



PATIENT

Teddy Royds

SPECIES

Canine

BREED

Spoodle

SEX

Neutered Male

AGE

7

WEIGHT

14

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35615

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History: 4mnt hx purulent nasal discharge - non responsive to antibiotics rhinoscopy unremarkable
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 and resp pcr pending

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

A pre- and post-contrast CT study of the neck and thorax in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

In both nasal cavities, a moderate amount of non-contrast enhancing fluid attenuating material 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 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 and contrast enhancement pattern is uniform.

The osseous and soft tissue structures of the neck reveal no abnormalities.

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.

In the ventral aspect of the right middle lung lobe, segmental obliteration of the first- and second-degree bronchi by soft tissue attenuating material without contrast enhancement is appreciated; along with an unstructured reticular pattern of the surrounding lung parenchyma. The remainder of the lung are aerated and present the expected architecture.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Segmental bronchial obstruction by exudate ventral aspect right middle lung lobe
- Normal neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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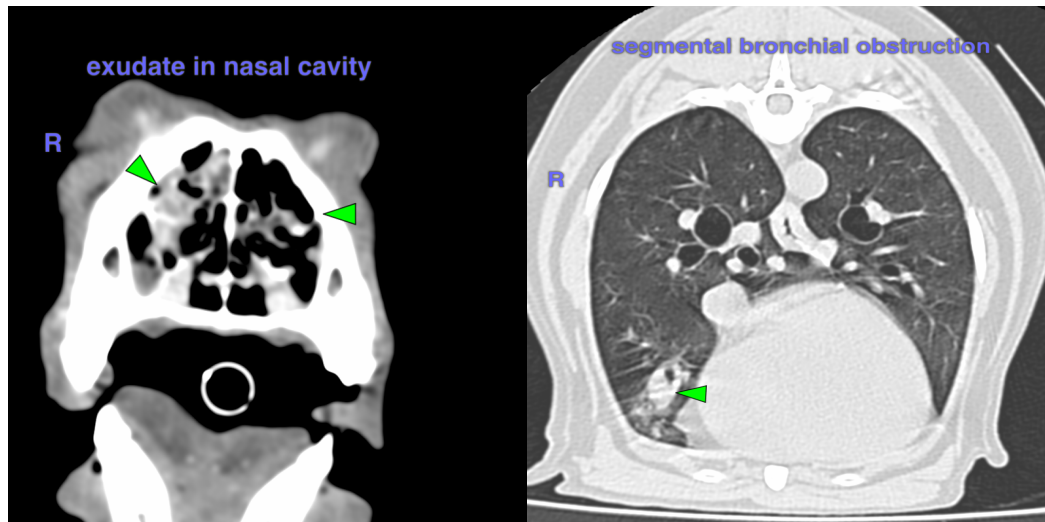
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The CT study is consistent with rhinitis, and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic, allergic) ± bacterial superinfection. There is no evidence of nasal mass nor odontogenic rhinitis. The appreciated by bronchitis may be triggered by the supposed non-specific rhinitis.



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. DipECVDI
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