



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Kuma Spoor

SPECIES
Canine

BREED
Siberian Husky

SEX
Male Neutered

AGE
7 Years, 9 Months

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
State Avenue Vet
Clinic

REFERRING VET
Dr. Jessica Evoniuk

INVOICE
48406

DATE
11-16-21

First presented with concern of cough, nasal congestion, cough with tracheal palpation in Feb 2015. April 2015- concern of cough with tracheal palpation. May 2015- nasal congestion concern. Minimally responsive to Doxy, Temaril-P, and/or antihistamine trials. Thoracic rads NSF. Referral was declined so June 2015 started Pred at direction of internist and was responsive. Declined nasopharyngeal exam, rhinoscopy, and/or bronchoscopy. Seemingly did well after Pred dosage and taper until Nov 2015 with concern of post-nasal drip/congestion. Continued Pred refills PRN June/Dec 2016, 2017, 2018 so appears to have some seasonality. May 2019 and Oct 2019 Pred refills. Feb 2020 had been using Pred 10mg SID more regularly. June 2020. Bloodwork NSF. Pred refill. August 2020- Pred refill April 2021 O concern of less responsive to steroid. less coughing and wheezing on walks but O presented video of hiccup, hard swallowing, and reverse sneeze episode. Concern of upper airway congestion at home. Will sometimes sneeze aggressively. Coughs up phlegm. Disc concern of upper airway concern, rhinitis, other. November 2021 presented for COHAT and mass removal with request for CT imaging. On exam BAR, no active coughing. BCS 5/9. Lean, active dog. Did cough with cervical tracheal palpation but not persistent. No active nasal discharge. There have been other pets in the home with coughing/airway concerns (cats and dogs) so had in the past also discussed if any sort of allergic trigger, other environmental link.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution plain CT study of the skull and thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

In both nasal cavities, multifocal mild consolidation of the conchal structures is noted. The remainder of the nasal cavity are aerated and present the expected spaces between thin and smooth conchal structures.

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

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 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.



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The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild rhinitis
- Subjective mild bronchial pattern
- Pulmonary osteomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings are compatible with chronic non-specific rhinitis. Immune-mediated (lymphocytic-plasmacytic or eosinophilic) rhinitis ± bacterial superinfection is likely. Rhinoscopy with sampling can be used as an advanced diagnostic test.

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The thorax presents without abnormalities but possible subjective mild bronchial pattern suggestive for mild bronchitis – primary inflammatory non-infectious (e.g. allergic, eosinophilic) is considered most likely here. Bronchoscopy including BAL may be considered as advanced diagnostic test.

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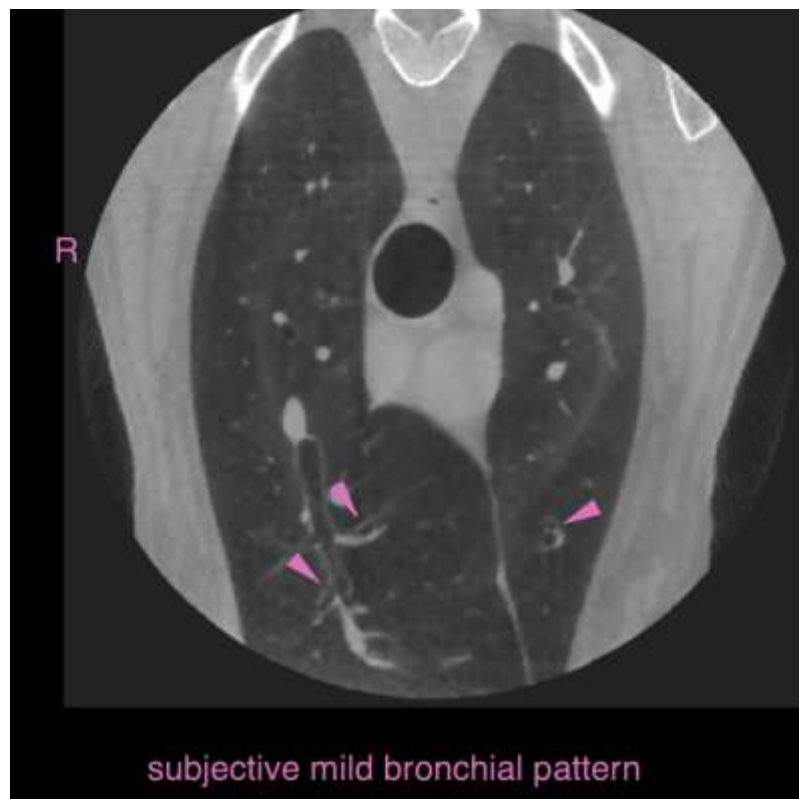
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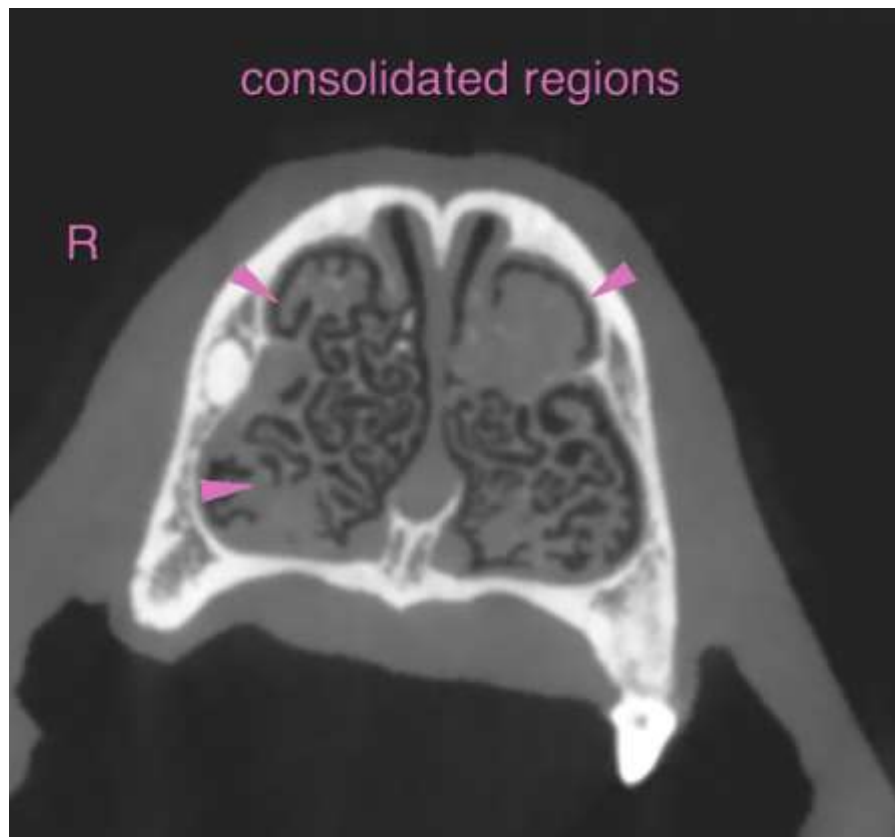
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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