



PATIENT

Lilly Sethi

PRESENTING CLINICAL SIGNS

Severe dental disease, laryngeal collapse grade 2, adequate pharyngeal ostium. CT scan of the skull, neck and chest were performed. We are pending results at this time. A radiologist will be reviewing the report and a plan will be made

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution plain CT study of the skull is provided for review.

BREED

Beagle

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 204 presents a significantly widening of the periodontal space with perforation of the left nasal cavity; focal soft tissue swelling is seen in the left nasal cavity at the same level in combination with mild destruction of the nasal conchal structures. Triadan 104 presents a moderate widening of the periodontal space. All premolar and molar teeth in the upper & lower jaw quadrants show a significant widening of the periodontal space. A moderate amount of mineralized material is attached to the crowns of multiple teeth.

SEX

Female

AGE

10 Years

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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 wall of the external ear canals is moderately thickened, and the epithelial lining is

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

Thorax

The caudoventral aspect of the vertebral body of T10 presents with a small geographic osteolytic lesion with a short transition zone. The base of the spinous process of nearly all thoracic vertebra presents with irregular margins – crescent shaped depressions of the cortex. Mild to moderate mineralization of multiple intervertebral discs along the thoracic spine is appreciated.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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 is hypoinflated and multiple regions of atelectasis of the dorsal dependent aspects of the lung are appreciated. The architecture of the lung parenchyma is considered within normal limits.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical
Center

REFERRING VET

Dr. Infernuso

INVOICE

51882

DATE

5-3-22



PATIENT abnormal dilation.

Lilly Sethi

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Oronasal fistula formation 204 with secondary odontogenic destructive rhinitis
- Irregular shape of the spinous processes of the thoracic spine
- Advanced generalized periodontal disease
- Otitis externa bilaterally
- Suspect fatty bone marrow replacement vertebral body T10
- Multifocal chondroid disc degeneration
- Multifocal chondroid disc degeneration along the thoracic spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding is the dental disease with oronasal fistula formation of triadan 204. A complete dental workup is considered beneficial.

The thorax presents without relevant pathology, but the dystelectasis of the lung parenchyma, secondary to general anesthesia.

The irregular contour of the base of the spinous processes is considered as normal anatomical variant as it is symmetric between the different vertebra. There are no signs for aggressive bone lesions.

Given the history, laryngeal paralysis is considered as the main diagnosis.



