



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Banks Ownby
 Banks presented on 6/22/22 for a follow-up for pneumonia that was diagnosed at Blue Pearl on 5/30 after he was eating large numbers of fox tails. The owner reported that at the ER Banks was in oxygen for 5 days. On 6/22 the owner reported nasal congestion with mucopurulent nasal discharge bilaterally as well as inappetence. They had been trying to administer oxygen at home but it was challenging. Blood work on 6/22 was unremarkable and radiographs (not provided) showed left "middle" lung lobe consolidation. He was treated with 2 weeks of Clavamox and doxycycline as well as Cerenia and omeprazole. On 7/2 Banks' owner reported some labored breathing and nasal discharge in the evenings. Radiographs of the chest were reported to be improved and he was started on a tapering course of Temaril-P. Another tapering course of Temaril-P was prescribed on 8/22. On 8/23 the owner reported halitosis, frequent sneezing and slight difficulty breathing with a bilateral mucopurulent nasal discharge that had a blood tinge the night prior. Radiographs of the chest were performed. A TFAST was reported to be unremarkable. Advanced imaging was recommended and he was started on another 14 day course of Clavamox and doxycycline. A laser soft-palate resection and a dental cleaning were performed on 8/1/22. Current medication: None, Temaril-P finished yesterday

SPECIES Canine
 Abnormal PE/Chem/CBC/UA Results: Blood work is dated 9/12/22. Chemistry panel - Alkp = 481, otherwise normal. CBC - PCV 53%, WBC 13,000 with a normal differential, platelets = 426,000. Bronchoscopy Findings: The lower respiratory tract is imaged using a 5 mm flexible video bronchoscope under light sedation. The larynx is carefully examined and normal abduction of arytenoid cartilages is observed during inspiration. Saccules are everted bilaterally (worse on the right). There is a portion of elongated soft palate present along the left lateral edge of the soft palate that sucks into the opening of the trachea while the remainder of the soft palate is normal. Remaining laryngopharyngeal structures are normal. The bronchoscope is cleanly passed through the larynx into the trachea. Tracheal mucosa is smooth and light pink. Tracheal discharge is not present. The dorsal tracheal membrane is tight and overall tracheal circumference is decreased. There is no evidence of tracheal collapse. The carina and bronchial bifurcations are rounded. Mainstem bronchi are open and clean. There is moderate bronchi collapse in all lung fields. Evidence of a bronchial foreign body is not found. Bronchoalveolar lavage is performed in the left cranial lung lobe using a suction trap and a sterile aspiration catheter. Material is prepared for cytology and culture. Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open and clean. There is no evidence of nasopharyngeal masses, foreign bodies or discharge. Choanae appear normal bilaterally. Nasal passageways are imaged bilaterally using a 2.7 mm 0-degree scope without flushing. Afrin is instilled in nasal cavities bilaterally. Dorsal, middle, ventral and common nasal passageways are imaged. The ventral passageway is imaged to the level of the nasopharynx. There are lymphoid follicles on the floor of the ventral passageway bilaterally as well as a very small polyp-like structure on the left-side at the caudal edge of the nasal septum.. Otherwise, nasal mucosa is smooth and pink. There are rostral aberrant turbinates bilaterally. Bilateral seromucoid discharge is also present bilaterally. There is no evidence of nasal passageway cavitation, turbinate atrophy, foreign bodies, mites, fungal plaques or masses.

BREED English Bulldog

SEX CM

AGE 8 Years

INTERPRETED BY Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME VetMed Consultants

REFERRING VET Taylor Howard

INVOICE 54087

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

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

DATE COMPUTED TOMOGRAPHIC FINDINGS

9-17-22 Skull

Multiple teeth are absent. Triadan 107, 109, 110, 207, 209, 210, 310 and 410 present a moderate



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widened periodontal space. Mild atrophy of the horizontal plate of the right palatine bone is appreciated. Mild to moderate horizontal bone loss is noted in all jaw-quadrants.

SPECIES

Canine

The nasal cavity bilaterally is partially obliterated by soft tissue material attached to the nasal conchal & turbinate structures. Mild to moderate atrophy of the nasal conchal & turbinate structures is appreciated. The included segment of the soft palate is significantly thickened, measuring up to 2.3 cm in height.

BREED

English Bulldog

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

Thorax

The thoracic spine and the L1 present with multiple hemivertebra. Multifocal spondylosis formation is appreciated along the thoracic spine.

SEX

CM

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.

AGE

8 Years

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The dorsal dependent aspects of the left lung lobes present zones with compression atelectasis. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

HOSPITAL NAME

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild destructive rhinitis
- Thickened soft palate
- Multiple hemivertebra thoracic spine & L1
- Periodontal disease 107, 109, 110, 207, 209, 210, 310 and 410
- Spondylosis deformans
- Atelectasis left lung lobes

REFERRING VET

Taylor Howard

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The soft palate is significantly thickened and might be a source for brachycephalic airway syndrome – the finding needs to be correlated with the presenting clinical signs.

DATE

9-17-22

An underlying cause for the mild destructive rhinitis is not appreciated and non-specific rhinitis – e.g. lymphocytic plasmocytic, eosinophilic – might be a consideration. Rhinoscopy has already been performed for further workup.

