



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Beulah Truax
SPECIES Canine
BREED Collie/Mix
SEX Spayed Female
AGE 9 Years 3 Months

History: Pt originally presented 6/10/23 for Mass/raised suspected fluid filled crusty lesion on R side of dorsum of head. Pt started on Amoxicillin & Baytril. 6/21- lesion rechecked and improved but not resolved. At this time pt having behavioral changes -aggression towards other pets in home few hours after finishing food, everything else normal. Baseline b/w performed- unremarkable. VF titer-negative. 6/30/23: lesion on head still there, circular, flattened, crusty-> DTM performed, skin scrape (negative). 7/15/23- DTM positive, pt started on oral Terbinafine. 7/19/23: Pt came in for ER exam d/t owner reporting came one dose of Terbinafine Sunday night and Monday morning and pt's eyes began to swell, facial swelling, difficulty with swallowing, pain with touch of MM's and inability to open mouth. Pt able to pant but screamed out during PE when trying to open mouth. Per o barely eating and only soft food. Pt started on Rimadyl. 7/21/2023: Per o pt is a little better with rimadyl on board but still not eating well or opening mouth fully. Pt returned for oral examination under anesthesia- no obvious oral masses noted. Dental radiographs taken- no abscesses, teeth cleaned up nicely, no pocketing. No swelling. No popping, cracking noted when opening and closing jaw- TMJ joint. Skull rads taken sent for radiology consult.

RADIOGRAPHIC STUDY OF THE HEAD

In the region of the frontal sinus the dorsal and cranial subcutaneous tissue appears thickened and rounded. This seems to extend caudally to the ear on one oblique view.

The bones of the skull are well calcified with a normal trabecular structure and a smooth surface. Both frontal sinuses are air filled. The dental arcades appear physiological. Both nostrils are air filled and the turbinates are well defined. Both temporomandibular joints present congruent joint spaces. The tympanic bullae and horizontal ear canals contain air.

INTERPRETED BY Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR

On the left lateral-oblique view a bean-shaped soft tissue opacity with undulating surfaces appears to be superimposed onto the gap between the two maxillary arcades level with molars 1 and 2. On the lateral open mouth view an ovoid soft tissue opacity appears to be located rostral to the shadow of the globe. I can see these changes on none of the other views.

Naso-and oropharynx contain air; the dorsal surface of the caudal soft palate is slightly undulating and a fine soft tissue band connects it to the retroperitoneal tissue. A small amount of air is present in the esophagus.

HOSPITAL NAME

Ahwatukee Commons
VH

RADIOGRAPHIC DIAGNOSIS

- Irregular thickening dorsum of nose
- Subcutaneous thickening dorsum nose
- Possible soft tissue mass caudal hard palate

REFERRING VET

Rebecca R. Housley,
DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no convincing lesion that would explain the clinical signs and a soft tissue mass in the mouth would have been visible during intubation. However, (eosinophilic) myositis could account for the pain on opening the mouth. MRI or contrast CT examination will highlight the inflamed regions, biopsies will then have to be obtained for a definitive diagnosis. The irregularity described for the soft palate is likely due to mucous.

INVOICE

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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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
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