



PATIENT PRESENTING CLINICAL SIGNS

Barkely Hagnauer History: Chronic hacking cough, has had several episodes where he tilts his head all the way up, sticks his tongue out, and hacks hard. Unsure if he is showing slight signs of stroke behavior, once he did bite on his tongue. Unable to elicit cough on exam; normal bronchovesicular sounds.

SPECIES Abnormal PE/Chem/CBC/UA Results:

Canine COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX

BREED 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.

Goldendoodle COMPUTED TOMOGRAPHIC FINDINGS

SEX Skull

Neutered Male A mild bradygnathia superior is appreciated.

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

AGE The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

7 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

Mobile Pet Imaging

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. Meaux

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 pictured parts of the neck present without abnormalities. No abnormalities of the laryngeal structures are seen. The perilaryngeal structures are within normal limits.

INVOICE

14071

Thorax

Moderate spondylosis formation is seen along the mid thoracic spine. Mild exostosis formation of the distal aspect of the intertubercular sulcus is noted.

DATE

2/24/22



PATIENT Barkely Hagnauer
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.

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

SPECIES

Canine
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.

BREED Goldendoodle
The caudodorsal, dependent aspects of the lung present regions with mild compression atelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

SEX

Neutered Male

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structural normal skull but mild bradygnathia superior
- Pulmonary osteomas
- Mild exostosis formation groove of left bicipital tendon
- Dystelectasis caudodorsal dependent aspects of the lung, due to general anesthesia
- Spondylosis deformans

AGE

7 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The current CT study of the skull and thorax presents without clinically relevant macromorphological abnormalities, explaining the described clinical signs. Bronchoscopy including BAL have already been performed, for further screening for underlying inflammatory lower airway disease.

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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.

REFERRING VET

Dr. Meaux

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
sebast.schaub@gmail.com

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