



PATIENT

Lola Lippon

SPECIES

Canine

BREED

French Bull Dog

SEX

FN

AGE

5

WEIGHT

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

74389

DATE

3-30-26

PRESENTING CLINICAL SIGNS

- acute onset coughing 4 day duration
- minimal access

Abnormal PE/Chem/CBC/UA Results: cbc/chem pending

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A pre- and post-contrast CT study of the skull and thorax in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The skull has a brachycephalic conformation with significant crowding and rotation of the maxillary premolar teeth.

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. Mild aberrant caudal conchal growth is appreciated. The soft palate is mildly thickened, measuring up to 11 mm in height.

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

The left tympanic bulla is obliterated by soft tissue attenuating material without contrast uptake. The osseous wall of the left tympanic bulla is mildly thickened and smooth. 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

T8 has a mild wedge shaped conformation.

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 left main-stem bronchus is mildly dorsoventrally flattened due to the local anatomical conditions. The first degree bronchi of the caudal lung lobes present a mild smooth thickening of the wall.

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.



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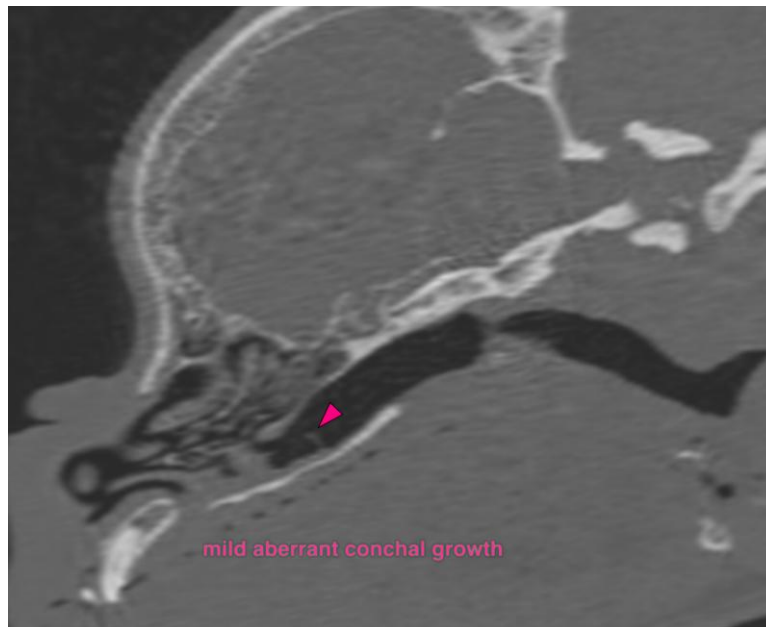
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bronchial lung pattern
- Mild thickened soft palate
- Mild aberrant caudal conchal growth
- Multiple absent teeth
- Left sided otitis media – likely primary secretory
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bronchial lung pattern is suggestive for bronchitis and primary inflammatory non-infectious causes – such as lymphocytic plasmocytic, eosinophilic, mixed – and infectious causes (e.g. viral, bacterial, parasitic) are likely. The acute onset of clinical signs, is increasing the odds for infectious origin of bronchitis (e.g. canine infectious respiratory disease complex). A fecal exam can be used to screen for lung worm infection entirely. Bronchoscopy including BAL would be ideal as advanced diagnostic tool, empirical management can be considered alternatively.





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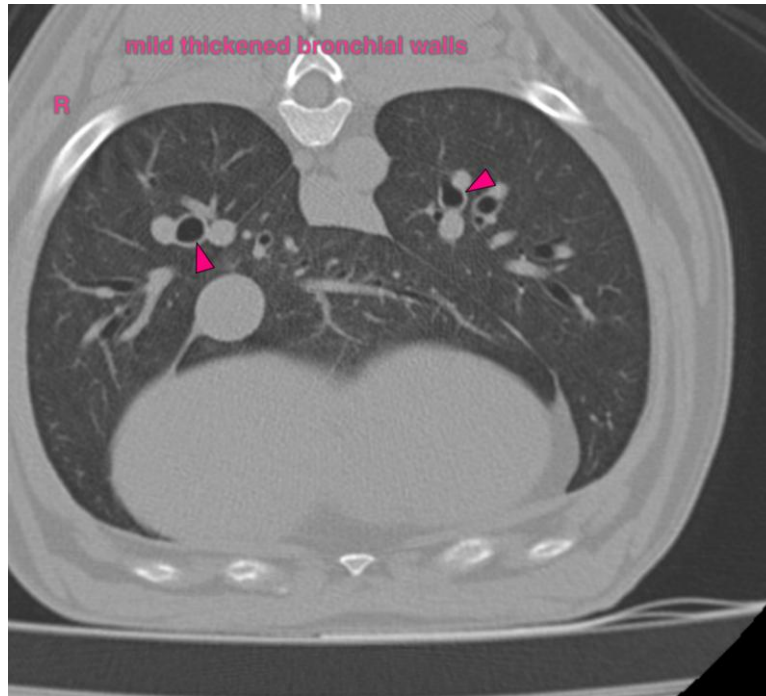
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com