



PATIENT

Baxter Wilcox

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Male Neutered

AGE

2Y, 25D

WEIGHT

18.40lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio,
DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio,
DVM

INVOICE

73106

DATE

12-23-25

PRESENTING CLINICAL SIGNS

Owner presented Baxter for evaluation of nosebleeds and chronic sneezing, first noted around June or July of this year. Owner reports violent sneezing episodes, especially in the mornings, with associated epistaxis, and describes episodes of blood on the floor and bed following sneezing. Nasal flush and dental extraction (upper left canine) were performed August 27, after which sneezing persisted but was less frequent and less violent; nosebleeds recurred on Thanksgiving (November 27) and recently. Owner administered Yunnan Baiyao during nosebleed episodes. Baxter tested positive for anaplasma at an urgent care visit on December 16 and was started on doxycycline December 17; owner reports improvement in nosebleed frequency and severity since starting doxycycline. Owner notes intermittent, chronic reverse sneezing, especially after walks and throughout the day. Owner observed a chunk of hair fell out from Baxter's rump on two occasions, one on Wednesday morning and one approximately 10 days prior. Owner states Baxter is eating well, enjoys exercise, and has tolerated the addition of a new puppy in the household, though Baxter is described as more serious and less playful since the puppy's arrival. Current medications: doxycycline for anaplasma, Yunnan Baiyao as needed, Bravecto for flea/tick prevention.

Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Small gingival epulis on right side in front of canine and one premolar; halitosis present.; Cardiovascular: Grade II/VI murmur, loudest on the left side.; CBC: Monocytes 1.15; Chem: WNL; 4DX: Anaplasma spp. Positive;

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and a plain CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The tooth elements 204, 205, 311, 411 are absent.

In the right nasal cavity, advanced destruction of the nasal conchal structures is appreciated – resulting in an empty nose. Generalized moderate thickening of the nasal mucosal lining is seen and non-contrast enhancing soft tissue material is attached to the nasal mucosal lining. The osseous lining of the right nasal cavity and the right frontal sinus presents multifocal moth eaten osteolytic lesions and zones with hyperostosis. The cribriform plate presents a defect in the right dorsal aspect. The osseous lining of the right frontal sinus is mildly misshapen.

Foamy gravity dependent soft tissue material is appreciated in the nasopharynx.

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 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

The bony and surrounding soft tissue structures are within normal limits.



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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation pattern is uniform.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

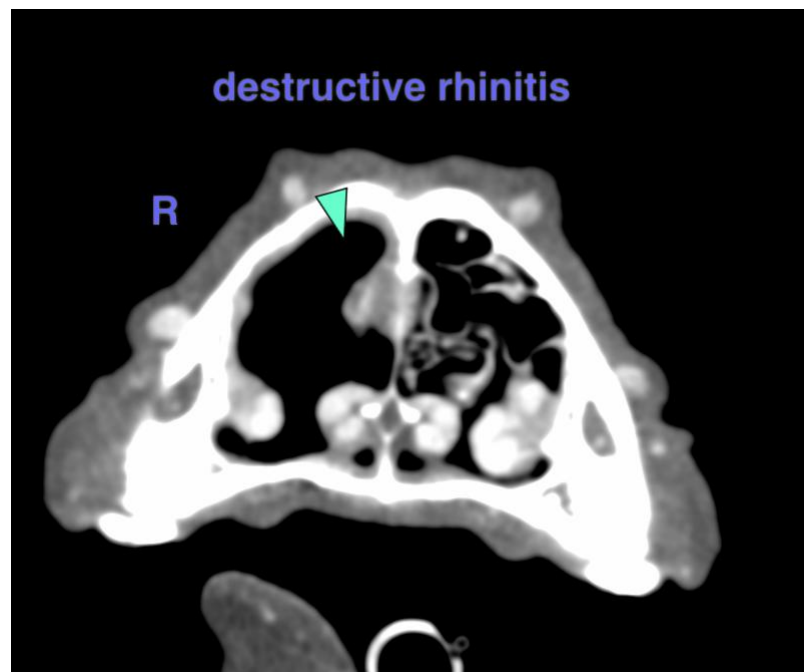
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided destructive rhinosinusitis with polystotic semiaggressive osteolytic lesions and zones with hyperostosis and a small defect in the cribriform plate
- Multiple absent teeth
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with right sided mycotic rhinosinusitis likely due to underlying infection with *Aspergillus* sp. Rhinoscopy including sampling for histopathology and microbial culture can be performed (detection of fungi microscopically is more straightforward than with culture in many cases). If mycotic rhinitis is confirmed, local antifungal therapy is the therapy of choice.





