

PATIENT

Bella Mosis

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7Y, 11M

WEIGHT

92.2lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73608

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Presenting complaint or concern (brief)
- P presented for increased sneezing, on exam noted discharge from right nostril. When taking swabs for pcr testing and culture blood was noted on swab. Slight weight loss
- Please list any current medications
- 1. Apoquel 16mg tablet: Give 1 tablet orally once daily for 2 weeks then once daily
- 2. Ketoconazole 200mg tablets: Give 1/2 tablet orally TWICE daily with a meal.
- Antifungal
- 3. Skips - Amantidine 40mg capsule qty 30: Give 1 capsule orally once daily.
- 4. Carprofen 100mg PRN
- 5. Heartgard: Administer one CHEWABLE by mouth MONTHLY for prevention of heartworm disease.
- Does the patient have any allergies and/or drug reactions, in particular to iodine or anesthetic drugs?
- n/a

Abnormal PE/Chem/CBC/UA Results: PE T 100.4, HR 120, RR 30, MM Pink, CRT < 2seg, Dental Calculus 2/4, Nuclear Sclerosis OU

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Protruding from the rostral aspect of the roof of the nasopharynx, a well-defined, convex shaped polypoid lesion is seen; measuring < 4 mm.

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

Along the thoracic spine, multifocal mild spondylosis formation is seen.



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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.

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.

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.

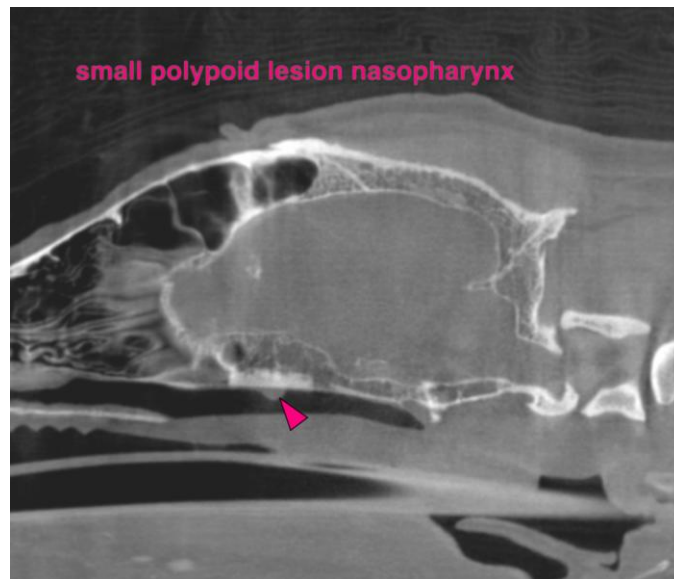
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small polypoid soft tissue lesion roof of nasopharynx
- Normal nasal cavity
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities that do explain the history of sneezing and the presumptive diagnosis is non-specific rhinitis (e.g. lymphoplasmacytic, eosinophilic, allergic). Rhinoscopy may be used as advanced diagnostic tool.

The small polypoid lesion of the roof of the nasopharynx is considered as an incidental finding and can present a 'real' polyp, small mucus or salivary cyst/Thornwaldt like cyst.





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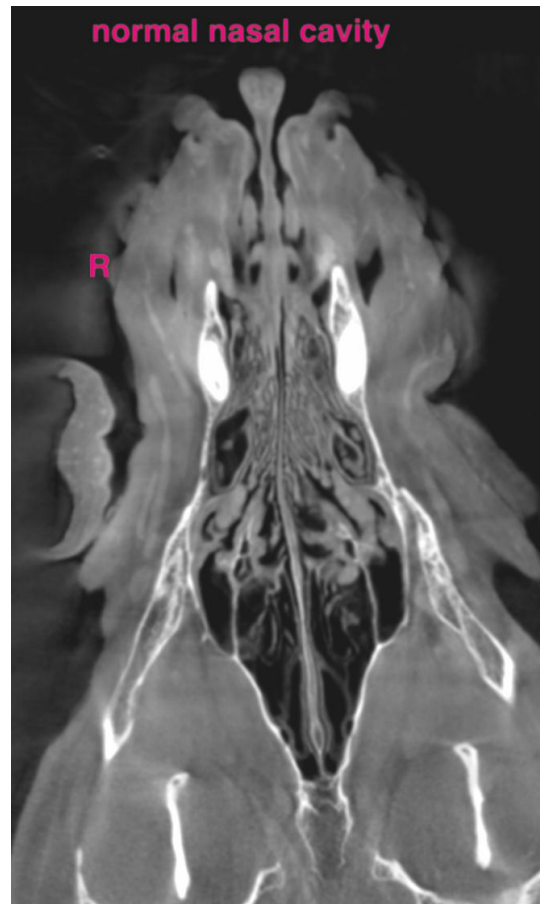
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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