



**PATIENT**

Frankie Nardone

**PRESENTING CLINICAL SIGNS**

Presented for coughing/retching/gagging/nasal congestion hx of hyperadrenocorticism, hypothyroidism, and generalized pain  
Abnormal PE/Chem/CBC/UA Results: Alp 256 u/l, bun 49mg/dl Otherwise Normal

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN**

Plain and post-contrast studies of the head and post-contrast studies of the thorax and abdomen available for review.

**BREED**

Bichon Frise

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head & Neck**

**SEX**

MN

Hypodontia is noted. The premolar and molar teeth are absent in both maxillary and the left mandibular quadrant. Triadan 409 is seen in the right mandibular quadrant and presents mild periodontal space widening. Severe periodontal space widening with loss of the lamina dura and alveolar bone of the triadan 204 is seen with a dental-nasal fistula.

**AGE**

16 Years

Regional mucosal swelling is seen within the left nasal cavity as well as extensive turbinate lysis within the rostral and mid thirds of the left nasal cavity. A moderate amount of fluid is accumulating between the remaining turbinates. The cribriform plate is intact.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The bilateral submandibular and medial retropharyngeal lymph nodes are mildly enlarged.

Moderate bilateral lateral ventriculomegaly and third ventriculomegaly of the brain is seen. There is a mild supracollicular fluid accumulation. No evidence of pituitary gland enlargement is seen.

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Mild atlantooccipital overlapping is seen. There is no evidence of atlantoaxial subluxation.

Moderate to severe intervertebral disc space collapse is seen between C3 and C4 as well as between C5 and C6 with spondylosis deformans and vertebral endplate sclerosis as well as mild intervertebral disc protrusion.

**REFERRING VET**

Dr. Runde

Similar changes are present between C7 and T1.

Both lobes of the thyroid gland are seen and present subjectively small in size.

**Thorax**

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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 are uniform and considered within normal limits.

**DATE**

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.



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A 6mm sized bulla is noted in the right caudal lung lobe.

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

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**Abdomen**

Moderate generalized enlargement of the liver with rounded lobar margins and diffuse heterogeneous contrast enhancement is seen.

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The adrenal glands present bilaterally symmetric enlargement with an average pole diameter of 9.5mm.

Both kidneys present multiple cortical cysts and infarcts with a diffuse heterogeneous nephrogram.

**SEX**

MN

The pancreas presents moderate generalized enlargement. No regional mesenteropathy is seen.

Mild generalized small intestinal wall thickening is noted.

**AGE**

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There is no evidence of mesenteric lymphadenomegaly.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Chronic unilateral destructive rhinitis of the left nasal cavity.
- Dental-nasal fistula triadan 204.
- Hypodontia and periodontal disease.
- Bilateral submandibular and medial retropharyngeal lymphadenomegaly – compatible with reactive lymphadenitis.
- Chronic intervertebral disc disease with spondylosis deformans and mild intervertebral disc protrusions C3/4, C5/6, C7/T1.
- Diffuse parenchymal hepatopathy with hepatomegaly.
- Bilaterally symmetric adrenomegaly.
- Bilateral chronic nephropathy .
- Pancreatopathy.
- Diffuse enteropathy .
- Presumably spontaneous bulla in right caudal lung lobe.
- Ventriculomegaly of the brain with no evidence of active distension.
- Brachycephalic craniocervical stenosis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals chronic destructive left hand sided rhinitis with dental-nasal fistula of the triadan 204. Chronic infectious rhinitis such as bacterial or fungal, especially superinfection with aspergillosis is considered most likely. Final diagnosis will require sampling for culture including fungal culture. Consider dental revision with extraction of the triadan 204.

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The CT study of the head did not reveal evidence of macromorphological enlargement of the pituitary gland. Microadenoma remains a potential.



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The findings of the adrenal glands are compatible with bilaterally symmetric hyperplasia.

The findings of the liver are compatible with endocrine or other diffuse hepatopathy.

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The findings of the pancreas suggest potential for pancreatitis versus benign hyperplasia. Neoplasia is thought unlikely.

The diffuse small intestinal thickening is mild and suggests potential for enteropathy such as enteritis, IBD, or other.