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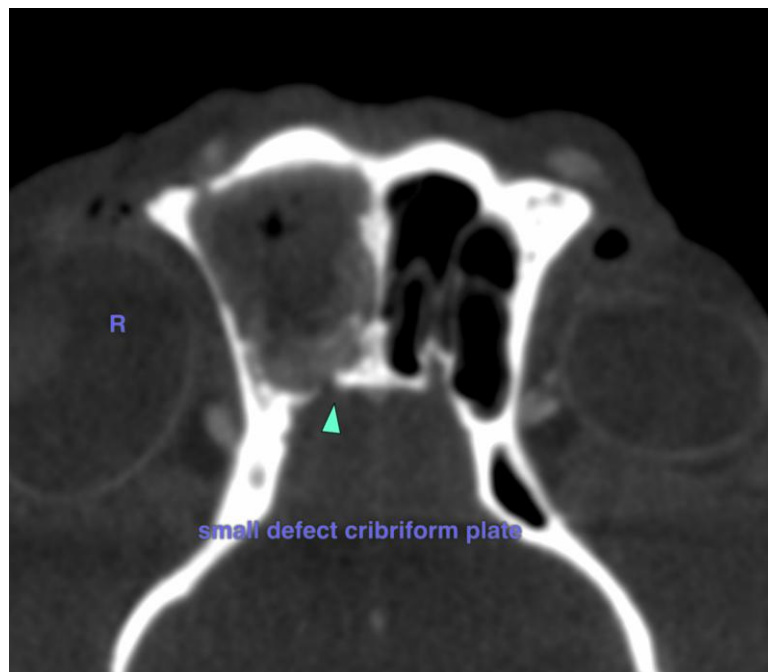
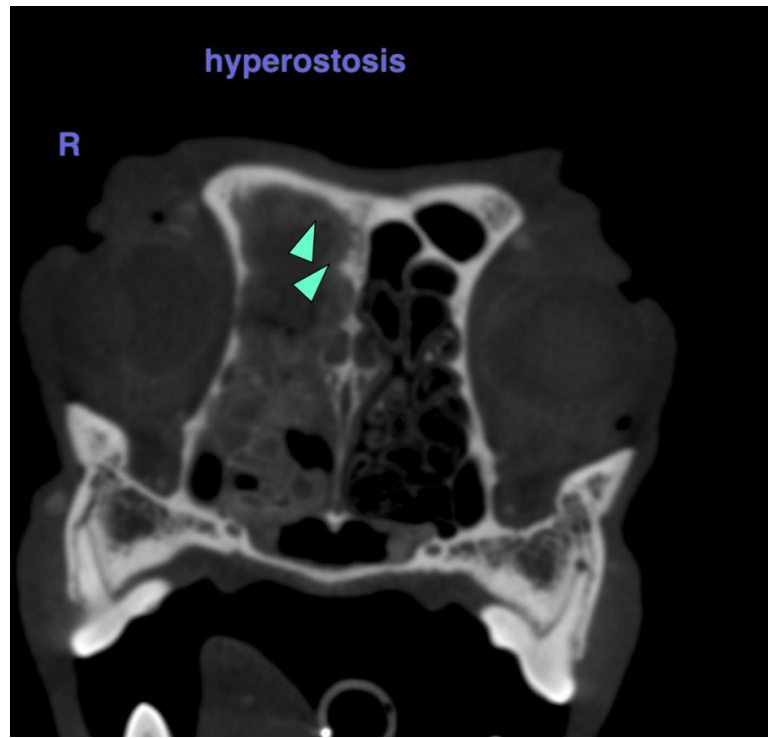
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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