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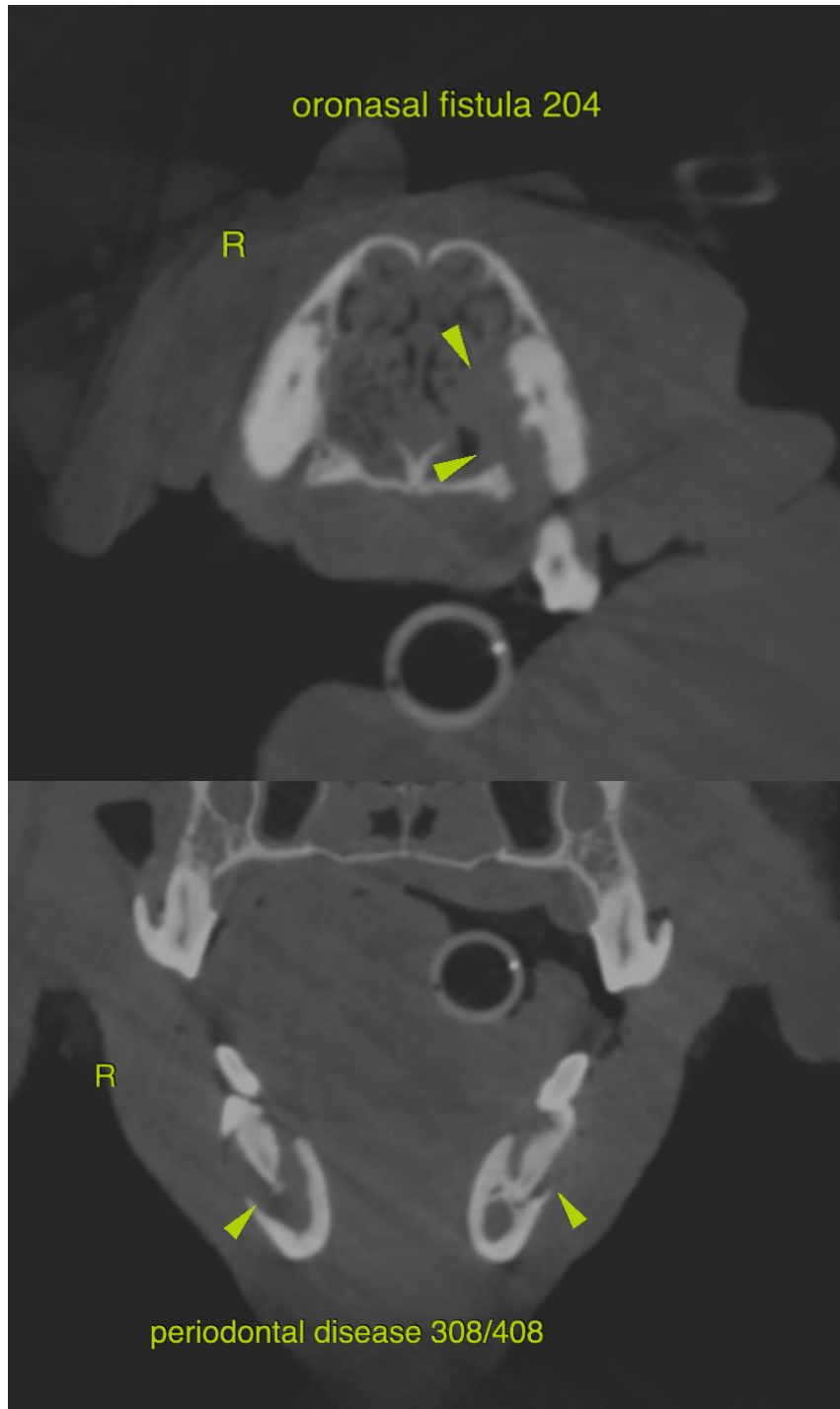
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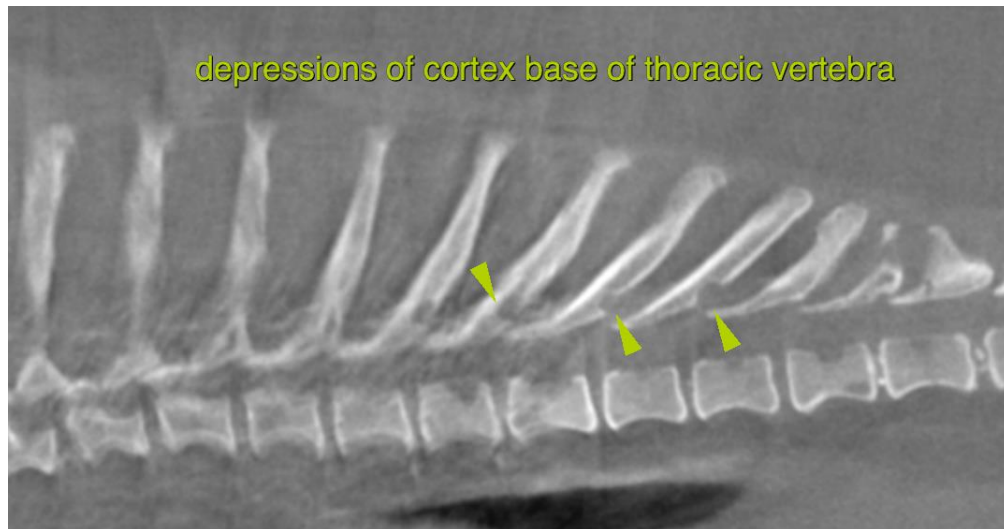
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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