



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Leeloo Mauchine **PRESENTING CLINICAL SIGNS** History: About two weeks of sneezing and constant licking at nose that had a relatively acute onset after possibly choking on a cracker.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Scoping showed mild inflammation of the mucosal lining of the left nasal cavity and copious amount of mucus and the left choanal slit is stenotic/closed and could not be flushed No Bloodwork.  
Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

**BREED**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** The tooth elements 110, 210 and 406 are absent. Triadan 109 & 209 present a moderate widened periodontal space. The pulp cavity of triadan 108 & 208 is exposed to the dental surface.  
Spayed Female

**AGE** A moderate amount of fluid attenuating material is attached to the nasal conchal & turbinate structures. Mild destruction of the nasal conchal & turbinate structures is appreciated. In the caudal aspect of the left ventral nasal meatus, a prominent contrast enhancing membrane is appreciated with focal pressure erosion of the opposing part of the horizontal lamina of the left palatine bone and potential complete obliteration of the left ventral nasal meatus.  
3 Years

**INTERPRETED BY**

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Sebastian Schaub,  
DVM Dr. med. vet.  
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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.

**HOSPITAL NAME**

Petroglyph AH

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.

**REFERRING VET**

Dr. Alice Ku

The submandibular and medial retropharyngeal lymph nodes are prominent and have a heterogeneous contrast enhancement pattern.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

21183

- Destructive rhinitis
- Suspect left sided
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Periodontal disease 109 & 209
- Suspect complicated dental fracture 108 & 208

**DATE**

2/17/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Leeloo Mauchine

A specific underlying cause for the destructive rhinitis is not appreciated and the presumptive diagnosis is non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic) ± bacterial superinfection. There is evidence of an imperforated membrane closing the left caudal segment of the left ventral nasal meatus – suggestive for acquired or congenital choanal stenosis/atresia by an imperforated membrane or conchae – causing upper airway obstruction, functioning as additional trigger for the rhinitis. Recommend discussing the chances to remove/perforate the membrane/conchae as treatment option of the left sided airway obstruction.

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

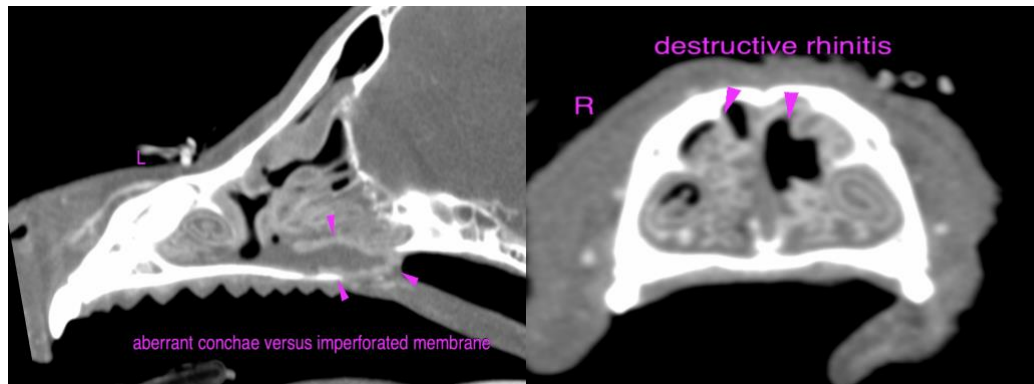
**SEX**

Spayed Female

**AGE**

3 Years

Secondary reactive hyperplasia of the tributary lymph nodes.



**INTERPRETED BY**

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DVM Dr. med. vet.  
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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.

**HOSPITAL NAME**

Petroglyph AH

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