



PATIENT

Apollo Dowd

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

12Y, 11M, 3D

WEIGHT

11.80lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Presutti, DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Megan Presutti, DVM

INVOICE

74292

DATE

3-23-26

PRESENTING CLINICAL SIGNS

- 2/24/2026: Reason for Visit: Dental issues and chronic nasal discharge evaluation.
- History: Owner reports six to seven months of runny nose and recent severe, foul-smelling green nasal discharge following a sneeze twelve days prior to visit. Owner notes lethargy and decreased appetite prior to starting Augmentin, with improvement in appetite and energy during antibiotic therapy, but decline after stopping the medication. Owner states patient has had previous dental extractions and dental issues. Owner reports a reaction to anesthesia (Dexdomitor) in January of the previous year, with heart rate dropping from 150s to 40, requiring reversal. Owner mentions proprioception deficit in the back leg in December, treated with Meloxicam for a week with some improvement; since then, patient does not use stairs or couches and is carried. Current medications include Prozac, started January 29th for separation anxiety, with some concern about decreased appetite after initiation. Appetite and energy improved with amoxiclav. Owner sent prior veterinary records.

Abnormal PE/Chem/CBC/UA Results: ASSESSMENTS - Chronic nasal discharge, r/o oronasal fistula secondary to dental disease vs. chronic rhinitis vs. nasal neoplasia vs. foreign body. - Dental disease with history of extractions, r/o advanced periodontal disease vs. endodontic disease. PE: Oral Cavity: Missing teeth, mild tartar accumulation and associated gingivitis, no visible palatal abnormalities; CBC: Reticulocyte Hemoglobin 23.5; Chem: ALT 204;

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

An oronasal fistula is present at tooth 204 with complete loss of alveolar bone and communication between the oral and nasal cavities. Regional destructive rhinitis with turbinate destruction, mucosal swelling, and fluid accumulation is seen in the rostral left nasal cavity associated with the oronasal fistula. No discrete mass lesion or foreign body is identified within the nasal cavities.

Severe periodontal disease with alveolar bone loss is present at teeth 205, 304, 307, 308, and 404.

A crown fracture of tooth 208 is identified.

There is generalized alveolar bone atrophy and periodontal disease throughout the right and left maxilla and mandible.

Mild regional enlargement of the submandibular and retropharyngeal lymph nodes is seen and likely reactive.

The paranasal sinuses are unremarkable aside from mild mucosal thickening consistent with rhinosinusitis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic oronasal fistula of tooth 204 with regional destructive rhinitis.
- Severe periodontal disease involving teeth 205, 304, 307, 308, and 404 with generalized alveolar bone atrophy.
- Crown fracture of tooth 208.
- Mild reactive submandibular and retropharyngeal lymphadenopathy.



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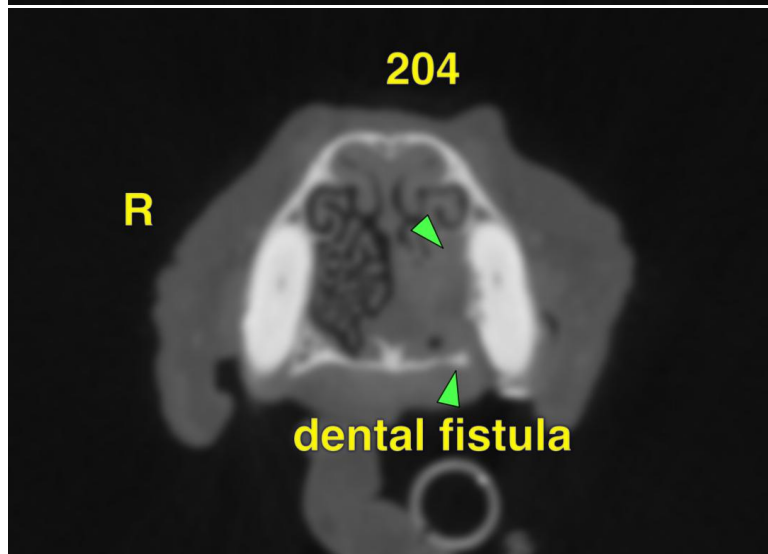
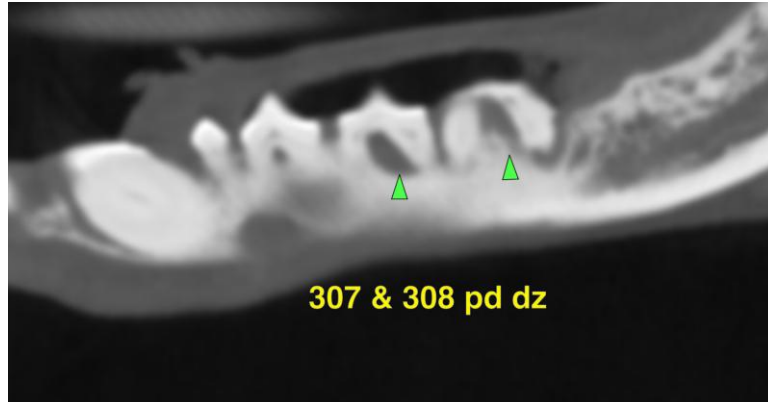
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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Surgical repair of the oronasal fistula is indicated to resolve chronic rhinitis and prevent ongoing infection. Comprehensive dental evaluation and treatment for affected teeth including extractions and management of periodontal disease is recommended. Antibiotic therapy is recommended as indicated perioperatively or based on bacterial culture and sensitivity of affected regions.





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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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