



PATIENT

Diesel Henderson

PRESENTING CLINICAL SIGNS

URI/sinusitis/dental infection/FB/neoplasia/open rediscussed URI/sinusitis vs dental infection, no gingival/canine drain tracts noted sneezing/nasal discharge L nares, pulmonary/tracheal auscultation wnl

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

German Shepherd

COMPUTED TOMOGRAPHIC FINDINGS

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

In both nasal cavities, a moderate amount of fluid attenuating material is attached to the nasal mucosal lining. Moderate atrophy/destruction of the nasal conchal & turbinate structures is appreciated. Both frontal sinuses contain a small amount of fluid attenuating material.

SEX

MN

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

AGE

8

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The mandibular lymph nodes are prominent and post contrast administration, the lateral of the mandibular lymph nodes bilaterally present small intraparenchymal cystic lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis
- Mild lymphadenopathy mandibular lymph nodes

HOSPITAL NAME

Advanced Animal
Imaging

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The destructive rhinitis is suggestive for immune mediated non-specific rhinitis, such as lymphocytic plasmocytic or eosinophilic. Mycotic rhinitis is a consideration as well, but I do not see evidence of hyperostosis or osteolytic lesions and the odds for mycotic rhinitis are considered low. There is no evidence of oronasal fistula formation. Recommended rhinoscopy for further evaluation with sampling for culture and histopathology (detection of fungi microscopically is more straightforward than with culture in many cases) to confirm the diagnosis of non-specific rhinitis and ruling out fungal infection.

REFERRING VET

Blair Hollowell

INVOICE

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Likely secondary reactive hyperplasia of the mandibular lymph nodes, consider FNA sampling for confirmation.

DATE

8-16-22



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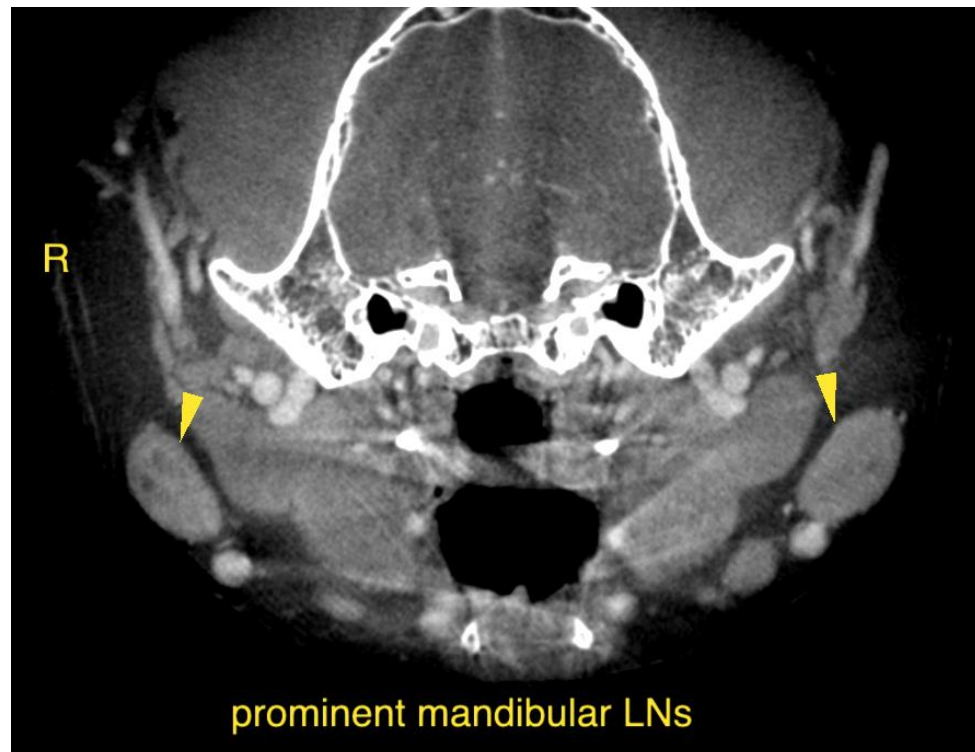
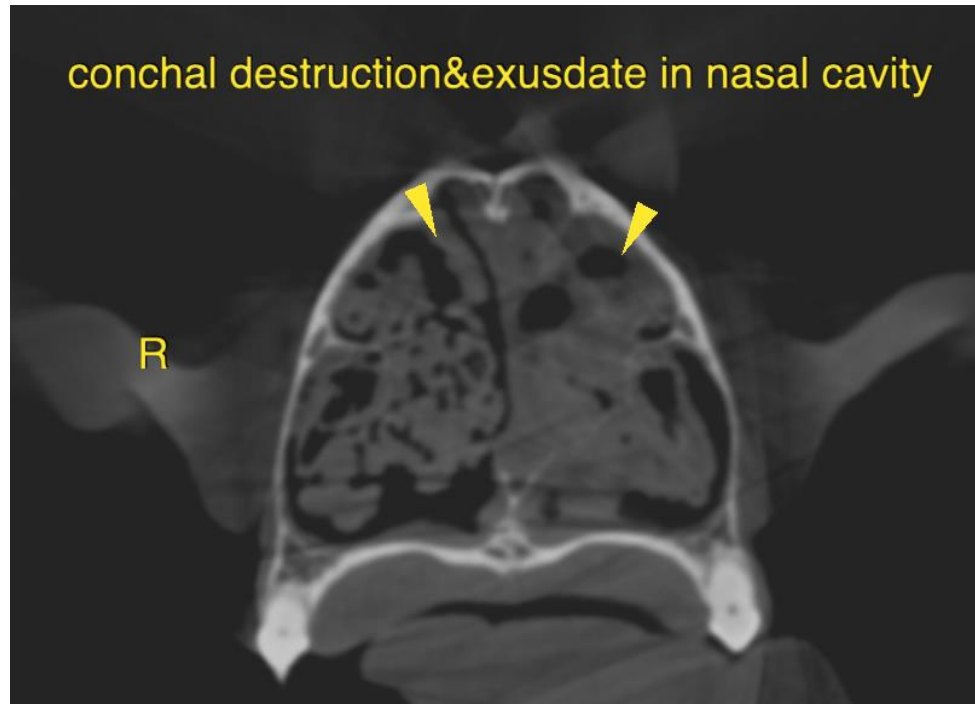
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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German Shepherd

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