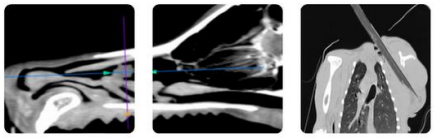

PATIENT

Paris Mulholland

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

10

WEIGHT

1.5

INTERPRETED BY

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Pet Emergency & Referral Center - NVA

REFERRING VET

Dr. Elizabeth Lechner-Hines

INVOICE

73517

DATE

1-28-26

PRESENTING CLINICAL SIGNS

Recent onset of upper respiratory signs, congestion, and fluid suspected in the pharyngeal region based on breathing in character noted at home. Acute respiratory distress resulted in an emergency visit last week. On radiographs, possible evidence of tracheal collapse and evidence of a retropharyngeal lesion were identified. Cervical ultrasound was performed a real lesion in the left retropharyngeal region/submandibular region adjacent to the salivary gland. No aspirates were performed at that time but patient was started on Clavamox and corticosteroids. Since that time, clinical signs have improved and no additional respiratory distress is noted. No significant nasal discharge present at this time. No evidence of laryngeal dysfunction was noted, elongated soft palate at present, possible compression from retropharyngeal lesion in the pharyngeal examination, and no clear pathology and rhinoscopy were identified. Will continue antibiotics and corticosteroids while results are pending. Will adjust treatment plan based on these findings. Concerned that cytology may not be diagnostic. Numerous attempts were made at fine needle aspirate sampling with and without aspiration and with ultrasound guidance. The lesion did not appear toExfoliate well and mucoid material was present on the slides. It is possible that this lesion is associated with the salivary gland which is why the gross appearance of the samples is as such.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

There is no CT evidence of a retropharyngeal mass or fluid collection.

Mild elongation of the soft palate is seen. Mild narrowing of the nasopharyngeal lumen is appreciated without evidence of a mass effect.

Diffuse bilateral nasal mucosal thickening is seen. Left sided turbinate destruction is noted accentuating the mid third of the nasal cavity. No discrete intranasal mass or foreign material is identified. The cribriform plate is intact.

The dentition is incomplete with multiple missing teeth. Remaining teeth show periodontal disease with dental plaques and generalized alveolar bone loss. No evidence of oronasal fistula formation is seen.

The regional lymph nodes are within normal limits.

Salivary glands appear symmetric without focal mass or ductal dilation.

Tympanic bullae, orbits, and remaining skull structures are within normal limits.

Dorsal angulation of the odontoid peg is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of a retropharyngeal mass lesion or abscess.
- Mildly elongated soft palate with mild nasopharyngeal collapse.
- Rhinitis with focal left turbinate destruction.
- Moderate to severe periodontal disease with generalized alveolar bone loss.
- No significant lymphadenomegaly identified.

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The retropharyngeal lesion is not confirmed on CT suggesting either interval resolution or prior imaging artifact.

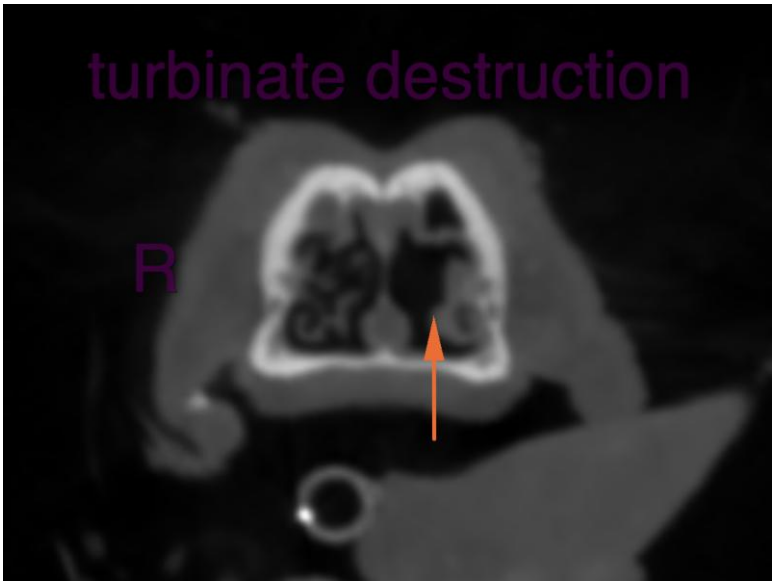
The mildly elongated soft palate and nasopharyngeal collapse may contribute to the upper airway noise. Concurrent dynamic laryngeal or nasopharyngeal malfunction cannot be excluded with CT.

The nasal mucosal thickening with turbinate destruction on the left is compatible with chronic or active rhinitis. Differential considerations include inflammatory rhinitis, low grade infectious disease, and less likely early fungal or dental associated rhinitis, although no oronasal fistula is identified.

The presence of moderate to severe periodontal disease and alveolar bone loss may serve as chronic inflammatory trigger for nasal disease.

Overall, the imaging findings support a multifactorial upper airway condition rather than a single obstructive mass lesion.

Comprehensive dental evaluation and treatment as well as rhinoscopy with sampling for cytology/ biopsy and culture can be considered.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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