



PATIENT

Beau Varenkamp

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered male

AGE

10Y

WEIGHT

21.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. Pepen

INVOICE

73768

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- Chornic nasal discharge

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 209, 311 and 411 are absent.

In both nasal cavities, a small amount of fluid attenuating material is attached to the nasal conchal structures. Mild destruction of the nasal conchal structures 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 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.

At the cranial aspect of the odontoid peg of C2, an isolated, irregular roundish mineralized body is seen, measuring 2.3 mm in diameter.

Thorax

The intervertebral disc space C6/C7 is moderately narrowed, and the respective vertebral endplates 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 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

- Mild destructive rhinitis
- Absent triadan 209, 311, 411
- Persistent ossiculum terminale cranial aspect odontoid peg
- Chronic discopathy C6/C7 along with spondylosis formation



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- Normal thorax

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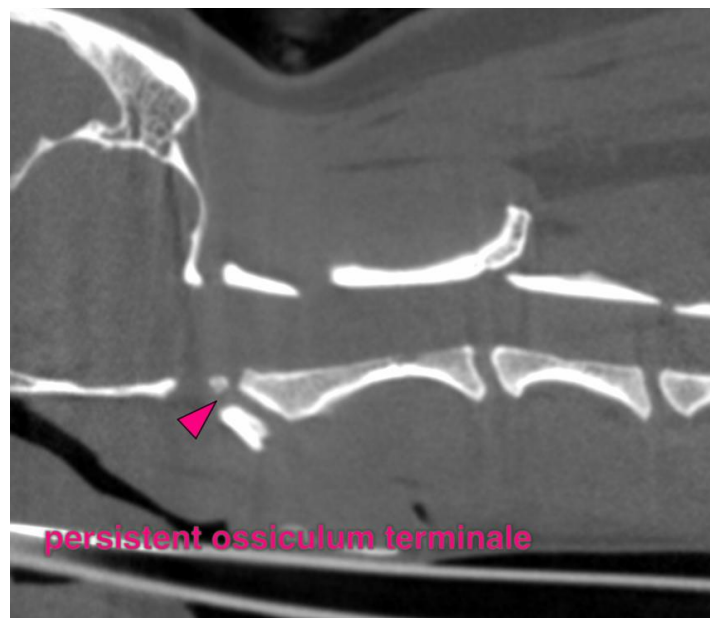
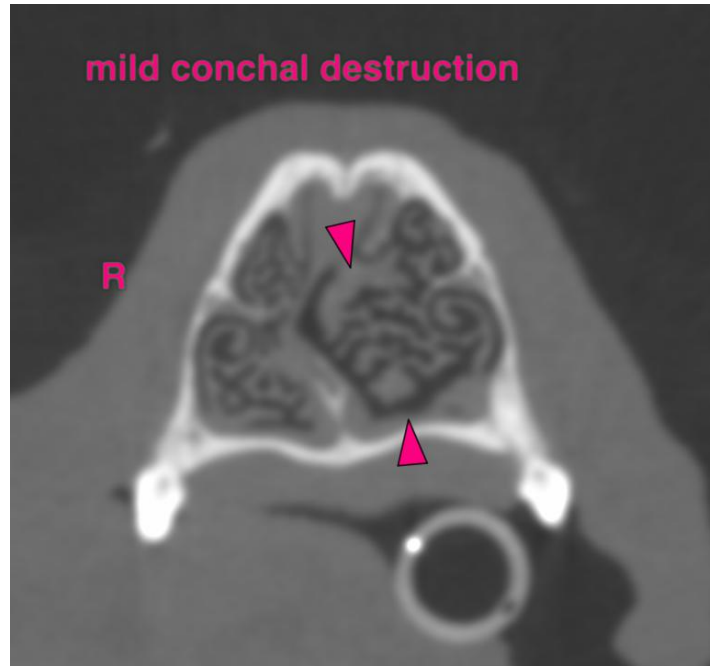
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with rhinitis, and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic). There is no evidence of nasal mass, foreign body, mycotic rhinitis or odontogenic rhinitis. Rhinoscopy including biopsy can be used for further workup.





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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