



PATIENT

Quenepa Garcia

SPECIES

Canine

BREED

Vizla

SEX

FS

AGE

11Y, 1M

WEIGHT

33lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73887

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- Quenepa presents with a persistent cough that has not fully resolved despite previous treatments. She has been prescribed various medications including antibiotics and anti-inflammatory drugs in the past, with some improvement noted when taking prednisone. The cough is not constant throughout the day but worsens significantly at night. Previous imaging studies showed no significant findings. There is no documented history of heart or lung abnormalities, and no heart murmurs have been noted in previous examinations or medical records. Recently Bloodwork (2/20/26) showed low level of Lymphocytes 0.56 (0.98-4.2 K/uL), and high levels of Monocytes 1.16 (0.145-0.737 K/uL) and Platelets 424 (120-412 K/uL). In the Chemistry there is an ALP of 950 (5-160). In the Urinalysis (2/20/26) a low pH value was detected (5.5 (6.0-7.5)), and was found 1+ of Protein.

Abnormal PE/Chem/CBC/UA Results: FE: T. 100.9 F, HR 120, RR 32, MM Pink, CRT <2 seg, H/L WNL, Clear nasal discharge, coughing is elicited after tracheal palpation, Dental Calculus (4/4), Nuclear sclerosis OU.

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 are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 301 and 401 are absent.

In the nasal cavity bilaterally, mild destruction of the nasal conchal structures is appreciated. The nasal mucosal lining is generalized moderately thickened. A very small 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 vertebral endplates T4/T5 present moderate spondylosis formation.

The middle tracheobronchial lymph node is mildly prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Generalized mild smooth thickening of the bronchial walls is appreciated. The first degree bronchus of the right middle lung lobe present segmental cylindrical dilation. The most ventral dependent aspects of the lung present zones of consolidation and air-bronchograms.



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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.

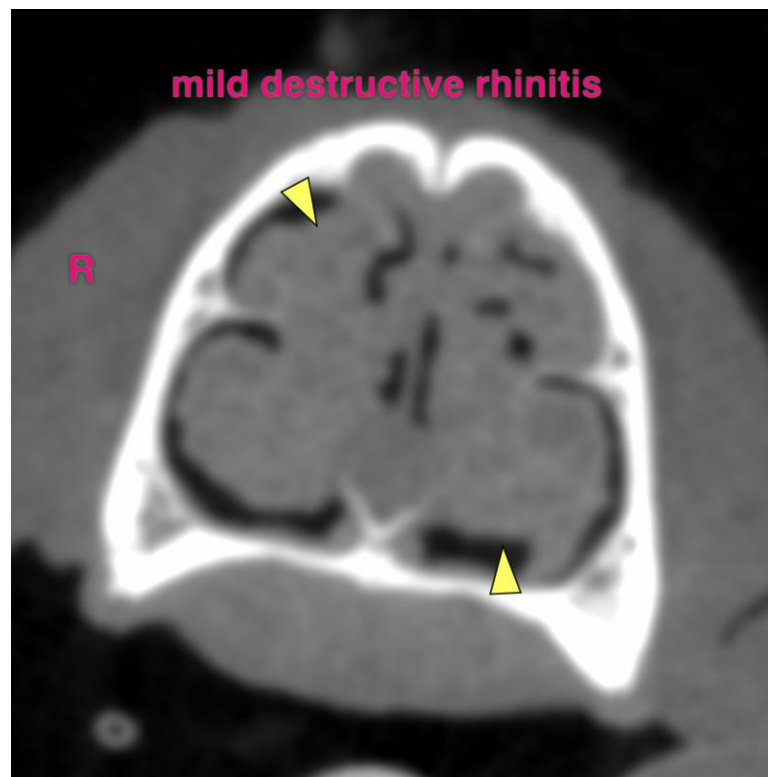
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild destructive rhinitis
- Ventral distributed zones with an alveolar pattern and decreased pulmonary volume
- Mild bronchial pattern with mild bronchiectasis
- Lymphadenopathy middle tracheobronchial lymph node
- Absent triadan 301 and 401

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the destructive 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. Accompanying bronchitis can be the described cough. The bronchiectasis will predispose for recurrent lower airway infection.

The ventrally distributed zones with an alveolar pattern can present dystelectasis due to general anesthesia or pneumonia. Complementing workup by bronchoscopy including BAL may be beneficial as well.





