



**PATIENT**

Mia Dalrymple

**PRESENTING CLINICAL SIGNS**

Presented for C+ BAR, excitable. Upper airway noise, stidor present, No active coughing during exam but inspiratory effort more pronounced. No overt murmur but very loud upper airway referred noise. BCS 6/9. Abd- tense. Harsh cough with laryneal and tracheal palpation Sedated exam- soft palate is more "floppy" over the left side of the epiglottis, left tonsil tissue mildly enlarged and not symmetric with right Chest rads performed 8/25 results showed: 1. The round soft tissue opacity noted in the plane of the hyoid apparatus likely represents a normal salivary gland, however a laryngeal/pharyngeal mass is also considered. – There is no evidence of tracheal collapse, however this cannot be ruled out. 2. Mild, diffuse bronchial pattern – This likely represents fibrosis from prior disease which is accentuated by the expiratory phase of respiration, however infectious or allergic bronchitis and heartworm disease are also considered. 3. Diffuse hepatomegaly – Differentials include vacuolar hepatopathy, acute hepatitis and less likely neoplasia.

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Female Spayed

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE**

5 Years

Triadan 105, 205, 305, 311, 405 and 411 are absent.

In the caudoventral aspect of the nasal cavity bilaterally a mild to moderate soft tissue swelling is present extending up to the choanal region with partial upper airway obstruction.

**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.

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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 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. Jessica Evoniuk

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect rhinitis
- Multiple absent teeth, see above

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

8-26-21

The nasal swelling is concerning for mild rhinitis with partial upper airway obstruction which might be a source for the described clinical signs. No underlying cause for the potential rhinitis is appreciated, and the presumptive diagnosis is non-specific rhinitis. Rhinoscopy including sampling for microbial culture and histopathology may be used as advanced diagnostic tests. Check clinically for elongation of the soft palate, that may warrant staphylectomy.



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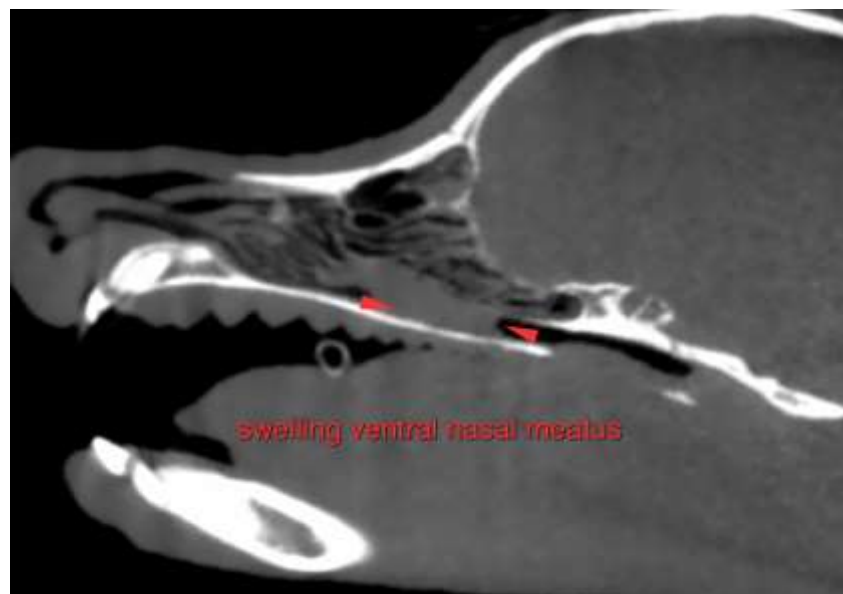
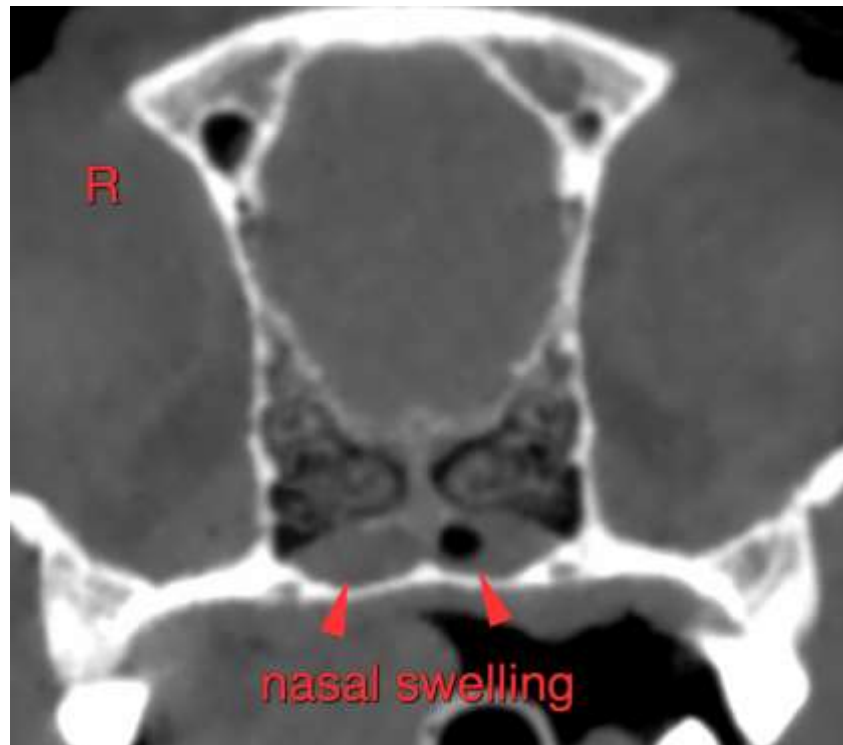
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

**BREED**

Yorkie

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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