



PATIENT

Buddy Messerschmidt

SPECIES

Canine

BREED

Chihuahua mix

SEX

MN

AGE

7Y, 11M

WEIGHT

5.62

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Magdiel and Sean

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Samantha
Parkinson

INVOICE

72532

DATE

11-5-25

PRESENTING CLINICAL SIGNS

Bronchoscopically concern collapse and atelectasis vs infection. Sneezing during exam but no active nasal discharge. Clear BV sounds, cough induced on tracheal palpation, honking cough throughout exam.

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes on bloodwork today.

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 is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Multiple teeth are absent. The tooth elements 203, 204, 205, 206, 207, 209, 102, 103, 104, 105, 402, 403 present a significant widened periodontal space. The root of triadan 206 is perforating the right nasal cavity.

The horizontal plate of the left palatine bone presents a longitudinal defect in the rostral segment – the defect is covered by gingiva.

In both nasal cavities, a small amount of fluid attenuating material is attached to the nasal mucosal lining and mild destruction of the nasal conchal structures is appreciated. In the frontal sinus bilaterally, gravity dependent, fluid attenuating material is seen.

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

Both tympanic bullae are filled with fluid attenuating material, the osseous 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 mandibular lymph nodes are prominent.

At the cranial aspect of the odontoid peg, a small isolated osseous body is seen.

Thorax

The intervertebral disc space T11/T12 is collapsed, and the respective intervertebral disc is protruding into the vertebral canal, occupying approximately $\leq 15\%$ of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates T11/T12 and T12/T13 present moderate spondylosis formation.

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.

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 caudodorsal aspect of the right cranial lung lobe is consolidated with air-bronchograms. The lung parenchyma presents the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild destructive rhinitis
- Advanced periodontal disease 203, 204, 205, 206, 207, 209, 102, 103, 104, 105, 402, 403
- Triadan 206 is perforating the left nasal cavity
- Alveolar pattern caudodorsal aspect right cranial lung lobe
- Bilateral otitis media
- Multiple absent teeth
- Chronic discopathy T11/T12 with intervertebral disc herniation and possible dynamic myelocompression
- Spondylosis deformans
- Persistent ossiculum terminale cranial aspect odontoid peg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The destructive rhinitis can present non-specific rhinitis that can be exacerbated by dental disease. A complete dental workup with extraction of the affected teeth may be beneficial. Rhinoscopy including sampling for histopathology may be used as advanced diagnostic test as well.

The CT study reveals no lower airway collapse – but can be effaced when a positive pressure breath hold technique is used.

The alveolar pattern in the caudodorsal aspect of the right cranial lung lobe can present a zone with atypical pneumonia, dystelectasis or pulmonary infarction. The finding is unusual for neoplastic disease.





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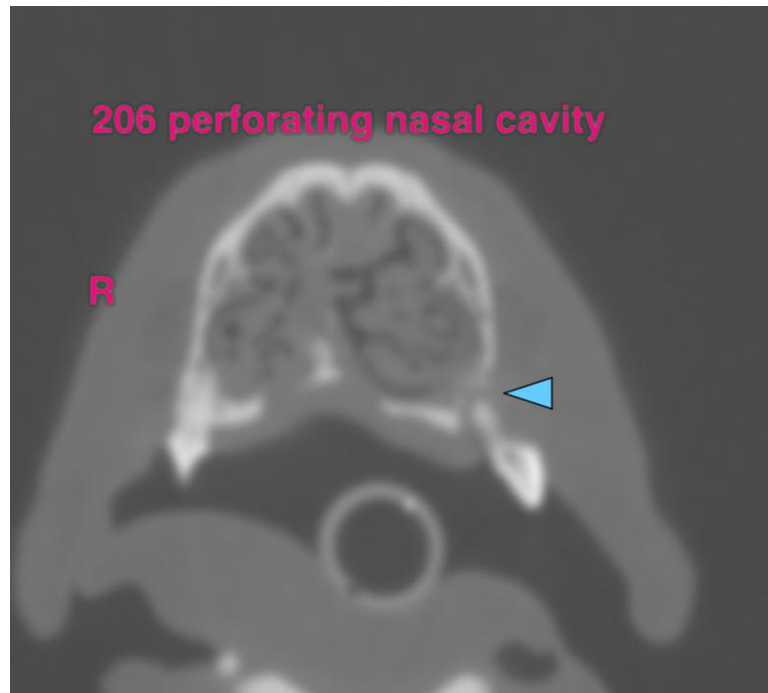
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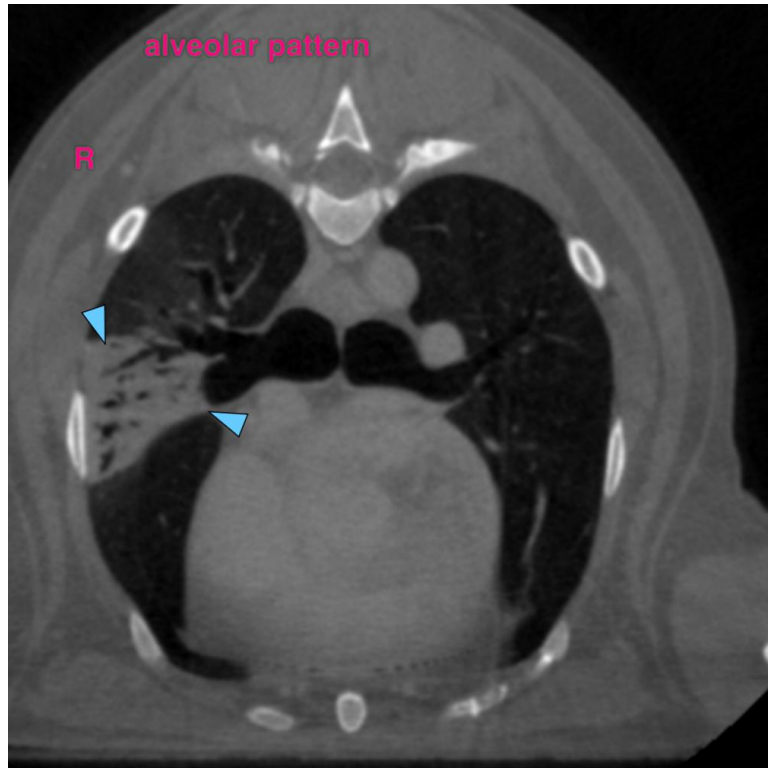
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. DipECVDD
info@sonopath.com