



PATIENT PRESENTING CLINICAL SIGNS

Kaya Felts History: 3 week history of making abnormal noises, sounds similar to reverse sneezing per owner but is not reverse sneezing; improved on antibiotics and cerenia
 Abnormal PE/Chem/CBC/UA Results: Dental disease, bloodwork normal

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND THORAX

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

BREED

Yorkshire Terrier Mix

COMPUTED TOMOGRAPHIC FINDINGS

Regarding the anatomy, right and left are flipped.

SEX

Spayed Female

Skull:

The tooth elements 110, 210, 305, 311, 405 and 411 are absent. The incisor teeth and triadan 209 present a moderate to marked widening of the periodontal space. The remainder of the dentition presents evidence of generalized periodontal disease.

AGE

9 years

The nasal cavity presents the expected aerated spaces between thin and even conchae and turbinates with smooth mucosal lining. A mild amount of foamy soft tissue material is visible in the nasopharynx. The soft palate is moderately elongated and thickened, overring the epiglottis.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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.

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The brain presents no deviation from normal anatomy and symmetry.

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.

REFERRING VET

Dr. Magnussen

The C4 and C5 are fused. The intervertebral disc spaces C3/C4 and C5/C6 are moderately narrowed. A vacuum phenomenon is seen in the intervertebral disc space C6/C7 and the respective intervertebral disc is mildly protruding into the vertebral canal. Moderate to marked bridging spondylosis formation is seen along the cervical spine.

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The endotracheal tube is visible in the trachea, there is potential significant dorsoventral flattening of the trachea.

Thorax:

DATE

8/20/21



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

Kaya Felts 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 and considered within normal limits.

SPECIES The cardiovascular structures including the pulmonary vasculature are within normal limits.

Canine The endotracheal tube is extending up into the left principal bronchus. The right lung lobes present a mild to moderate reduced volume and multiple regions of dystelectasis of the lung are visible.

BREED The lung parenchyma presents the expected architecture and attenuation behavior.

Yorkshire Terrier Mix Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

SEX

Spayed Female

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect mild rhinitis
- Potential tracheal collapse
- Moderate elongation of the soft palate
- Generalized periodontal disease
- Multiple absent teeth, see above
- Block vertebra C4/C5
- Multifocal chronic discopathy along the cervical spine with secondary advanced spondylosis formation

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The rhinitis might be triggered by underlying periodontal disease, although no overt oronasal fistula formation is appreciated. There is evidence of potential tracheal collapse. The elongated soft palate can contribute to the clinical signs as well – correlate with clinical presentation of the soft palate. Consider tracheoscopy to rule in/out clinically relevant tracheal collapse. A complete dental workup ± staphylectomy are considered beneficial as well.

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PATIENT

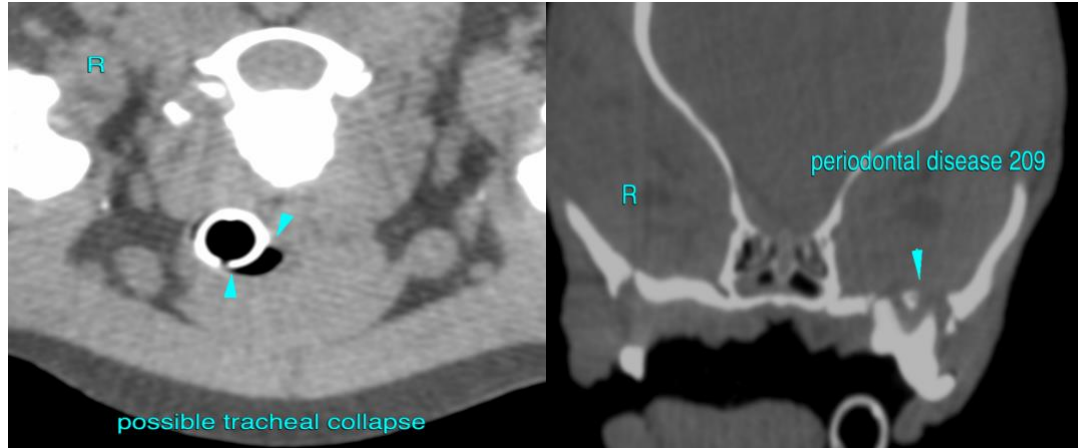
Kaya Felts

SPECIES

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

REFERRING VET

Dr. Magnussen

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
sebast.schaub@gmail.com

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