



## PATIENT

Morag Grimshaw

## SPECIES

Canine

## BREED

Whippet

## SEX

Female

## AGE

2Y

## WEIGHT

12kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Viktoria Gounari

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Viktoria Gounari

## INVOICE

72712

## DATE

11-24-25

## PRESENTING CLINICAL SIGNS

History of chronic unilateral rhinitis

## COMPUTED TOMOGRAPHY OF THE SKULL & NECK

A high resolution pre- and post-contrast CT study of the skull and neck is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

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

In the left nasal cavity, a moderate amount of fluid attenuating material is attached to the nasal mucosal lining; mild to moderate destruction of the left nasal conchal structures is appreciated. The right nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

The tonsils are mildly prominent and protruding into the oropharynx.

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 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.

The left medial retropharyngeal lymph node is prominent.

The anatomical structures of the included cranial segment of the neck are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided mild destructive rhinitis
- Mild prominent tonsils
- Lymphadenopathy left medial retropharyngeal lymph node

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of left sided mild destructive rhinitis but fails to reveal an underlying cause – the unilateral distribution would increase the odds for possible foreign body related rhinitis, whereas the described chronicity would support the diagnosis of non-specific rhinitis ± bacterial superinfection. I do not see image features supporting the diagnosis of mycotic rhinitis. If not done so yet, complementing workup by rhinoscopy including sampling for histopathology and microbial culture would be ideal.

Reactive lymphoid hyperplasia of the left medial retropharyngeal lymph node and tonsils.



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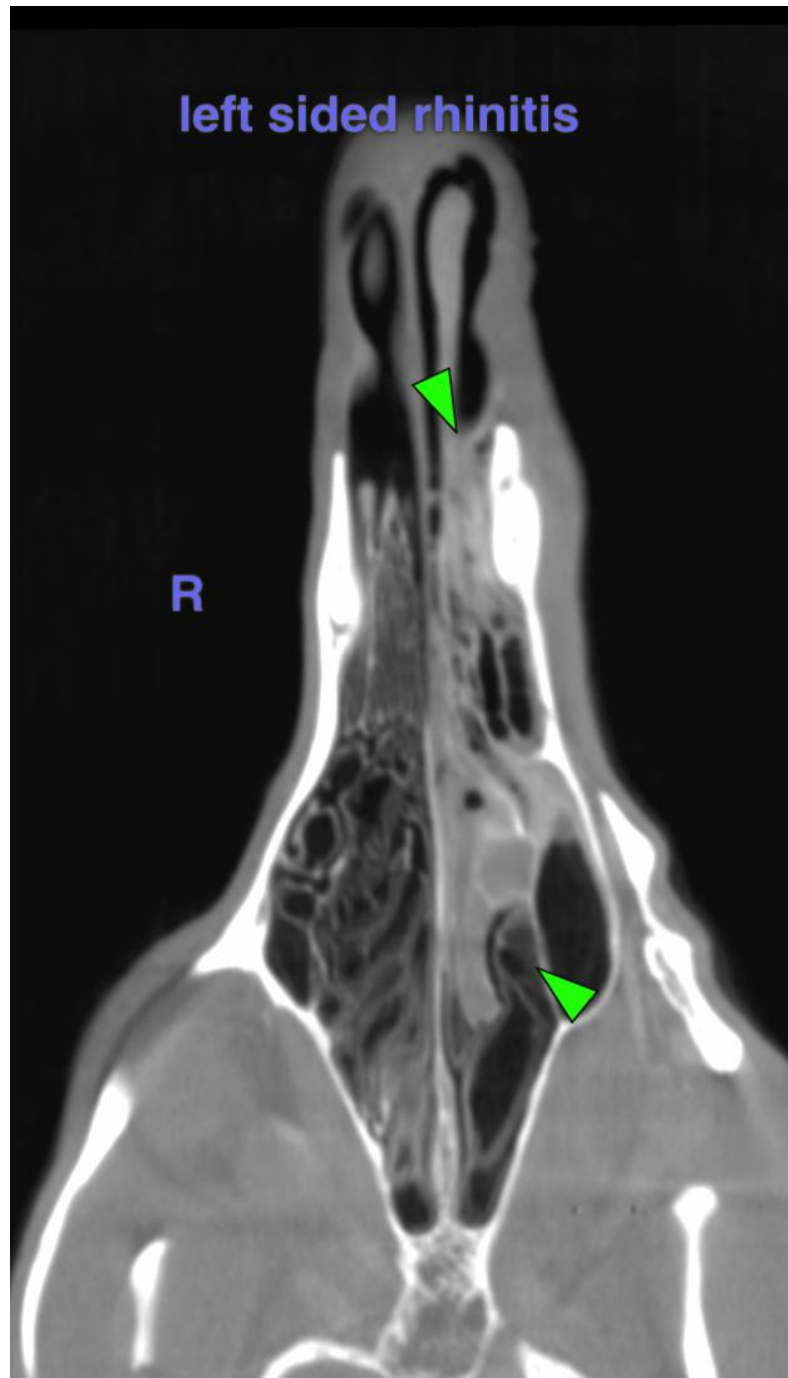
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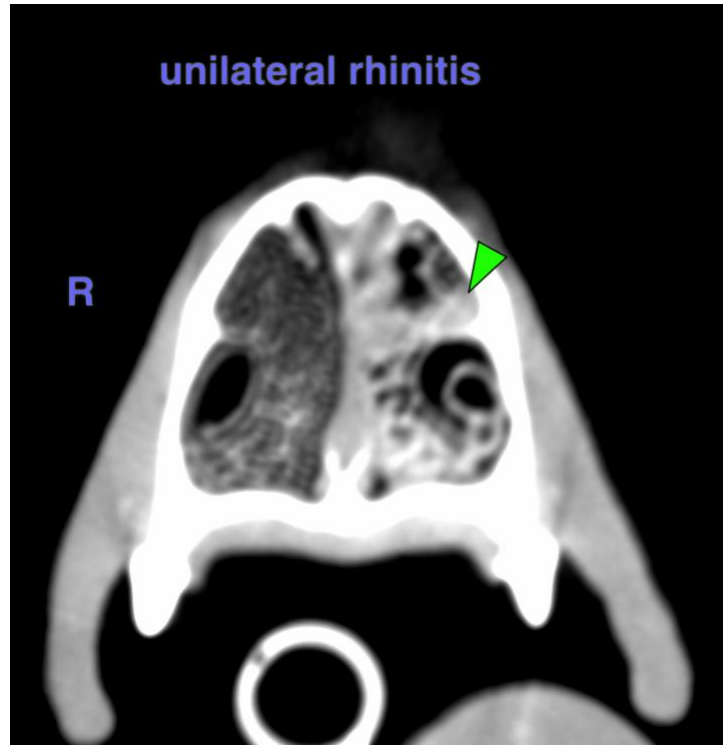
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)