



PATIENT

Jazmine Kendjelic

PRESENTING CLINICAL SIGNS

Sneezing, swelling in the nares with sometimes bloody discharge. Sore on Right lateral nare.
Abnormal PE/Chem/CBC/UA Results: Swollen nares vs mass (see attached picture)

SPECIES

Canine

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 are provided for review.

BREED

Border Collie

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 106 presents a moderate widening of the periodontal space.

SEX

Female Spayed

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Attached to the surface of the nares, a mild to moderate amount of non-contrast enhancing soft tissue material is noted.

AGE

10 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 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.

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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

REFERRING VET

Meaux

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.

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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.

In the right caudal lung lobe, level with the 7th right rib, a mild feathered soft tissue attenuating lesion with a gas attenuating center is visible, measuring 1.6 cm in size. The remainder of the lung



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parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Thick walled cavitory lesion right caudal lung lobe
- Suspect dried exudate attached to the nasal openings
- Periodontal disease 106 without evidence of oronasal fistula formation
- Structural normal nasal cavity

BREED

Border Collie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Female Spayed

There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis and if a mass in the nostril was ruled out, potentials for epistaxis include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.

AGE

10 Years

There is a thick walled cavitory lesion visible in the right caudal lung lobe, the finding is equivocal for (parasitic) granuloma, neoplasia or less likely pulmonary abscess formation. Ultrasound guided FNA sampling can be tried; placing the patient in right lateral recumbency for 10 minutes prior to FNA sampling can help to improve visibility by inducing compression atelectasis of the overlying lung parenchyma. Follow up examination in approximately 6 weeks can be considered alternatively to check if the lesion is increasing in size, supporting the diagnosis of neoplastic disease.

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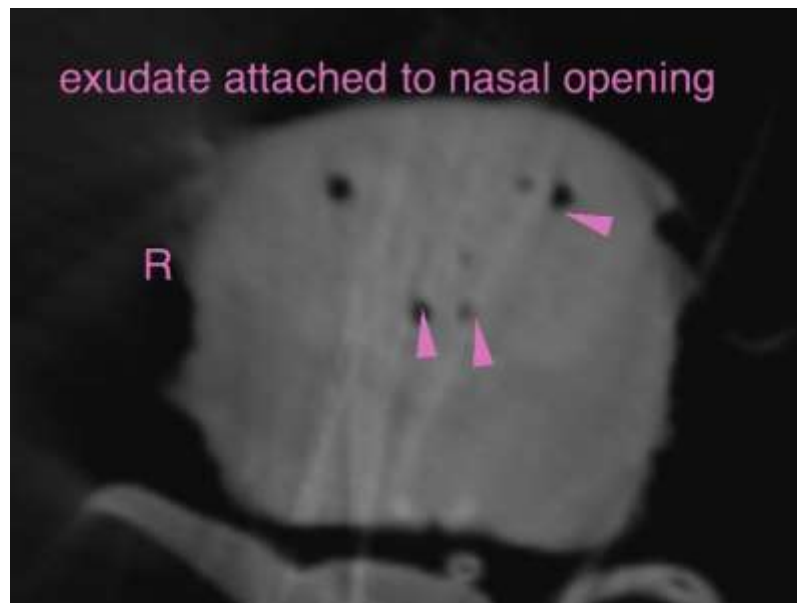
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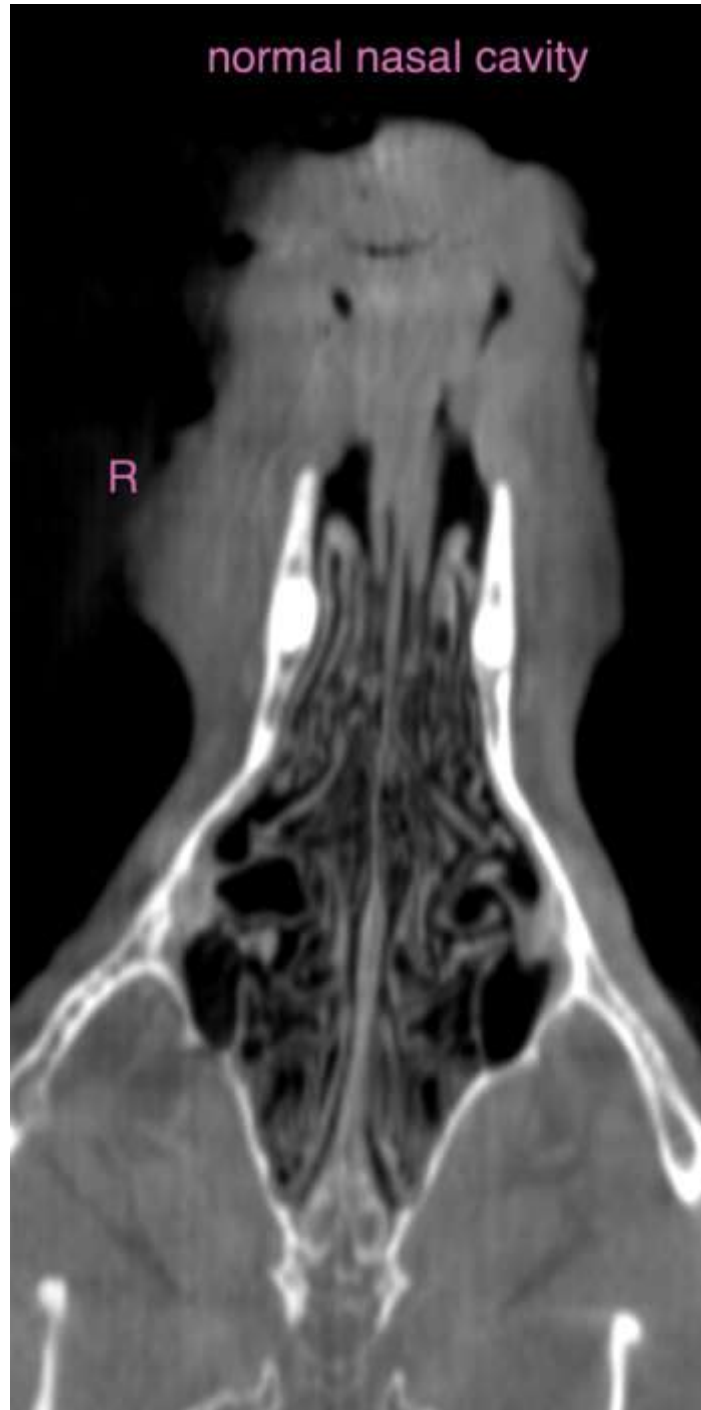
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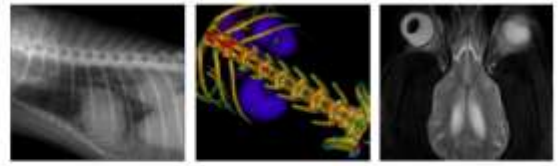
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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