



PATIENT

Scamp Didomenico

PRESENTING CLINICAL SIGNS

Chronic otitis externa AU . Heart disease

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

BREED

Min. Schnauzer

COMPUTED TOMOGRAPHIC FINDINGS

Skull

All teeth but triadan 103, 302-306, 404 and 405 are absent. Moderate atrophy and remodeling of the alveolar bone is noted in all jaw quadrants. Level with absent maxillary canine teeth, a defect of the alveolar bone is seen covered by gingiva.

In both nasal cavities, R>L, destruction of the nasal conchal structures is seen.

SEX

FS

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

AGE

13 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals bilaterally present a significant thickened wall obliterating the lumen of the external ear canals.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Animal Surgical
Center

Multiple cutaneous wart-like lesions are seen along the skull and neck.

Thorax

The periarticular bones of both elbow joints present moderate osteophyte new bone formation. Level with L6/L7 protrusion of heterogeneous mineralized material into the vertebral canal and the respective neuroforamina bilaterally is seen with advanced chronic remodeling of the vertebral endplates and neuroforamina.

REFERRING VET

Animal Health &
Wellness Vet

A large amount of subcutaneous fat is seen along the cranioventral thoracic wall.

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.

INVOICE

56840

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.

DATE

2-20-23



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The cranioventral aspects of the lung parenchyma are consolidated with air bronchograms, the volume is mildly decreased. 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.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of bilateral chronic otitis externa with hypertrophy of the wall and stenosis of external ear canals
- No evidence of accompanying otitis media
- History of dental extractions and oronasal fistula formation level with the maxillary canine teeth – defects are covered by gingiva
- Signs for preceding destructive rhinitis – likely odontogenic in origin
- Consolidated cranioventral aspects of the lung field
- Multiple cutaneous wart-like lesions
- Chronic discopathy L6/L7

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SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

The thickened external ear canals are fitting the history of bilateral otitis externa without signs of otitis media. Total ear canal ablation appears as a feasible treatment option here.

The consolidated cranioventral aspects of the lung parenchyma are most consistent with dystelectasis secondary to general anesthesia, theoretically pneumonia is a potential, but I would expect respective clinical signs such as cough or laboratory changes indicating inflammation.

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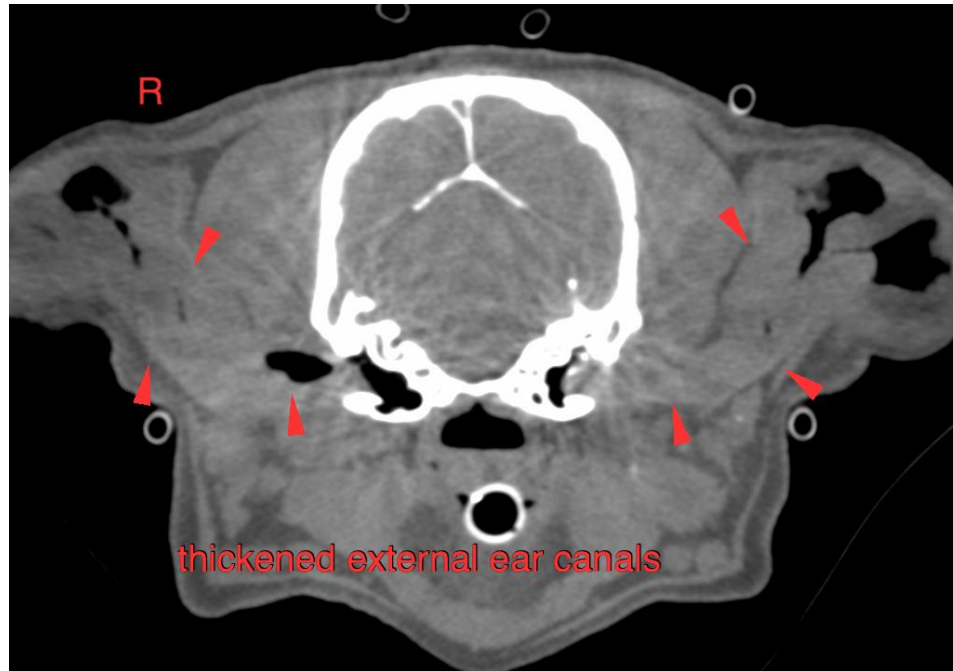
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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