

## PATIENT

Jitterbug Squier

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

5 Pounds

## INTERPRETED BY

Sebastian Schaub,  
DVM, Dr. med. vet.  
DipECVCI

## IMAGING PERFORMED BY

Mobile Pet Imaging

## HOSPITAL NAME

Mobile Pet Imaging

## REFERRING VET

Dr. Armstrong

## INVOICE

36089

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

History: Pet has been having a chronic nasal discharge.

## COMPUTED TOMOGRAPHIC STUDY 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 is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent. The remainder teeth present evidence of generalized mild periodontal disease.

Mild to moderate destruction of the nasal conchal structures is appreciated. In the caudal aspect of the left nasal cavity, focal mild osseous turbinate hyperplasia is seen.

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 right mandibular lymph nodes are prominent.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

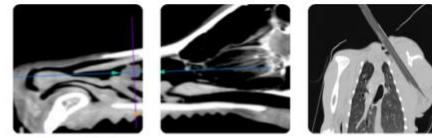
The intrathoracic segment of the trachea and the main-stem bronchi are dorsoventrally flattened. The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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.

In the gallbladder, granular hyperattenuating material is visible.

## COMPUTED TOMOGRAPHIC DIAGNOSIS



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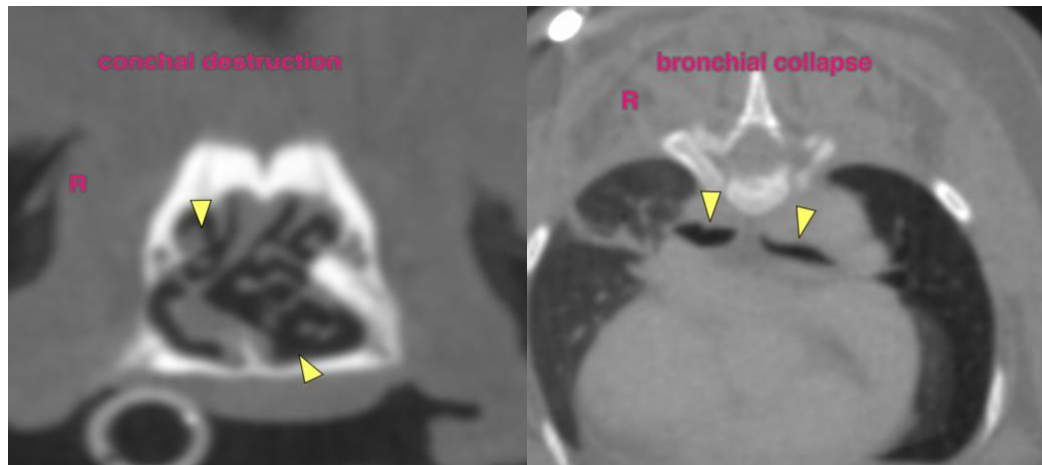
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- Destructive rhinitis
- Generalized periodontal disease of the remaining teeth
- Tracheal and bronchial collapse
- Multiple absent teeth
- Mild lymphadenopathy right mandibular lymph nodes
- Cholecolithiasis without mechanical obstruction

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with rhinitis, and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic). There is no evidence of nasal mass, foreign body, mycotic rhinitis or odontogenic rhinitis – I do not see evidence of a tooth root perforating the nasal cavity. Rhinoscopy including biopsy can be used for further workup.



**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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)