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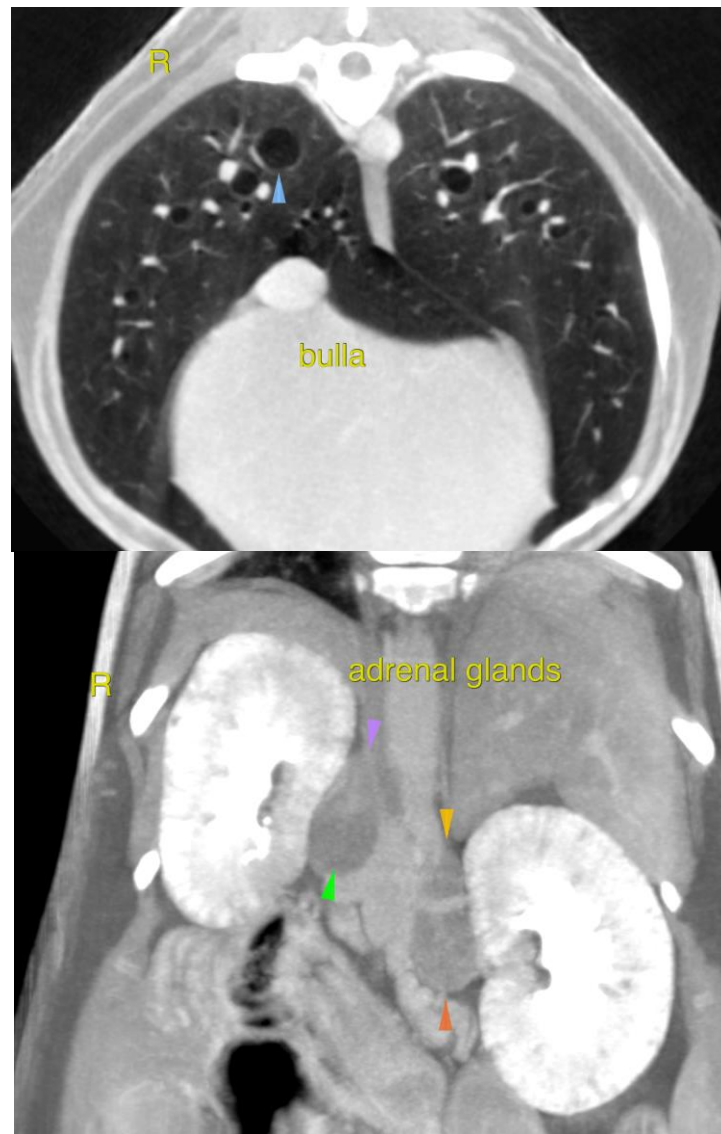
Dr. Runde

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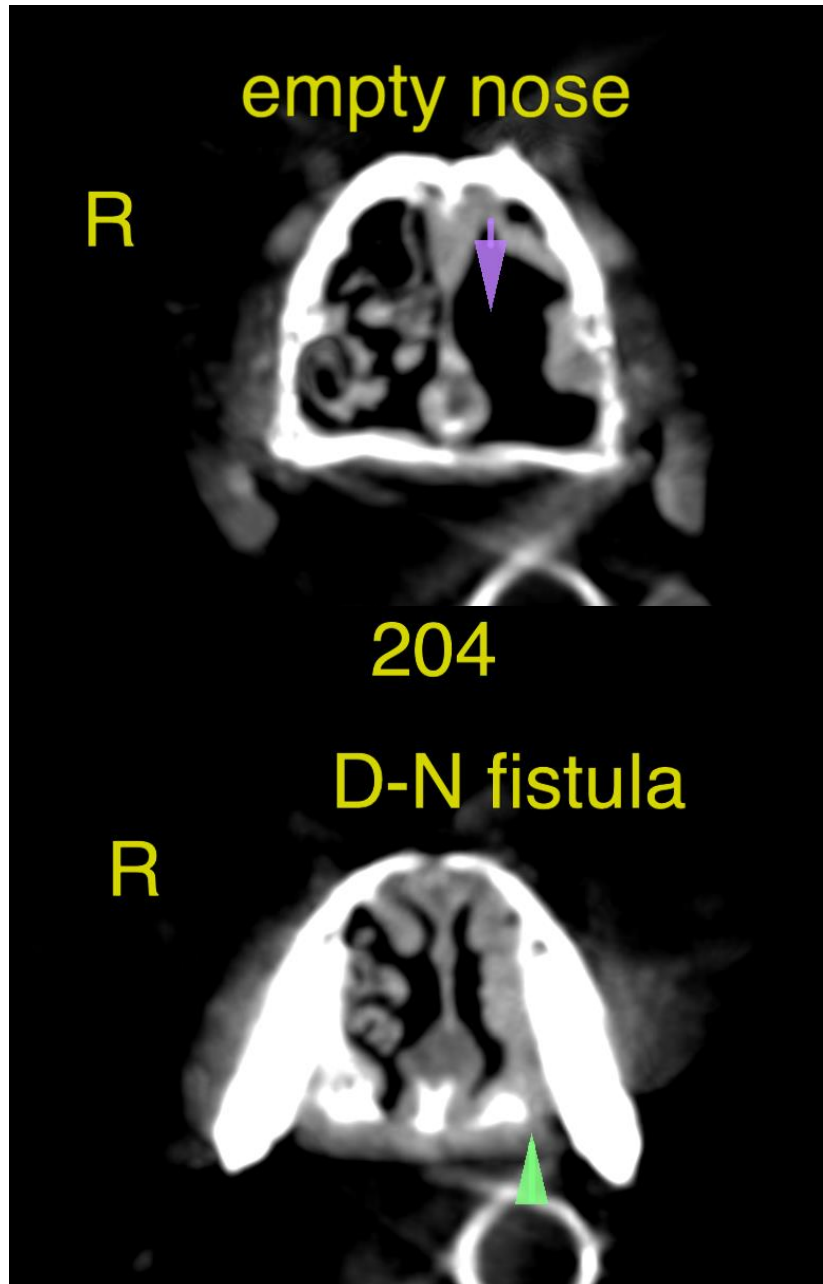
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**

Bichon Frise

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