



**PATIENT PRESENTING CLINICAL SIGNS**

George Mathura ,  
Gabriela

Per rDVMnotes: First presented in June 2022 for "snoring / whistling" noises while sleeping. Bloodwork done to follow up on historical liver enzymopathy. Presented again in August for flare up of symptoms - now getting up from sleep and becoming more restless. Radiographs recommended. Did a trial of antihistamines that did not improve signs. Owners report congested signs occur during daytime. No coughing, no sneezing more than normal for patient. No nasal discharge. -Per the owner: Slight whistling noise starting in March (sleeping only). Brought to referring veterinarian in June and of no concern. Now starting to "clear his throat" episodes that last about 20 sec. Tried antihistamines and this did not help with his signs. Recommended follow up with IM. Clearing of throat is now waking him up and increasing in frequency at home. Whistling is about the same frequency, still while sleeping. Serous / mucus nasal discharge when sneezing. His nose is more wet than normal. Sneezing more than normal as well (last 2 days especially). Cough started at end of July. When sleeping, he would cough a few times per night. Now his cough is occurring when he is awake and asleep, now his coughing is more than doubled. No collapsing episodes. Coughing has had neck extension being noted. No changes to furniture or cleaning. Other medical issues: Heart disease Hepatic enzymopathy (ALP >ALT) - November 2020

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

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Abnormal PE/Chem/CBC/UA Results: elevated ALT 210 U/L elevated ALKP 225 U/L

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

11 Years, 11 Months

**COMPUTED TOMOGRAPHIC FINDINGS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Skull

The tooth elements 105, 208, 209, 301, 306, 307, 311, 401, 406, 407 and 411 are absent. The maxillary incisor teeth present a generalized widened periodontal space. The alveolar crest of the triadan 202 presents a small connection to the nasal cavity and an isolated fragment of the root is seen in the most proximal aspect of the alveolar crest. The mesial root of triadan 207 is perforating the nasal cavity. The remainder of the dentition present a moderate widening of the periodontal space.

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The left nasal cavity is partially obliterated by soft tissue attenuating and moderate contrast enhancing material.

**REFERRING VET**

Shannon Westgarth

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

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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.

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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 - a small supracollicular fluid accumulation is seen.



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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

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In the subcutaneous tissue of the left axillary region, a roundish lipoma is seen, measuring 1.5 cm in size.

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.

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.

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

**AGE**

11 Years, 11 Months

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**INTERPRETED BY**

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the gallbladder two mineral attenuating cauculi are visible, measuring up to 5 mm in size.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**REFERRING VET**

Shannon Westgarth

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The intervertebral disc L6/L7 is protruding into the vertebral canal, occupying approximately 60% of the area of the vertebral canal at the same level. L7 is articulating with the right sacroiliac joint and presents a transverse process at the left aspect.

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In the subcutaneous tissue at the proximomedial aspect of the left thigh, a well-defined lipoma is seen, measuring 3.8 x 1.4 x 3.7 cm in size.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left sided rhinitis
- Oronasal fistula formation 202 and 207
- Fractured root 202



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- Generalized moderate periodontal disease
- Multiple absent teeth, see above
- Subcutaneous lipoma left axillary region and medial aspect left thigh
- Suspect inspissation concretions in gallbladder, no sign of obstruction
- Incidental intracranial supracollicular fluid accumulation
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left sided nasal consolidation is most consistent with rhinitis and an odontogenic origin is considered most likely here due to oronasal fistula formation 202 and 207. The CT study presents no signs for aggressive neoplastic disease. Recommend a complete dental workup with extraction of the affected teeth. Rhinoscopy including sampling for biopsy and microbial culture to confirm the diagnosis.

