
PATIENT PRESENTING CLINICAL SIGNS

Sasha Piedra Currently being treated for Bronchitis and nasal bleeding . P has Cushings managed with Vetoryl.
 Abnormal PE/Chem/CBC/UA Results: Pot belly, truncal alopecia

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Canine Plain and post-contrast studies of the head and post-contrast study of the thorax provided for review.

COMPUTED TOMOGRAPHIC FINDINGS
BREED Head

Dachshund Extensive regional turbinate destruction and bone lysis of the palatinal and maxillary bones are seen in the right nasal cavity, centered around the triadan #108. Severe periapical periodontal space widening and complete loss of the lamina dura of all 3 roots of the triadan #108 is seen. There is a hypoattenuating and hypoenhancing tissue within and outside of the nasal cavity with peripheral rim enhancement also centering the triadan #108. The caudal and cranial third of the right nasal cavity and the right frontal sinus are filled with fluid attenuating material. Multiple other teeth reveal severe periodontal changes accentuating the triadan #208, 107, 207. Emphysema is seen within the right nasal cavity.

AGE Moderate thickening of the epithelial lining and hypoattenuating material is noted in both external auditory meatuses.

9 Years

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

INTERPRETED BY

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

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio of < 0.5. The attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

REFERRING VET

Dr. Meaux

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

Moderate diffuse increase in interstitial attenuation is noted with even distribution throughout all lung lobes.

INVOICE

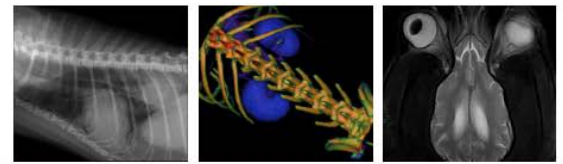
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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Part of the adrenal glands are included in the field of view, and moderate bilateral adrenomegaly appears to be present.

DATE

10/1/21



PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS

- Sasha Piedra
- Right nasal soft tissue mass with peripheral enhancement and lysis centering the triadan #108
 - Diffuse right-sided rhinosinusitis with regional turbinate destruction centering the triadan #108
- SPECIES**
- Dental fistula of the triadan #108
 - Severe multifocal periodontal disease most pronounced #107, 207, 208
- Canine
- Bilateral otitis externa
 - No visible pituitary gland enlargement
- BREED**
- Bilateral adrenomegaly
 - Diffuse interstitial lung pattern

Dachshund INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

SEX Intact Female

The CT findings are highly suggestive for periapical abscess, dental fistula, and regional destructive rhinitis secondary to tooth root abscessation of the triadan #108. The lytic changes are quite extensive, and neoplastic transformation cannot be ruled out entirely. However, the severity of the changes may also be due to the immunosuppressed state of the patient. Consider dental extraction and tissue sampling.

AGE 9 Years

Diffuse interstitial opacification is common in patients with Cushing’s and may be associated with interstitial fibrosis. Interstitial edema such as non-cardiogenic edema/ARDS and infiltrative disease cannot be ruled out entirely, but thought far less likely. Fine needle aspiration of the lung could be considered for further definition.

INTERPRETED BY

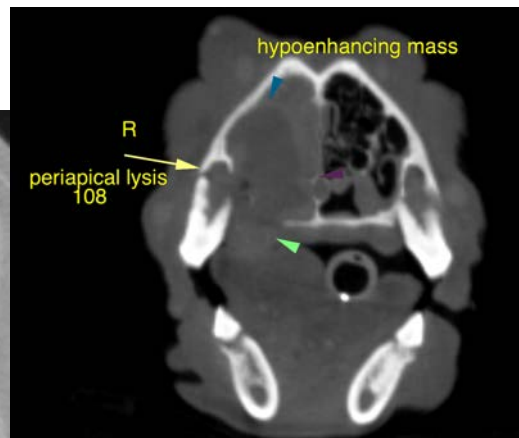
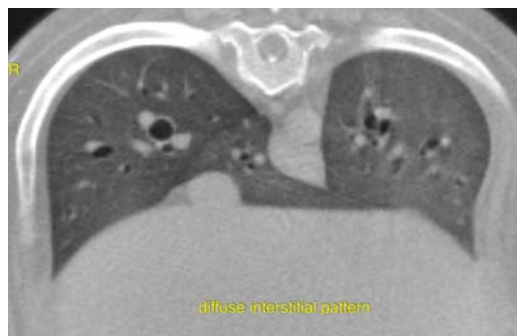
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Dr. Meaux



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.

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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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