



## PATIENT

Stella Borsboom

## SPECIES

Canine

## BREED

English Shepherd

## SEX

FS

## AGE

6.5Y

## WEIGHT

26.4kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. Kim Hsu

## INVOICE

72613

## DATE

11-13-25

## PRESENTING CLINICAL SIGNS

/4/2025 OD- at Southglen had epiphora with tear staining onto cheek. Mild conjunctivitis. Fdt negative, but no flow through nasolacrimal duct that was seen from nose We tried Maxitrol to see if anti-inflammatory and antibiotic may remove some inflammation but no success. CT to evaluate the nasolacrimal system

Abnormal PE/Chem/CBC/UA Results: NAF

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Complicated crown fracture of tooth 104 with pulpitis is seen. Moderate apical widening of the periodontal space is noted with regional bone loss and localized alveolar bone expansion surrounding the affected tooth root. Regional mucosal swelling is noted in the right nasal cavity adjacent to the affected tooth. Right nasolacrimal duct appears obstructed likely secondary to dental and associated inflammatory changes. Mild widening of the duct is seen distally.

Other structures of the nasolacrimal system and remaining nasal structures are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Complicated crown fracture of tooth 104 with pulpitis and apical periodontitis.
- Local alveolar bone expansion and regional rhinitis as well as dacryo rhinocystitis on the right side with obstruction of the right nasolacrimal duct.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings correlate with the patient's clinical history of epiphora and tear staining. The complicated crown fracture of tooth 104 with pulpitis and apical periodontitis is causing localized bone expansion and mucosal swelling in the adjacent nasal cavity resulting in obstruction of the right nasolacrimal duct. No evidence of primary nasolacrimal duct disease is seen. The obstruction appears secondary to dental pathology. Management of the dental lesion is likely to resolve or improve nasolacrimal duct obstruction. Dental intervention with extraction of tooth 104 to address pulpitis and apical periodontitis recommended. Follow up nasolacrimal management and assessment in order to address the presumed secondary inflammation and obstruction of the duct.



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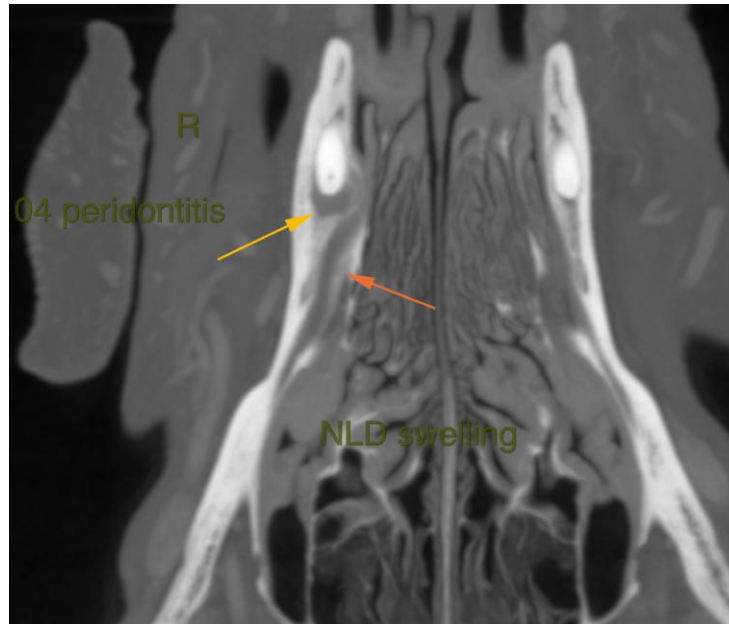
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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