There is no evidence of nasal mass or oronasal fistula formation, triggering rhinitis.

The thorax presents without evidence of pneumonia, but atelectasis of the left lung lobes secondary to general anesthesia.



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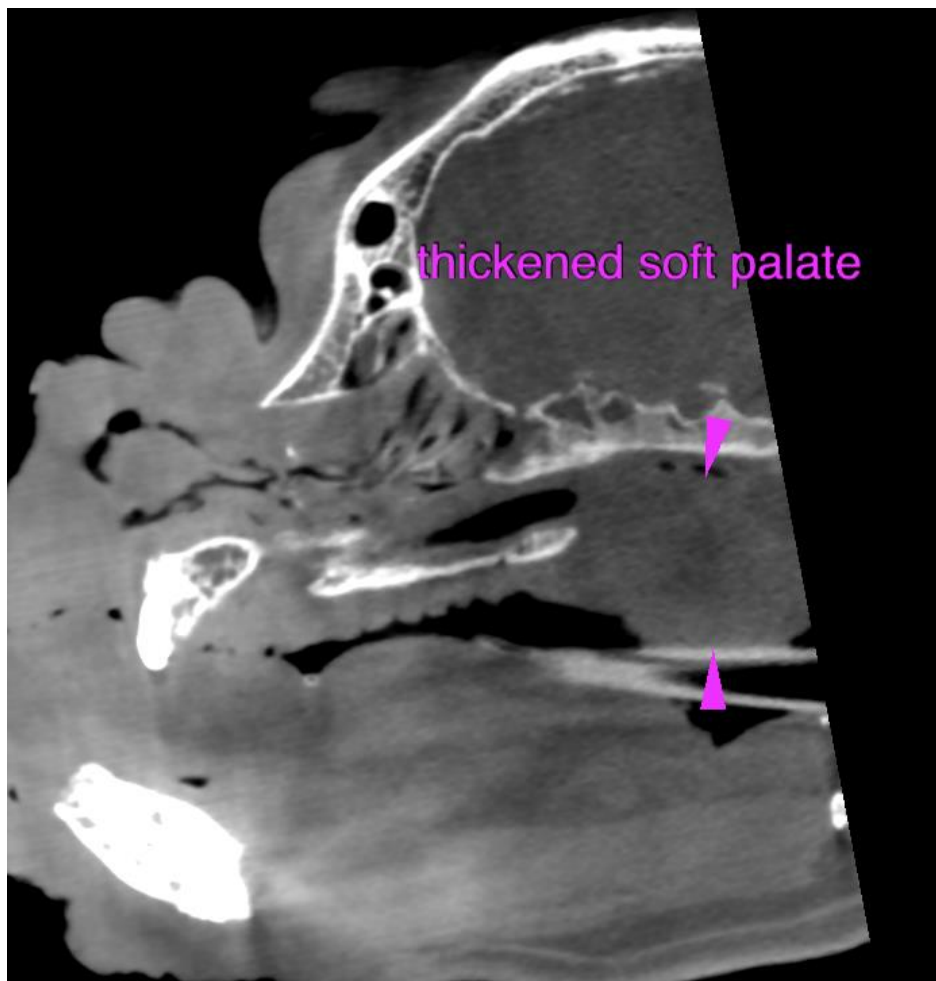
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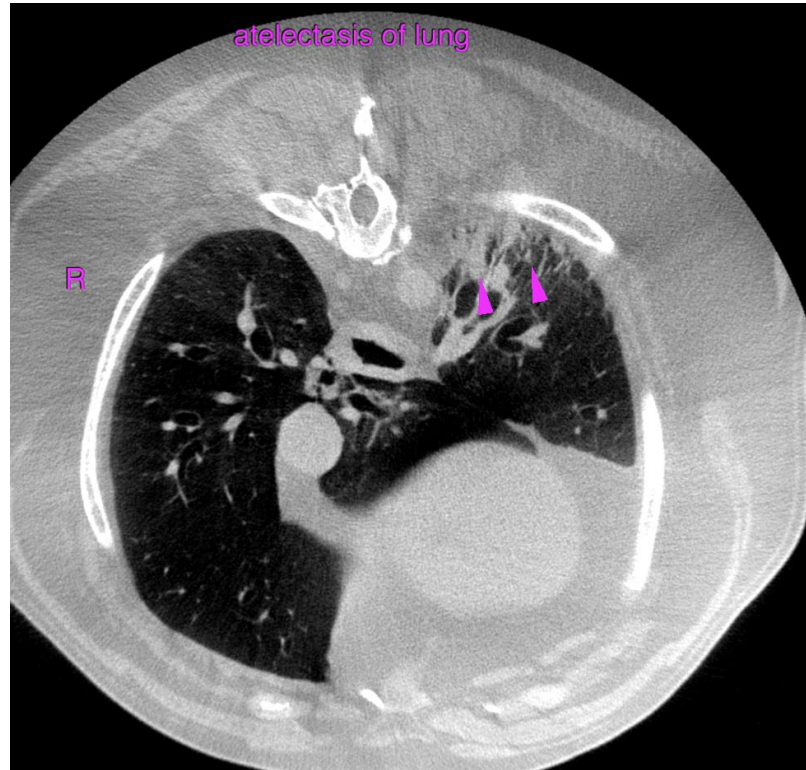
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com