



PATIENT PRESENTING CLINICAL SIGNS

Max Morkert Chronic nasal discharge (~2 years) that rapidly responds to antibiotics but once pet is off medication, symptoms recur and have resulted in aspiration pneumonia. Previous dental cleaning w extraction. No obvious findings from previous dental radiographs.

SPECIES Abnormal PE/Chem/CBC/UA Results: Severe periodontal Dz and halitosis. No nasal discharge appreciated at this time.

Canine COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

Catahoula COMPUTED TOMOGRAPHIC FINDINGS

Skull

SEX The tooth elements 105, 205, 208, 209, 301 and 401 are absent. Small fragments of the roots of triadan 301&401 are seen within the respective alveolar crest. A generalized mild horizontal bone loss is seen in all jaw quadrants.

Neutered Male

Mild atrophy of the nasal conchal structures is appreciated.

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

13 Years

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.

INTERPRETED BY

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.

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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

In the subcutaneous tissue at the left caudolateral thoracic wall, level with the costal cartilages of the 7th left rib, an ovoid shaped fat-attenuating nodule is visible.

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Meaux

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.

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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.

DATE

4-21-22

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.



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

- Max Morkert
- Mild destructive rhinitis
 - Generalized periodontal disease
 - Multiple absent teeth
- SPECIES**
- Lipoma left caudoventral thoracic wall
 - Normal thorax

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Catahoula

The findings in combination with the chronicity of the clinical signs are most consistent with non-specific rhinitis – such as lymphocytic plasmocytic, eosinophilic ± bacterial superinfection. Rhinoscopy including biopsy can be used to confirm the diagnosis.

The small amount of soft tissue material would go along with the suspected non-specific rhinitis.

SEX

Neutered Male

As I consider immune mediated disease most likely here, local immunomodulatory therapy (e.g. fluticasone applied with AeroDawg) might be tried.

AGE

13 Years

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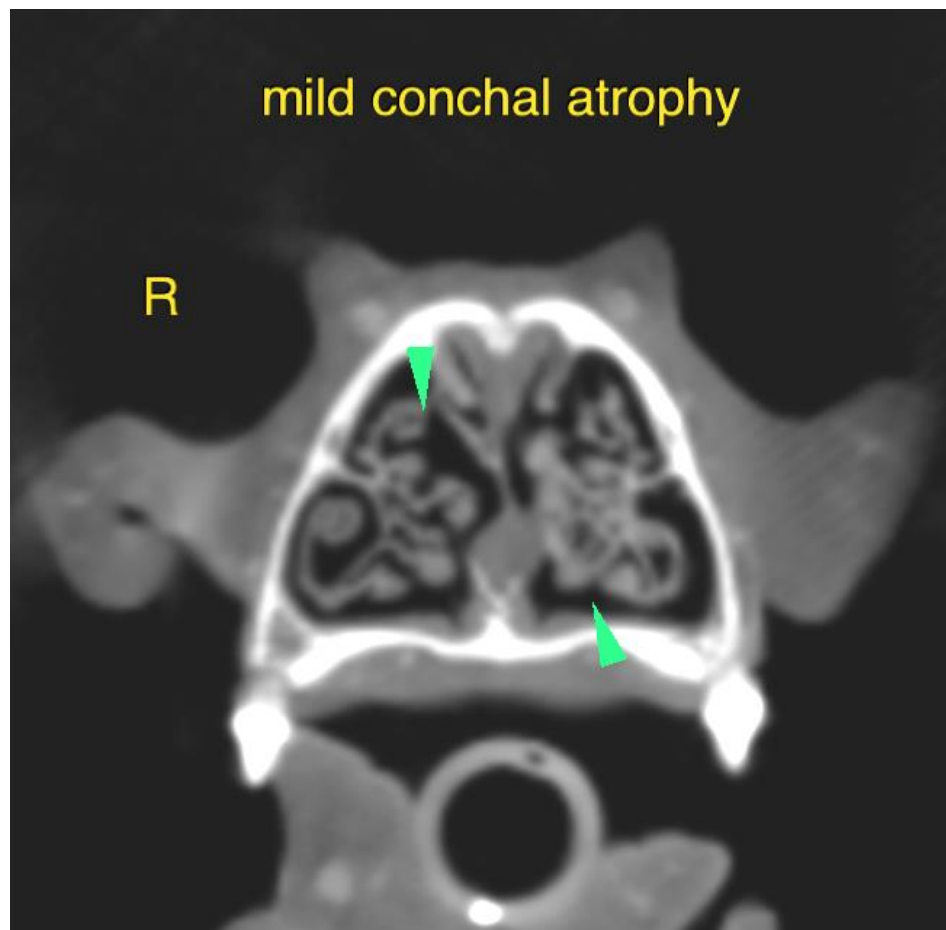
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PATIENT

Max Morkert

SPECIES

Canine

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.

BREED

Catahoula

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.

SEX

Neutered Male

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