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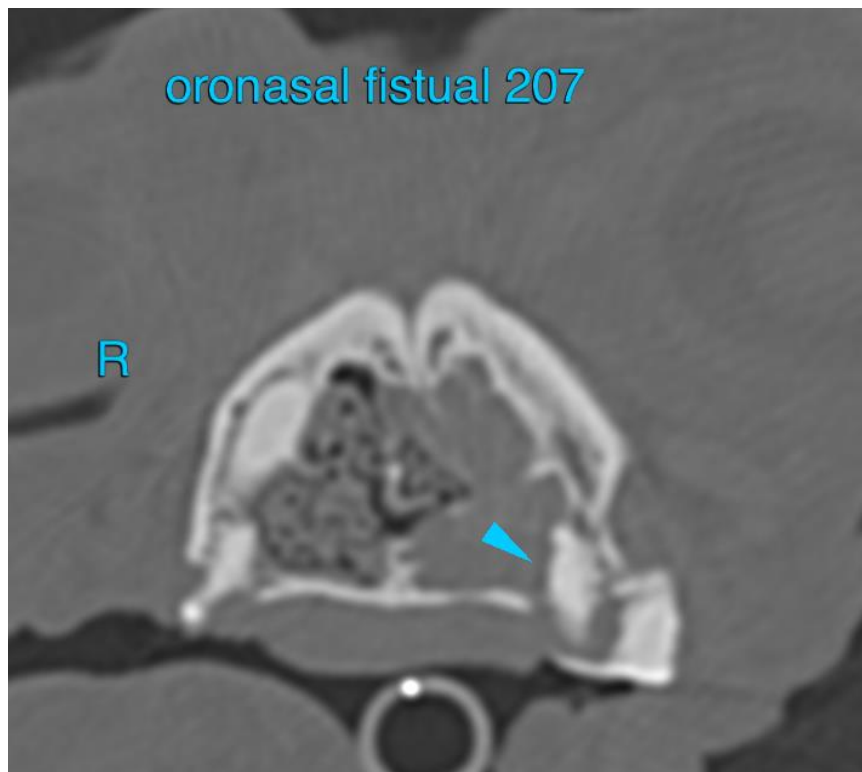
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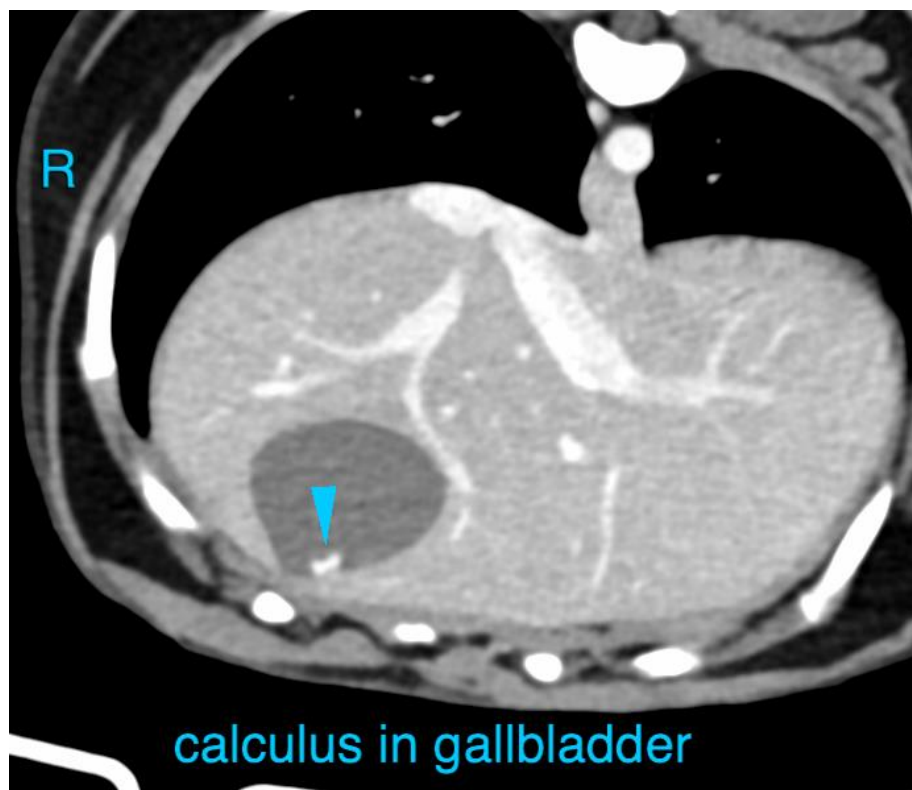
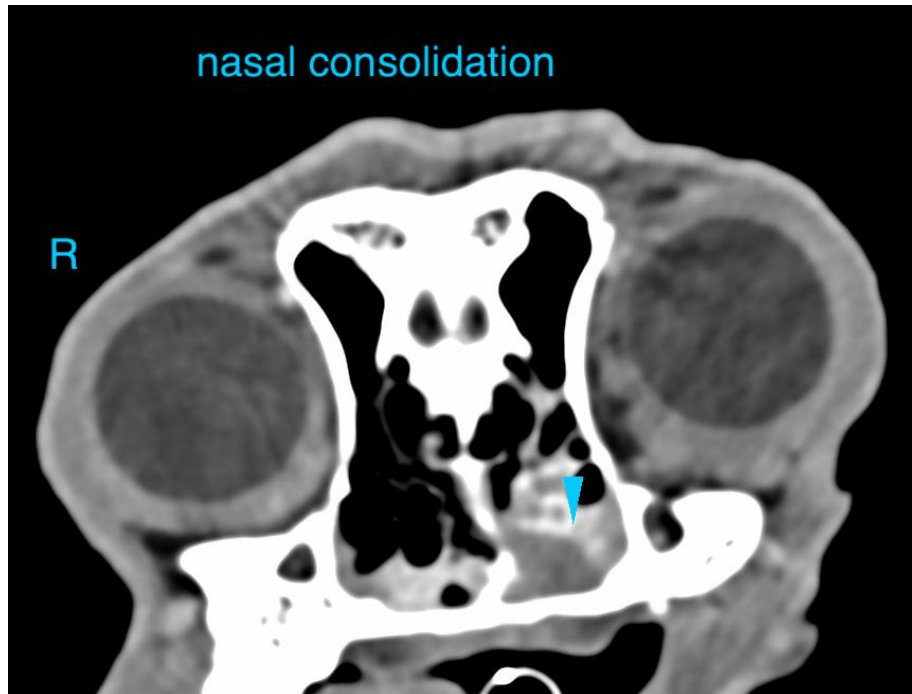
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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