



**PATIENT PRESENTING CLINICAL SIGNS**

Ella Palazzola History: Recurring sneezing / coughing episodes / nasal congestion. R/O Airway disease  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SKULL & THORAX**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

Shorkie Regarding the anatomy, electronic side markers are flipped, and right is indicating the left side of the patient and vice versa.

**SEX**

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

A mild amount of fluid attenuating material is attached to the nasal mucosal lining. Mild destruction of the nasal conchal structures is appreciated.

**AGE**

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

**INTERPRETED BY**

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.

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Animal Clinic of  
Queens

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.

In the subcutaneous tissue dorsal to C2/C3, a uniform soft tissue attenuating and heterogeneous contrast enhancing ovoid shape mass is visible, measuring 19 x 13 x 25 mm in size; the mass presents multiple fluid attenuating zones with interspersed contrast enhancing septae.

**REFERRING VET**

Dr. Mucera

In the subcutaneous tissue at the right dorsal aspect of C5, an ovoid shaped soft tissue nodule is visible.

**INVOICE Thorax**

14509

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

**DATE**

3/31/22



**PATIENT**

Ella Palazzola

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 lung parenchyma presents a generalized coarse reticular pattern with multiple thickened interstitial bands, extending from the periphery into the lung parenchyma. In the craniolateral aspect of the right cranial lung lobe, a gas filled lesion, demarcated by a thin, soft tissue attenuating capsule is visible, measuring 4 mm in diameter. Multifocal mild honeycombing of the lung parenchyma is present. The bronchi of the caudal lung lobes are mildly irregular widened, presenting a stellated cross-sectional shape.

**BREED**

Shorkie

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

**SEX**

Female

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**AGE**

11 Years

- Rhinitis, mildly destructive
- Moderate unstructured interstitial lung pattern with intrapulmonary cystic widening of the alveolar space
- Evidence of mild traction bronchiectasis
- Cavitated subcutaneous soft tissue mass craniodorsal aspect of the neck
- Non-specific subcutaneous nodule caudorsal aspect of the neck

**INTERPRETED BY**

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

An underlying cause for the rhinitis – such as periodontal disease – is not appreciated and non-specific rhinitis (e.g., lymphocytic plasmocytic, eosinophilic) is considered likely here ± bacterial superinfection. Rhinoscopy including sampling for microbial culture and histopathology can be used as advanced diagnostic test.

**HOSPITAL NAME**

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Queens

The pulmonary changes are most consistent with pulmonary fibrosis with secondary microcystic changes of the lung parenchyma. The pulmonary fibrosis can be a sequela to chronic interstitial pneumonitis, e.g., viral, allergic, eosinophilic/lymphocytic plasmocytic (potentially in combination of the non-specific rhinitis). The changes of the lower airways are considered irreversible. Complementing workup by BAL appears beneficial as well.

**REFERRING VET**

Dr. Mucera

Excisional biopsy of the subcutaneous mass at the craniodorsal aspect of the neck can be considered.

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**PATIENT**

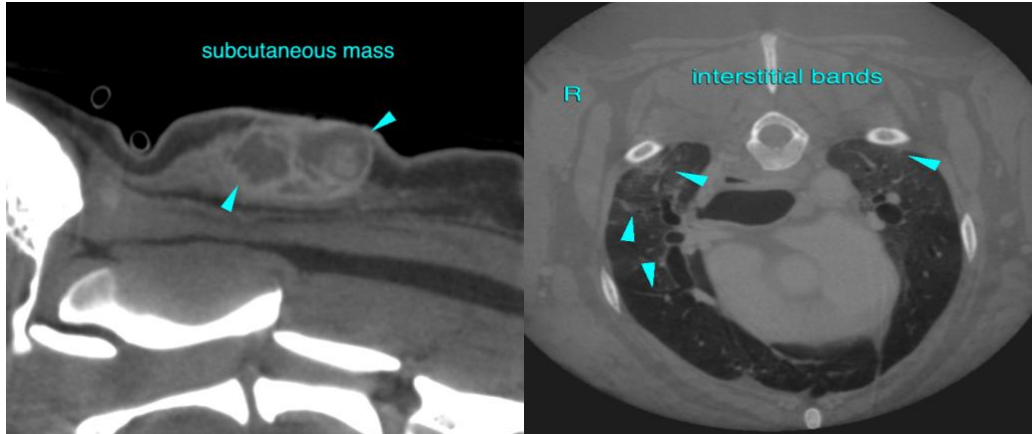
Ella Palazzola

**SPECIES**

Canine

**BREED**

Shorkie

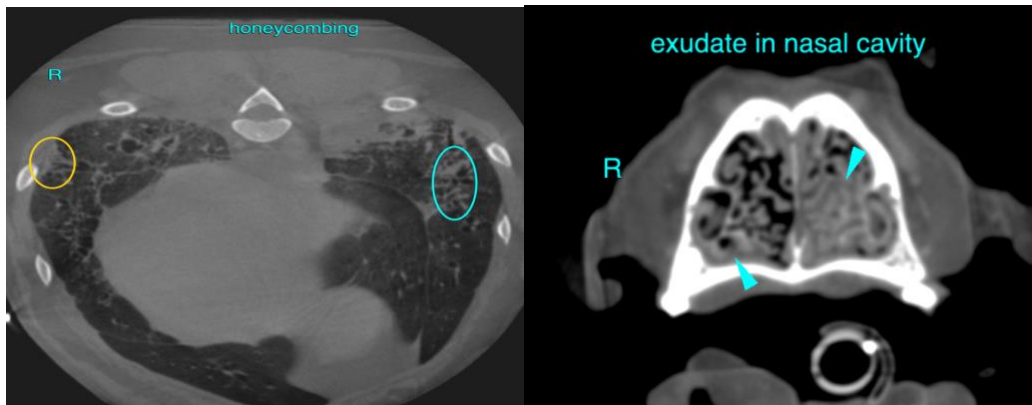


**SEX**

Female

**AGE**

11 Years



**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**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.**

**HOSPITAL NAME**

Animal Clinics of  
Queens

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.

**REFERRING VET**

Dr. Mucera

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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