



**PATIENT**

Thunder Jamieson

**PRESENTING CLINICAL SIGNS**

Chronic nasal discharge, audible nasal congestion, mild stertor for 1-2 years. Responsive to antibiotics but recurs. No known inciting cause. Intermittent wet sneeze/cough noise. Radiographs show ill-defined bronchointerstitial lung pattern.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: No significant abnormalities on PE or previous blood work.

DSH

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

**BREED**

Plain studies in soft tissue, bone, and lung windows available for review.

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

**Head**

MN

Moderate bilateral nasal fluid secretions and mucosal swelling are seen with no evidence of concurrent turbinate or conchae destruction. The frontal sinuses present within normal limits. Mild mucosal swelling and mild fluid accumulation are noted within the nasal choana and rostral nasopharynx. The presphenoidal sinuses present within normal limits. No evidence of nasopharyngeal stenosis, foreign material, or a soft tissue mass is seen.

**AGE**

8 Years

Mild bilateral submandibular and medial retropharyngeal lymphadenomegaly is noted.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Thorax**

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

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

**HOSPITAL NAME**

Animal Health  
Partners

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

A moderate generalized bronchial lung pattern with occasional mild peribronchial interstitial infiltrates and interstitial scarring is seen. There is a single small polygonal shaped interstitial soft tissue attenuating consolidation in the caudal and ventral aspect of the left caudal lung lobe. See image below.

**REFERRING VET**

Dr. Ashley Gold

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

56518

- Moderate bilateral nondestructive rhinitis.
- Mild bilateral submandibular and retropharyngeal lymphadenomegaly.
- Bronchial lung pattern with interstitial scarring and presumed fibrotic nodule within the left caudal lung lobe.

**DATE**

2-1-23



**PATIENT**

Thunder Jamieson

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings of the nasal cavities suggest presence of nondestructive rhinitis such as inflammatory including allergic and lymphoplasmacytic or infectious such as viral or bacterial. There was no evidence of a nasal neoplasia or fungal rhinitis.

**SPECIES**

DSH

Note the presence of a concurrent chronic bronchial lung pattern with interstitial scarring compatible with lower airway disease such as allergic lower airway syndrome or infectious bronchitis including viral, bacterial, and less likely parasitic. The small interstitial consolidation in the left caudal lung lobe is likely to represent a fibrotic or pneumonic nodule. Primary or secondary neoplasia of the lung can never be ruled out entirely but is thought highly unlikely here. Consider further definition by means of upper and lower airway endoscopy with sampling if not performed already.

**BREED**

DSH

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Ashley Gold

**INVOICE**

56518

**DATE**

2-1-23





**PATIENT**

Thunder Jamieson

**SPECIES**

DSH

**BREED**

DSH

**SEX**

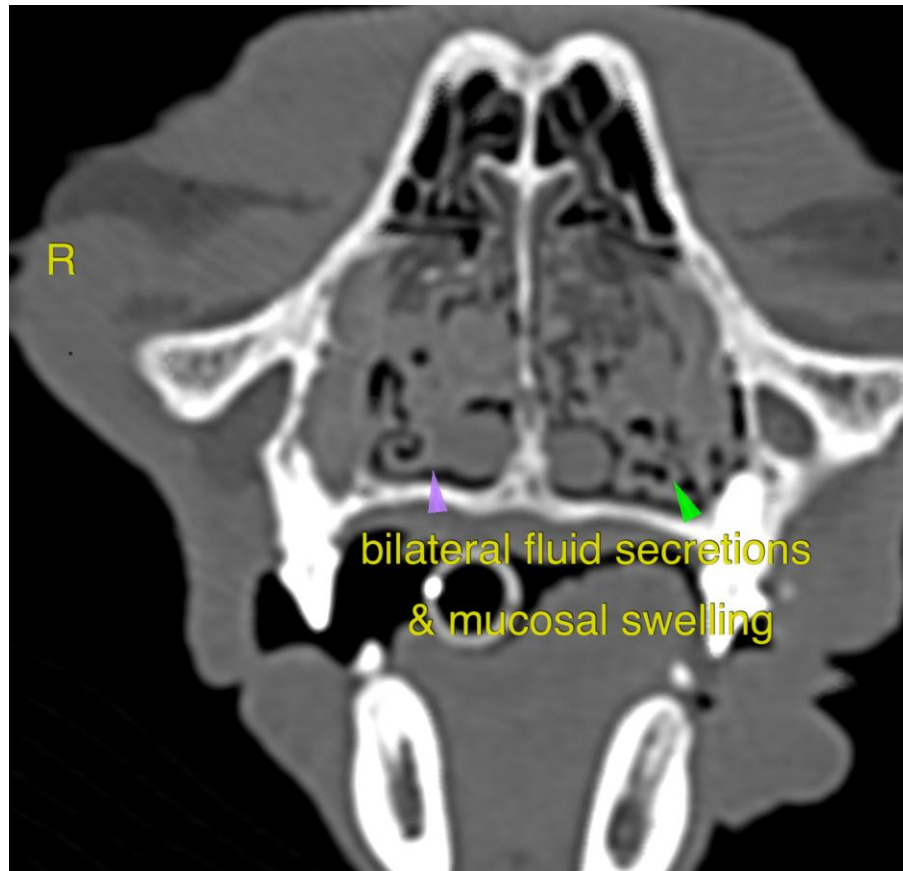
MN

**AGE**

8 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI



**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Ashley Gold

**INVOICE**

56518

**DATE**

2-1-23

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.

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**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com