



## PATIENT

Leon Schubert

## SPECIES

Canine

## BREED

Lab/Golden

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

23.0 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVCI

## IMAGING PERFORMED BY

Victoria Bradshaw

## HOSPITAL NAME

Veterinary Surgery  
Specialty Center

## REFERRING VET

Dr. Byron Young DVM,  
MS, DACVS

## INVOICE

37039

## DATE

5/6/26

## PRESENTING CLINICAL SIGNS

History: Leon presented for CT and rhinoscopy He has a history of reverse sneezing. Radiologist report revealed bronchial changes as well. The recommendation was CT of head and thorax followed by rhinoscopy. Leon hasn't responded to antibiotic therapy.

## COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Triadan 107 is absent.

A small amount of fluid attenuating material is attached to the nasal mucosal lining.

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

In both tympanic bullae a small amount of fluid attenuating material is attached to the wall. The osseous wall of both tympanic bullae is mildly thickened. 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 prominent and have a mild irregular contrast enhancement pattern.

### Thorax

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

A prominent thymic remnant is appreciated in the cranioventral aspect of the mediastinum.

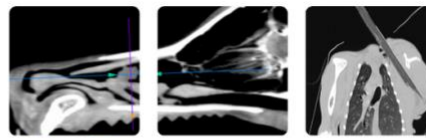
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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.



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## 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.

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.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous.

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.

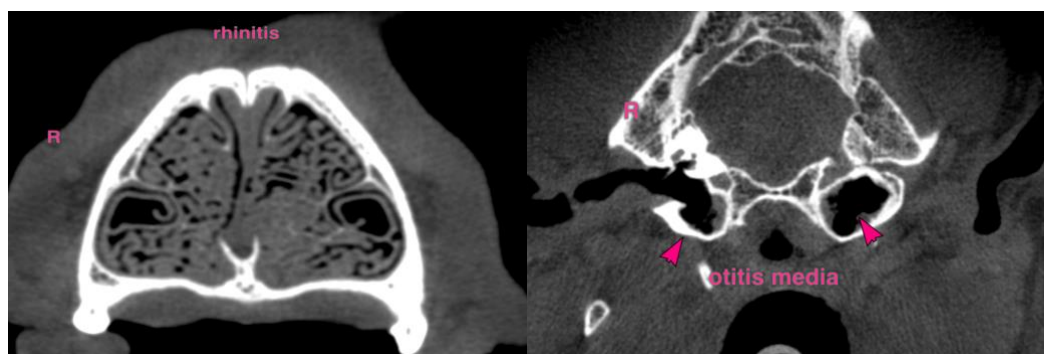
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Bilateral chronic otitis media
- Lymphadenopathy mandibular and medial retropharyngeal lymph node bilaterally
- Normal thorax
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the rhinitis cannot be specified and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic). There is no evidence of nasal mass, foreign body, mycotic rhinitis or odontogenic rhinitis. Rhinoscopy including biopsy has already been performed for further workup.

The otitis media may be a sequela to ascending inflammation via the Eustachian tube secondary to the rhinitis.



**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



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can be of any further assistance please contact me.

**Sebastian Schaub**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)