



## PATIENT

Tilly #30987W-CT  
DeBoer

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

FS

## AGE

1Y, 10M

## WEIGHT

55.5lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Pete Bashara, DVM

## HOSPITAL NAME

Gentle Doctor Animal  
Hospitals

## REFERRING VET

Pete Bashara, DVM

## INVOICE

73127

## DATE

12-29-25

## PRESENTING CLINICAL SIGNS

Multiple month upper and lower respiratory signs Minor improvement with non-targeted antibiotic therapy Symptoms return post meds use Discharge remains clear to opaque Continues to eat and drink well with normal activity reported Imaging goal today to determine next therapy or diagnostic steps

Abnormal PE/Chem/CBC/UA Results: Pre-screening labs - changes only related to altered hydration Deep nasal cultures obtained today as well as blood for fungal serology pending radiology recommendations

## 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

Triadan 411 is absent. A supernumerary triadan 101 and 201 is visible.

In both nasal cavities, a moderate amount of fluid attenuating material is attached to the nasal mucosal lining.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior, but small zones of dystelectasis in the cranial part of the left cranial lung lobe.

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



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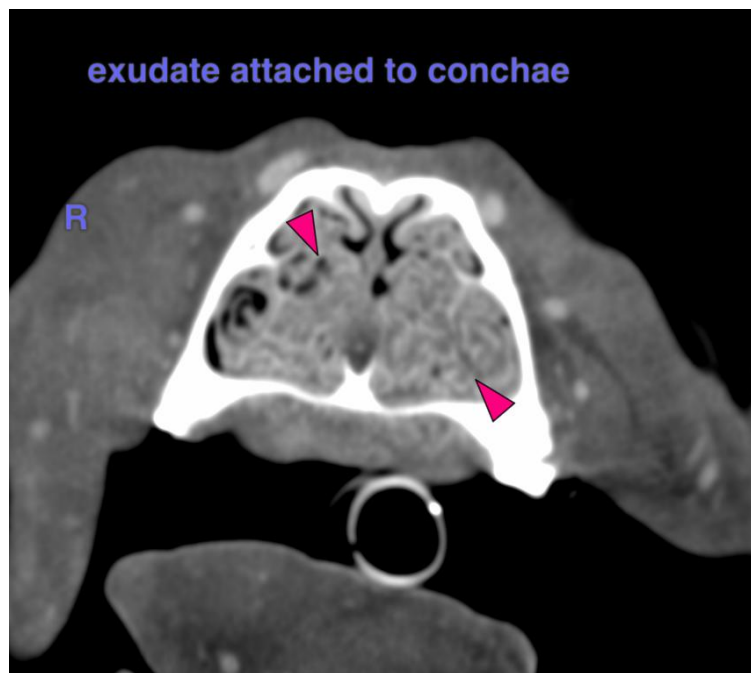
12-29-25

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Supernumerary triadan 101 and 201
- Absent triadan 411
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the rhinitis cannot be specified, and the presumptive diagnosis is non-specific rhinitis (e.g. eosinophilic, lymphoplasmacytic). There is no evidence of a nasal mass or foreign body related rhinitis. Rhinoscopy including biopsy can be considered as advanced diagnostic tool.



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  
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