



PATIENT

Bergen Albergo

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

4

WEIGHT

33.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDP

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infermuso

INVOICE

73774

DATE

2-16-26

PRESENTING CLINICAL SIGNS

increased respiratory noises

COMPUTED TOMOGRAPHY OF THE SKULL & NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

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

Multifocal mild consolidation of the nasal cavity is appreciated. The caudal aspect of the pharynx is partially collapsed.

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.

The osseous and soft tissue structures of the neck reveal no abnormalities. The thyroid gland bilaterally presents the expected size, shape and attenuation behavior.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect mild rhinitis
- Collapsed pharynx
- Normal neck

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The laxity of the larynx can be accentuated by muscle relaxation secondary to general anesthesia – however can predispose for upper respiratory noise. The mild consolidation of the nasal cavity can be indicative for mild (non)specific rhinitis (e.g. lymphoplasmacytic, eosinophilic, allergic). Workup may be complemented by rhinoscopy and evaluation of the larynx.



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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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