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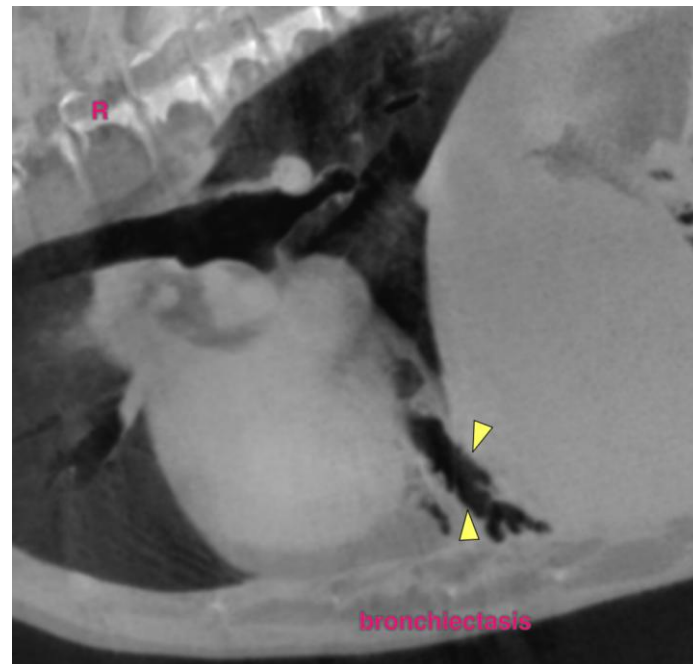
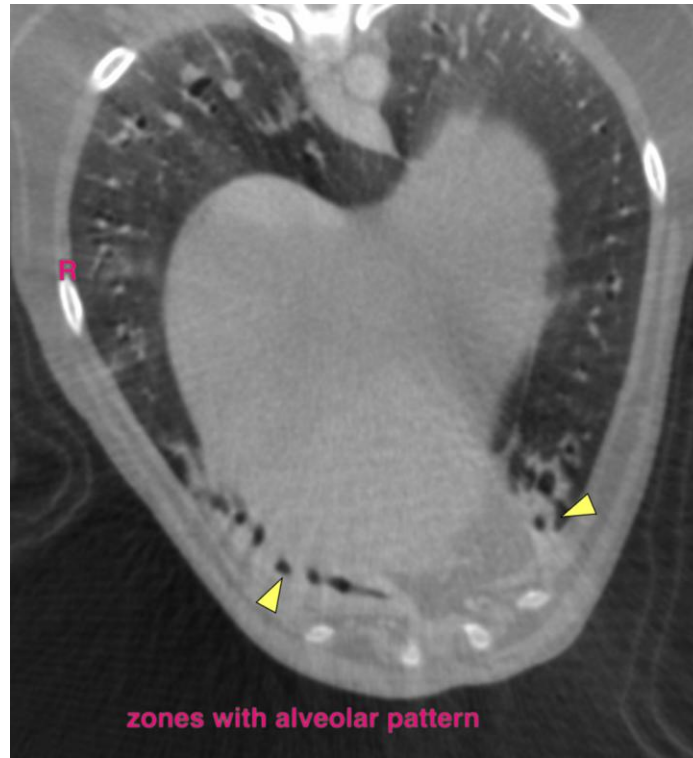
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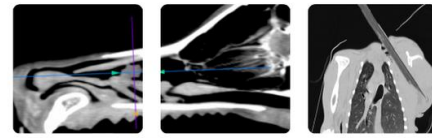
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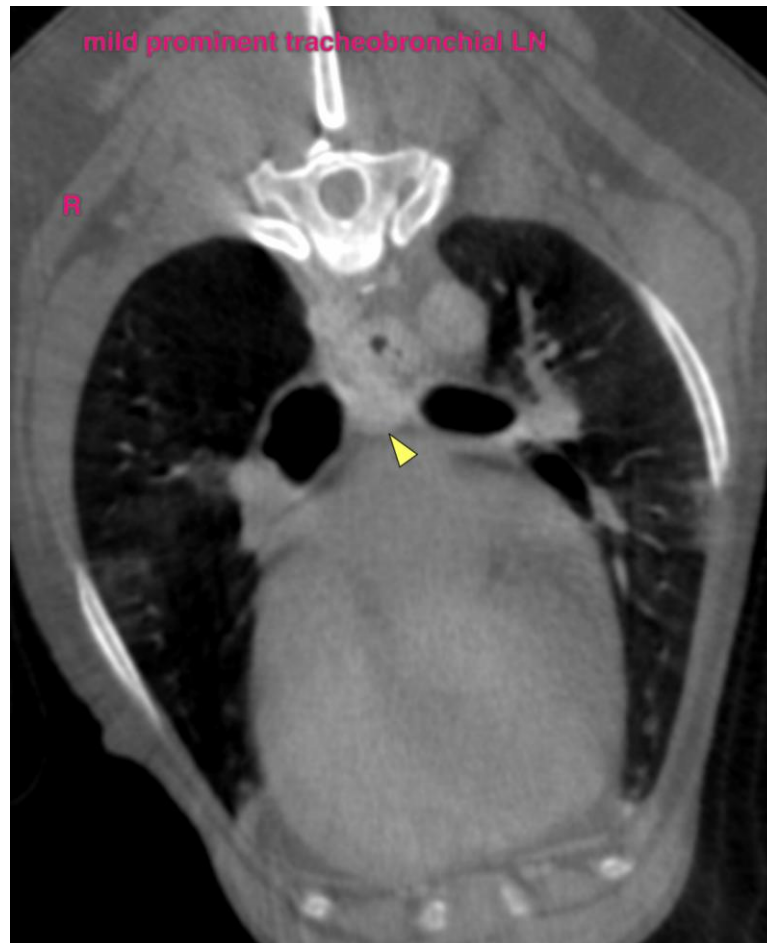
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com