



PATIENT

Georgie #22556Q-CT
Russell Skyline
Veterinary Clinic

SPECIES

Canine

BREED

Labradoodle

SEX

M

AGE

2 Years, 6 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Gentle Doctor Animal
Hospitals

REFERRING VET

Pete Bashara, DVM

INVOICE

55481

DATE

12-1-22

PRESENTING CLINICAL SIGNS

Goals of imaging with consideration for culture, rhinoscopy and biopsy Owner describes as sick - 3 month duration Continues to eat and drink well Is happy and active - typical play Has owner described coughing -- 2 video in record are unclear but head down with both events recorded Owner say expiratory - not inspiratory Non-productive Sporadic - no trigger known Happens daily -- sometimes at night - multiple times No changes with food or water intake Previously colored mucoid discharge -- now clear discharge only post antibiotics and steroids but never resolved Unilateral at start vs bilateral at this time No history of epistaxis History of chest films -- suspect tracheobronchitis follow-up films show improvement At exam today no clinical symptoms noted -- no obvious nasal discharge or coughing - owner reports symptoms unchanged at home - only new finding is suspect active yeast otitis right side
Abnormal PE/Chem/CBC/UA Results: Labs unremarkable with normal PT/PTT - no previous cultures

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

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

A small amount of soft tissue material is attached to the nasal conchal structures bilaterally.

Protruding from the roof of the nasopharynx, a small (<5 mm), polypoid soft tissue attenuating lesion is appreciated.

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 cranial pole of the left medial retropharyngeal lymph node is prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild rhinitis
- Small polypoid lesion roof of nasopharynx
- Mild lymphadenopathy left medial retropharyngeal lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the rhinitis is not appreciated, the presumptive diagnosis is non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic). Biopsy might be used to confirm the diagnosis.

The small polypoid lesion of the roof of the nasopharynx is considered as an incidental finding and can present a 'real' polyp, small mucus or salivary cyst/Thornwaldt like cyst.



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The small amount of gas appreciated in the right palatine fissure is considered within the incisive duct and is considered as an incidental finding.

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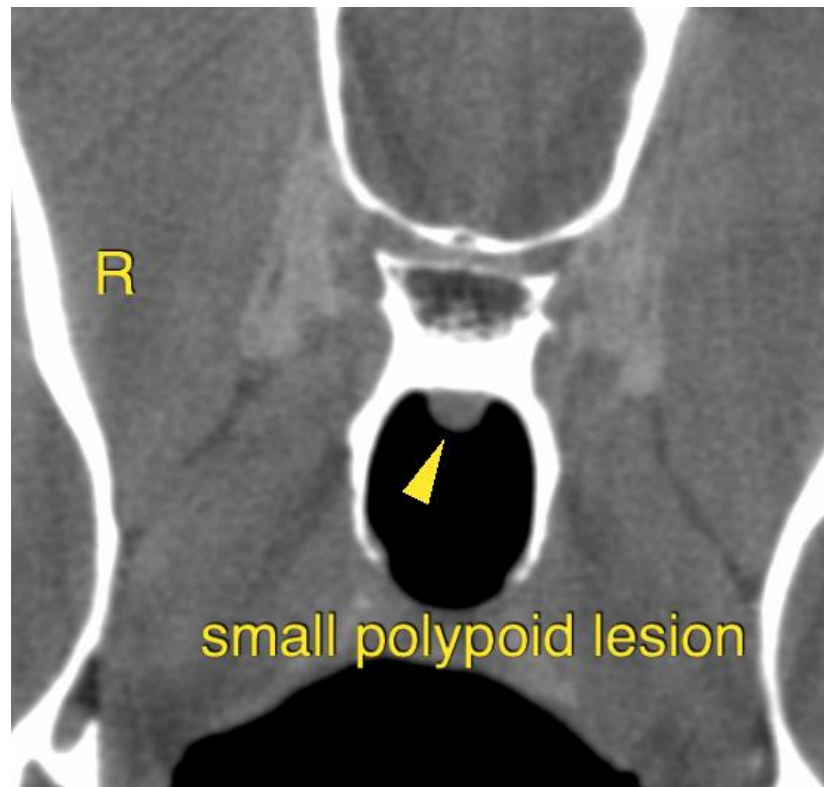
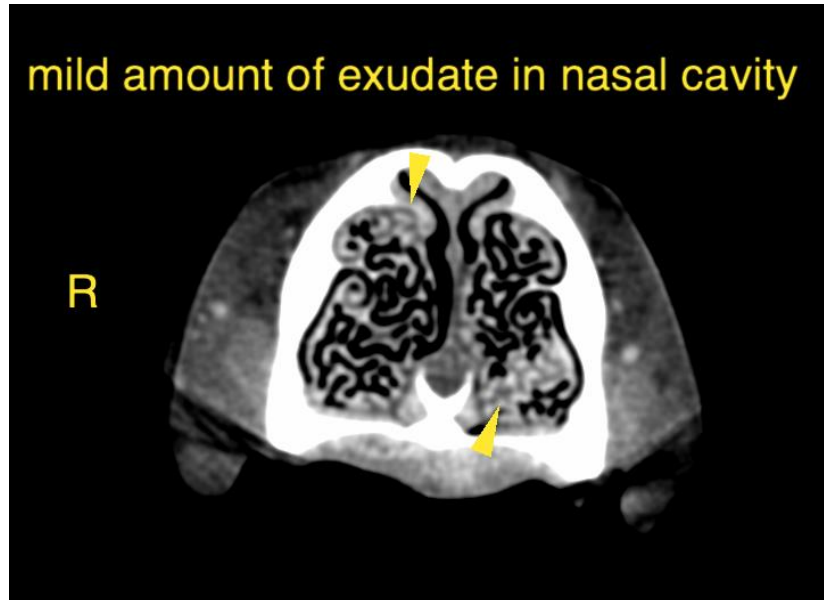
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mild amount of exudate in nasal cavity





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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.

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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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