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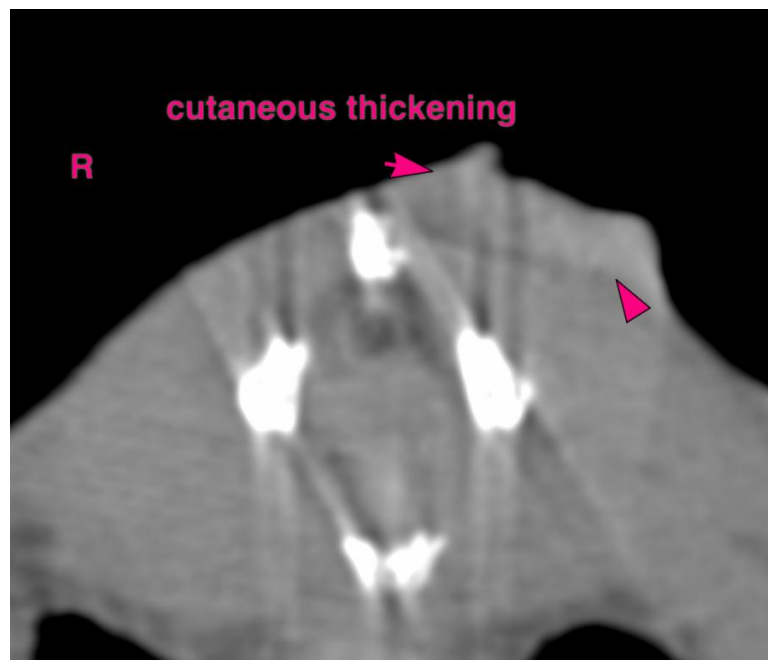
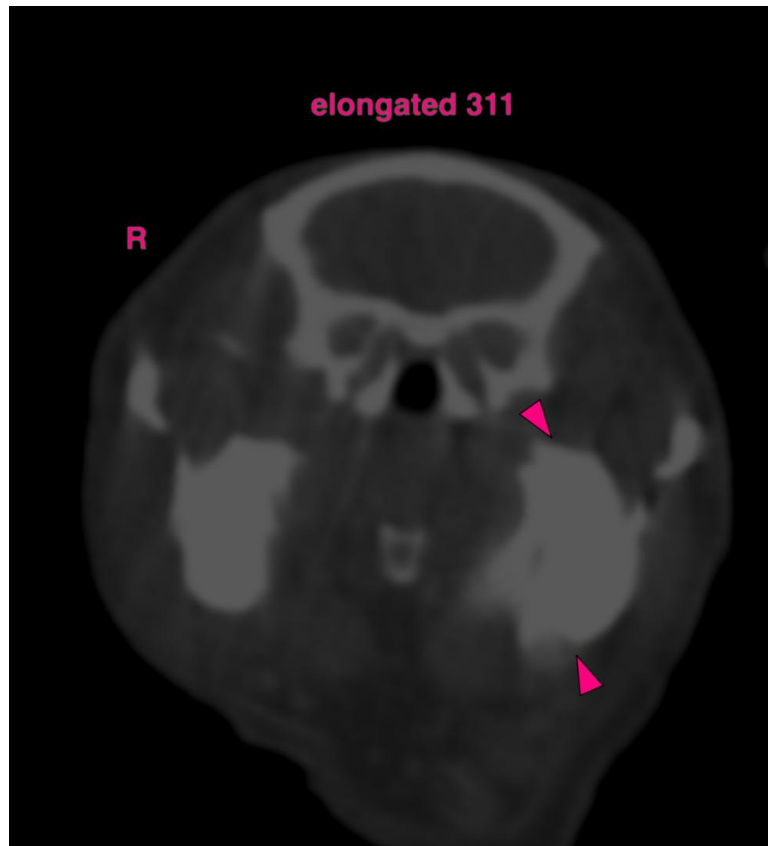
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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