

**PATIENT**

Boy-Z Ong

SPECIES

K9

BREEDEnglish Cocker
Spaniel**SEX**

MN

AGE

9.5 Years

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Reid Veterinary
Hospital**REFERRING VET**

Jeff Popowich

INVOICE

48015

DATE

10-26-21

PRESENTING CLINICAL SIGNS

Presented for sedated skull rads and oropharyngeal exam. History of chronic reverse sneezing (>1 month duration). Episodes daily, but less frequent when head elevated while sleeping. No response to medical management (temaril-p, claritin). Current medications include benadryl, paroxetine, melatonin, heartgard, bravecto. Fed Royal Canin urinary s/o kibble. E/d/u/d wnl, no v/d/c/s noted. No other health concerns.

Abnormal PE/Chem/CBC/UA Results: Oropharyngeal exam unremarkable, no nasal discharge or inflammation in rostral aspect of nasal passages (only able to visualize few centimeters with otoscope)

RADIOGRAPHIC STUDY OF THE HEAD

Lateral, oblique, open mouth, and rostrocaudal views of the head totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

No evidence of aggressive osteolytic lesions of the mandibles and maxillae is seen.

The frontal sinuses and tympanic bullae appear to be aerated.

There is no evidence of opacification or definitive turbinate destruction noted within the nasal cavities.

The visible dentition presents within age related normal limits.

RADIOGRAPHIC DIAGNOSIS

- Structurally normal radiographic study of the skull.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic examination of the skull reveals no evidence of nasal cavity or paranasal sinus pathology. Please note that the sensitivity of radiographs for nondestructive and destructive rhinitis as well as early aggressive pathology is limited and in case of serious doubt, a CT would be recommended.



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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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