



PATIENT

Nadia #30389A
Dunbar-Matos

PRESENTING CLINICAL SIGNS

Nadia presented on 5/23 for sneezing and a dry honking cough. She did not have any known exposure to other dogs but she was treated for a kennel cough with a course of doxycycline which improved her symptoms. She represented for continued coughing on 5/31 and was re-prescribed doxycycline and temaril P. On 6/7 she presented for another recheck with minimal response to medications, this time with severe nasal discharge and stertor. Chest x-rays were taken (these have also been submitted along with x-rays from today) which appeared unremarkable. She was prescribed zeniquin and prednsione and signed up for a nasal CT and culture today. Repeat x-rays were taken revealing consolidation of the left middle lung lobe not previously present. We have also submitted both x-ray studies for review along with the nasal CT and culture.
Abnormal PE/Chem/CBC/UA Results: Mild neutrophilia 7.5

SPECIES

Canine

BREED

Shepherd Mix

COMPUTED TOMOGRAPHY OF THE SKULL & RADIOGRAPHIC STUDY OF THE THORAX AND NECK

A high resolution pre- and post-contrast CT study of the skull and radiographs of the thorax in three imaging planes and the neck in a lateral projection are provided for review.

SEX

FS

RADIOGRAPHIC FINDINGS

Thorax & Neck 6/7/22

AGE

5 Years

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

HOSPITAL NAME

Gentle Doctor Animal
Hospital

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

REFERRING VET

Sarah Rotthaus, DVM

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

INVOICE

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Thorax 6/27.22

An endotracheal tube is appreciated in the trachea

DATE

6-27-22

The lung parenchyma presents a generalized mild decreased volume, most accentuated the left cranial lung lobe with midline shift of the heart to the left – considered as a sequela to general anesthesia. No additional alterations of the normal architecture of the pulmonary parenchyma are appreciated.



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COMPUTED TOMOGRAPHIC FINDINGS

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

In the left nasal cavity, a moderate 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.

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.

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.

IMAGING DIAGNOSIS

- Rhinitis
- Structural normal thorax – but mild dystelectasis in the follow up radiographs of the thorax due to general anesthesia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are most consistent with non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic) \pm bacterial superinfection. Immune mediated rhinitis might can be associated with immune mediated bronchitis. Rhinoscopy including biopsy and bronchoscopy in combination with BAL would be ideal for further workup.



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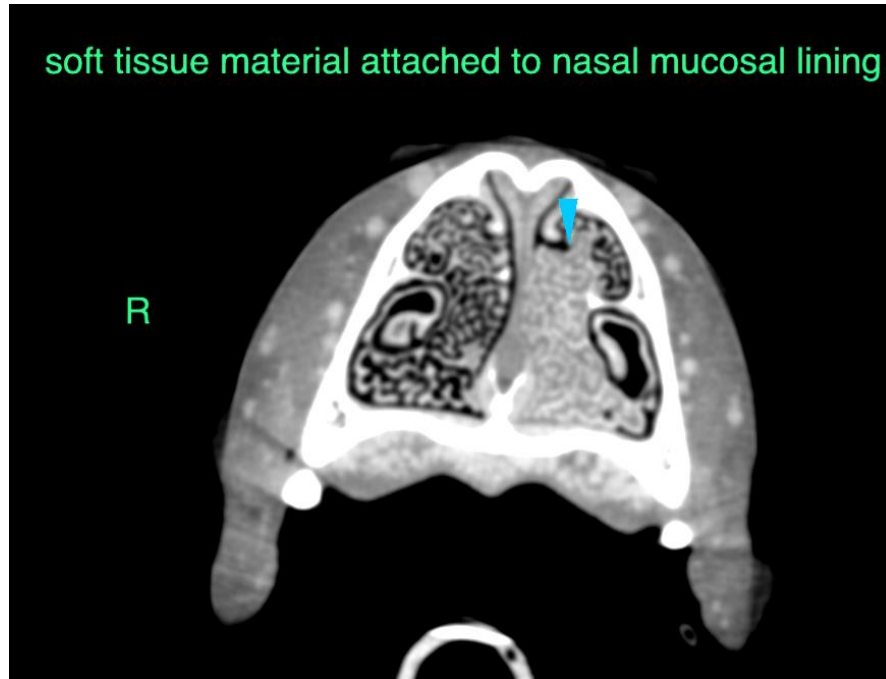
Sarah Rotthaus, DVM

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DATE

6-27-22



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
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