



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Cui Hui Zhang

SPECIES
Canine

BREED
French Bulldog

Cui Hua presented to the Toronto Animal Health Partners Surgery Service for evaluation of brachycephalic airway. Cui Hua started having airway problems 1 year ago. Cui Hua struggles to breath after he gets anxious and stressed out; occurs with rdvm, but has not happened at home. Cui Hua also snores at night. Cui Hua has 15 minute daily walks. EDUD. No VDSC. Cui Hua has had a previous history of: Chronic ear infections Renal disease Hepatic disease Gastritis Disc disease (episodes of twitching, but is improving) Cui Hua current medications: Allergy medication as needed. Cui Hua is currently eating kibble, with no history of allergies. Cui Hua is UTD on vaccines. Bloodwork on 06-22-2022: -Elevated Albumin, Elevated Protein (T), Elevated Creatine Kinase (CK), -Elevated Platelets Radiograph report on 06-22-2022: -Possible intervertebral disc prolapse -Generalized splenomegaly -Moderate diffuse bronchial pattern -Congenital hemivertebrae BAS SX performed July 25th 2022 and CT under anesthesia Abnormal PE/Chem/CBC/UA Results: Head tilt upon pre-op exam

COMPUTED TOMOGRAPHY OF THE SKULL

SEX
MN

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE
4 Years

Triadan 205, 305, 311 and 405 are absent. Moderate rotation of the premolar teeth is present, due to brachycephalic conformation of the skull. Moderate horizontal bone loss level with the mandibular incisors is present.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining, no aberrant conchal growth is appreciated.. The soft palate is significantly thickened.

Both temporomandibular joints present congruent joint spaces; the retroarticular process of the mandibular fossa of the zygomatic process bilaterally is shallow.

HOSPITAL NAME

Animal Health Partners

The right tympanic bulla is aerated and contains a very small amount of gravity dependent soft tissue material, the mucosal lining is not seen, the bony wall is smooth. The left tympanic bulla is filled with soft tissue attenuating material, the osseous lining of the left tympanic bulla is moderately thickened and rough. The medial segment of the external ear canals is narrowed.

REFERRING VET

Dr. Jeffery Biskup

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 lateral ventricles are mildly asymmetric. 1

The submandibular and medial retropharyngeal lymph nodes are prominent and present a mild heterogeneous contrast enhancement pattern.

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The intervertebral discs C2/C3 & C3/C4 are mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- DATE**
7-25-22
- Thickened soft palate with obliteration of the nasopharynx
 - Left sided chronic otitis media
 - Stenosis medial segment external ear canals bilaterally
 - Dysplasia temporomandibular joints bilaterally



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- Mild intervertebral disc protrusion C2/C3 & C3/C4 without possible dynamic myelocompression
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally - suspect reactive hyperplasia
- Generalized moderate periodontal disease mandibular incisor teeth
- Multiple absent teeth, see above
- Asymmetry of the lateral ventricles

