



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Lucy Neisen  
**SPECIES** Canine  
**BREED** Jack Russell Terrier

Lucy presented with a 6 month history of a snort/gag/choke noise that is exacerbated when barking or inhaling harder. Sensitivity found on palpation near back of throat. She has always snored at night but in the past year has become worse. Previous diagnosis: None Purpose of CT scan: Diagnostic Location of CT scan: Head, neck Nasal discharge: No Coughing or sneezing: No Reverse sneezing: Occasionally Congested, snoring: Congestion but unsure where. Yes, snoring a lot when she sleeps. Breathing through nose: Harder time right now, does seem to have mouth open more often. Able to sleep: Yes, just a lot of snoring. Therapies tried and response: None Current medication: Proin Current symptoms: Snort/choke when inhaling while barking. Snoring worse when sleeping. General health status: Eating and drinking well. No vomiting or diarrhea. Energy levels a little decreased.

**SEX**

SF

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: PE: Nothing significant is found. Lab: Bloodwork is dated 12/28/21. CBC - PCV = 49.6%, WBC = 8600, neutrophils = 6708, lymphocytes = 1204, monocytes = 430. Platelets = 438,000. Chemistry - normal. T4 - normal. Urinalysis 12/27/21 - USG = 1.026, pH = 8.0, negative protein, WBC < 1/hpf, RBC = 4/hpf, no bacteria. 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. Nasal mucosa is smooth and pink. Turbinates are not thickened. Nasal discharge is not present. Turbinates and nasal passageways appear normal. There is no evidence of nasal passageway cavitation, turbinate atrophy, foreign bodies, mites, fungal plaques or masses. The larynx is carefully examined under light sedation and IV Dopram. Normal abduction of arytenoid cartilages is observed during inspiration. The soft palate is not elongated. Her epiglottis remains in a ventral position during inspiration. Tonsils are mildly enlarged. There are no masses causing airway obstruction.

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain study available for review.

**HOSPITAL NAME**

VetMed Consultants

**COMPUTED TOMOGRAPHIC FINDINGS**

Both nasal cavities present within the expected limits. Mild asymmetry of the nasal septum and nasal turbinates is considered within the limits of normal anatomical variation. No evidence of significant mucosal swelling, foreign material, fluid accumulation, mass, or turbinate destruction is seen.

**REFERRING VET**

Christene Olschewski

The left frontal sinus is rudimentary. The right frontal sinus presents mild hyperostosis. The residual lumen of both frontal sinuses is patent. The maxillary sinuses present within normal limits.

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The nasopharynx is wide. Mild folding of the nasopharyngeal roof is seen.

**DATE**

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The tympanic bullae, ear canals, soft and hard palate all present within normal limits.

Severe periodontitis and alveolitis of the triadans 109, 110, and 209 is noted.



**PATIENT**

Lucy Neisen

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Severe periodontitis of the triadans 109, 110, and 209.
- Structurally normal CT study of the nasal passages and upper airways.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Except for the mild frontal sinus asymmetry, the presentation of the nasal cavities and paranasal sinuses is considered within the expected limits. Dynamic collapse of the nasopharyngeal roof and elongated soft palate cannot be ruled out entirely. However, otherwise, there appear to be no structural changes that would explain the patient's clinical signs.

**BREED**

Jack Russell Terrier

Consider dental extractions for the triadans 109, 110, and 209.

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**REFERRING VET**

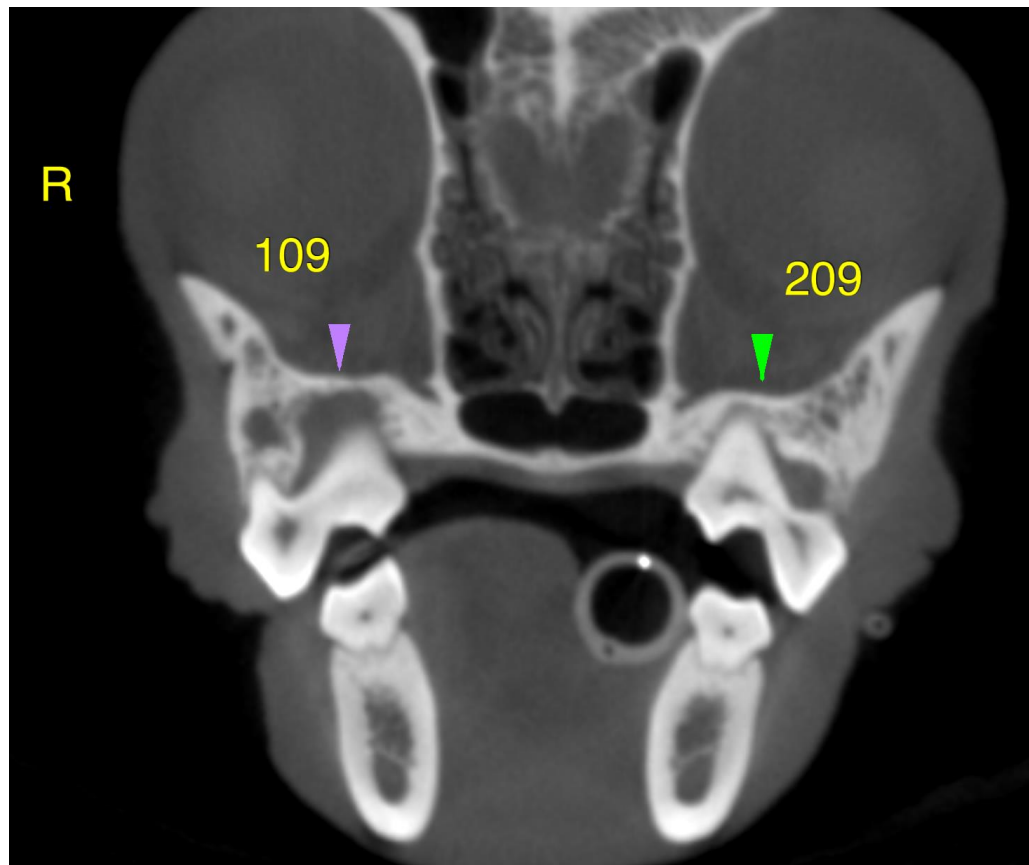
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**PATIENT**

Lucy Neisen

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.

**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**

Jack Russell Terrier

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