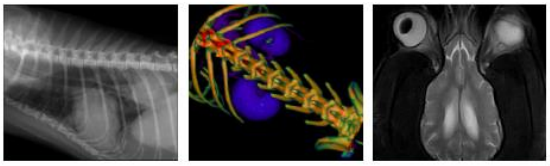

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PATIENT

Pablo Eden

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

2 Years, 1 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

Dr. Deepan Kishore

INVOICE

51462

DATE

4-11-22

PRESENTING CLINICAL SIGNS

Pablo presents due to difficulty breathing as a referral from Woodland West. Owner noticed Pablo was struggling to breath around 3 weeks ago. Clear discharge from the nares, was also noticed at the onset of symptoms, as well as bouts of sneezing. Owner says the discharge seems to be especially bad on the left nostril, and that it has become thicker and changed from clear to greenish yellow. Pablo was taken to rDVM 1 1/2 week ago after a syncopal episode, at which time Pablo was given a steroid and prescribed cough tabs. Pablo's symptoms continue to worsen, to the point where Pablo is not even able to sleep more than a short while. O said he stops breathing when he falls asleep, cries out loudy as he wakes up. Owner reports he has pulled long pieces of grass out of Pablo's nose in the past, including pieces up to 4 inches long. Pablo has suffered two seizure the owner is aware of, one at 4 months of age after making a rough impact with a hard surface and the second at 8 months after being pawed roughly by a larger dog. Sent home with Prednisolone 5mg, 1/2 tab q24hr for 3 days then 1/2 tab every other day, Clavamox 0.65mL (62.5mg/mL) q12hr for 7 days, Gabapentin 50mg tab, 1/4 tab q12hr. O has given 1 dose of each of the medications sent home last night.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

A supernumerary triadan 103 is seen. Triadan 205, 303, 311, 403 and 411 are absent.

In both nasal cavities, a mild amount of fluid attenuating material is attached to the nasal mucosal lining. The choana are narrow

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.

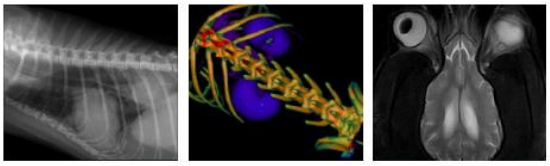
Incomplete ossification of the sutures of the calvarium is noted.

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

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



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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.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Suspect choanal stenosis
- Multiple absent teeth
- Supernumerary triadan 103
- Incomplete ossification of the sutures of the calvarium
- Normal thorax
- Normal abdomen

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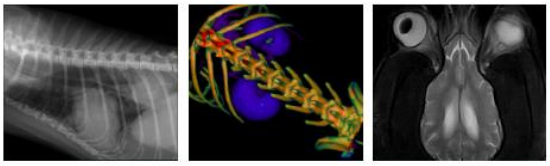

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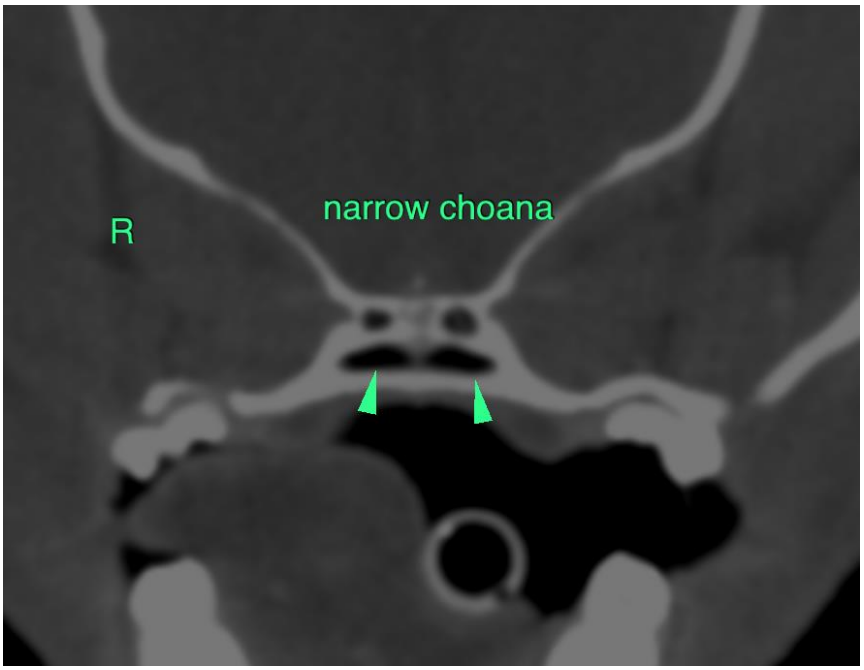
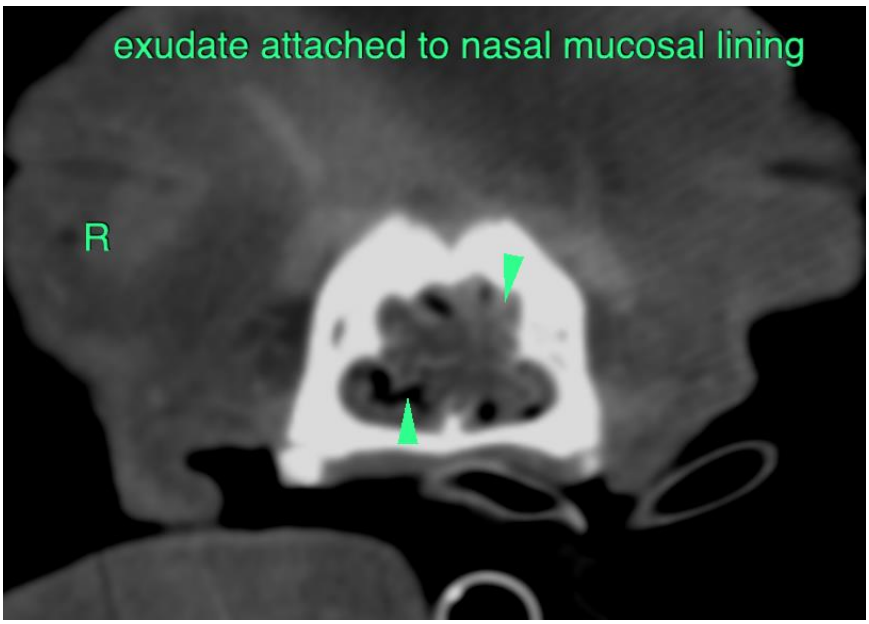
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osseous narrowing of the choanal might be a trigger for the rhinitis. No additional underlying cause for the rhinitis can be appreciated. Rhinoscopy including sampling for biopsy can be used to rule out non-specific rhinitis.

No additional clinically relevant pathologies are noted throughout the skull, thorax and abdomen.





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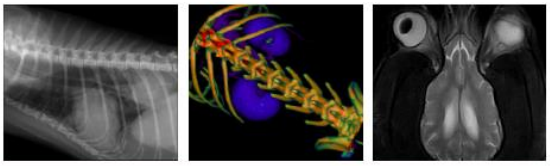

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com