



**PATIENT**

Kobe King

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Male

**AGE**

13 Weeks

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Neel Veterinary  
Hospital

**REFERRING VET**

Hiddink

**INVOICE**

47362

**DATE**

9-6-21

**PRESENTING CLINICAL SIGNS**

presented Friday night for dyspnea, being unable to breathe and lethargic - was running outside in the backyard and acutely became dyspnic - owners brought to emergency clinic but by the time was seen, was breathing normal again - owners went home - the dog is now drooling excessively and very oxygen dependent

Abnormal PE/Chem/CBC/UA Results: blue gums - increased lung sounds bilaterally - temp 102.5 - lethargic

**COMPUTED TOMOGRAPHY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

The pictured parts of the dentition including the tooth buds are within normal limits.

In the left nasal cavity, a mild to moderate amount of soft tissue attenuating material is attached to the nasal conchal & turbinate structures. The nasopharynx contains a mild amount of foamy soft tissue material.

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.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for the attenuation. The ventricular system is non-dilated and symmetric.

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.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Rhinitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current CT study of the skull presents no specific abnormalities, explaining the acute onset of clinical signs but evidence of rhinitis. Given the acute onset of clinical signs, an insect bite or allergic reaction due to inhaled irritating material might be a potential here. There are no signs for an inhaled foreign body.



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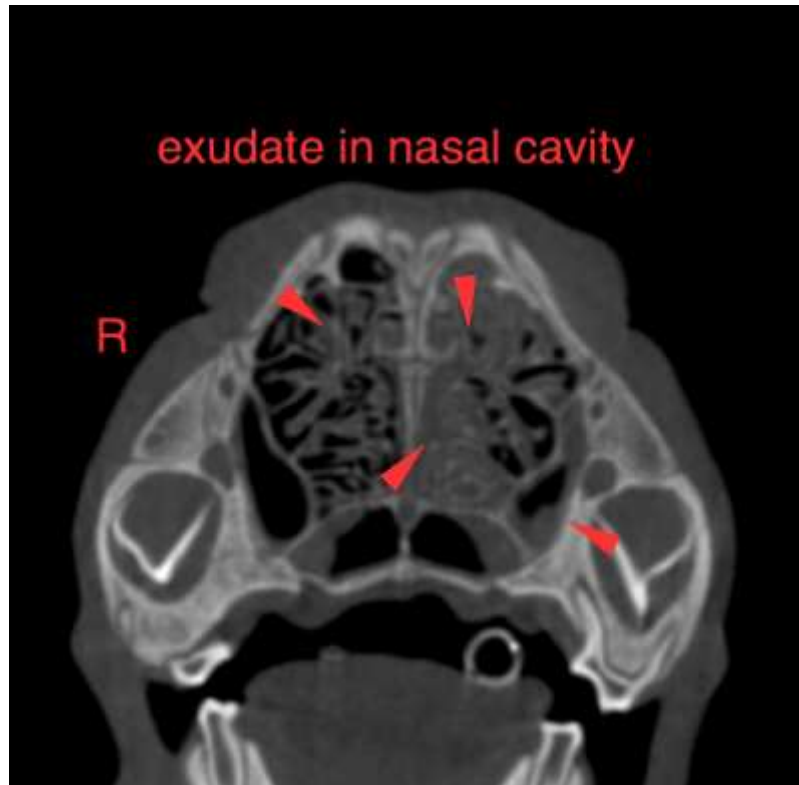
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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