



**PATIENT**

Harley Neubauer

**PRESENTING CLINICAL SIGNS**

Hx of intermittent epistaxis. Recently P has had seizure-like episodes.  
Abnormal PE/Chem/CBC/UA Results: Thoracic radiographs and coag panels wnl.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Pug

**COMPUTED TOMOGRAPHIC FINDINGS**

Soft tissue swelling with heterogeneous contrast enhancement is seen within the right nasal cavity. There is mild regional turbinate destruction. Diffuse erosion of the right palatinal bone is seen accentuating its caudal third. The cribriform plate is intact.

**SEX**

MN

No structural abnormality of the brain is seen. The ventricular system presents within the expected limits in terms of its dimensions and attenuation.

**AGE**

12 Years

The dentition is incomplete. However, no dental lesions that would be significant to the nasal pathology are identified.

A small subcutaneous lipoma ventral of the right caudal mandible is seen.

The submandibular lymph nodes present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The tympanic bullae and external auditory meatuses are patent.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect right sided chronic erosive rhinitis.
- Structurally normal CT study of the brain.

**HOSPITAL NAME**

Paws and Claws  
Urgent Care

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No discreet mass can be identified in the right nasal cavity. The CT findings are most consistent with chronic destructive rhinitis and most likely infectious rhinitis such as bacterial, viral, or mixed. Early fungal rhinitis and early neoplasia cannot be ruled out as differential diagnoses and sampling for both culture and histology is strongly recommended.

**REFERRING VET**

Alexis Rambaud

The CT study did not reveal structural abnormality of the brain. Inflammatory/infectious, metabolic/toxic, and neurodegenerative disease cannot be ruled out. Complementary csf analysis could be considered. An MRI could be considered should the csf analysis remain inconclusive and should the patient not respond to anticonvulsive medication.

**INVOICE**

50246

**DATE**

2-10-22



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**REFERRING VET**

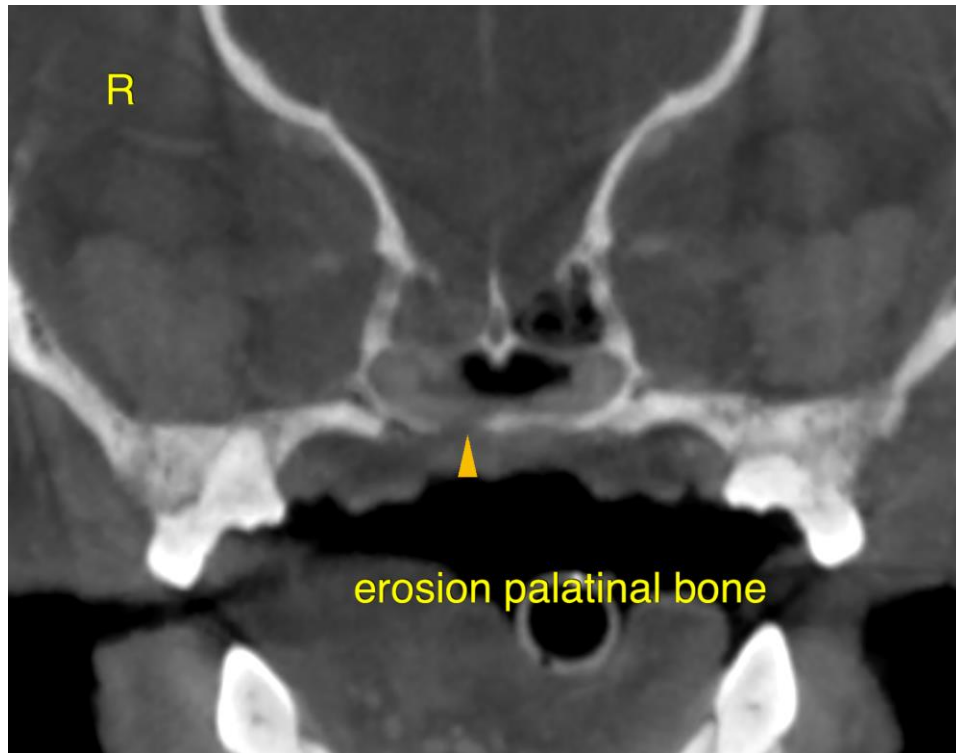
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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