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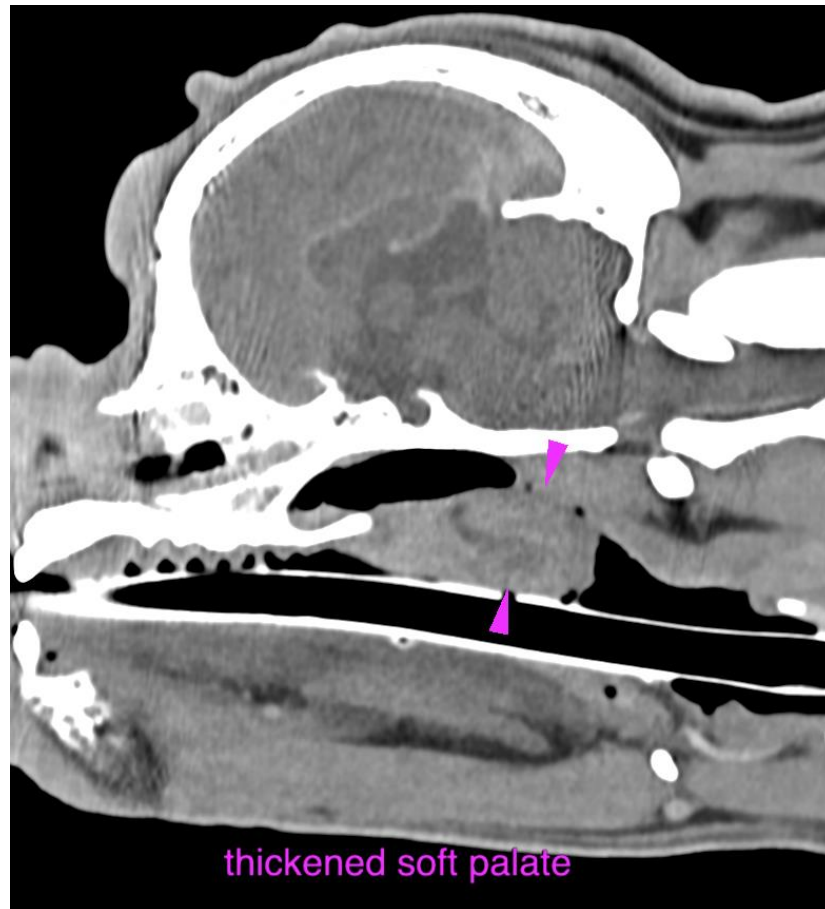
DATE

7-25-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the significant thickening of the soft palate with obliteration of the nasopharynx - the finding is a plausible explanation for the presenting clinical signs. Surgical management for brachycephalic airway syndrome has already been performed, regarding the history.

Due to the lack of clinical signs, the relevance of the left sided otitis media is unclear.





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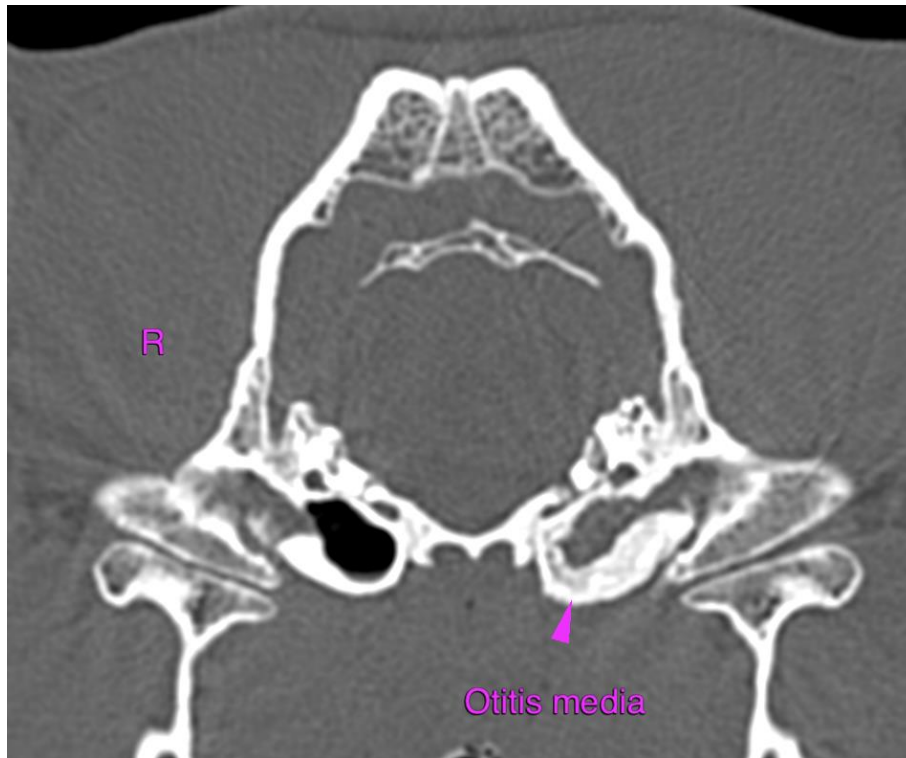
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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