



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Tessa Carnes

**SPECIES**  
Canine

**BREED**  
Golden Retriever

**SEX**  
Female Spayed

**AGE**  
12

**PRESENTING CLINICAL SIGNS**  
Ravi Seshadri DVM, DipACVECC Tessa was hospitalized for anemia and weakness associated with epistaxis. She is a geriatric golden retriever, whose PU/PD, polyphagic, overweight, and arthritic. She has diffuse dermatopathy, that is most consistent with endocrinopathy as well as Malassezia overgrowth. Her thoracic radiographs yesterday were unremarkable. Her chest radiographs yesterday were unremarkable. She had 1 episode of documented hypertension, but otherwise has had normal blood pressures in the hospital. She was started on a transfusion of a double unit of packed red cells, and treated with aminocaproic acid, and has had no further bleeding. This a.m. she underwent an uneventful CT scan which revealed no obvious evidence of an intranasal neoplasia. Her sinuses had no evidence of neoplasia, her cribriform plate was also intact. Radiographs have been submitted to Sonopath radiology for radiologist's review. Post CT an abdominal ultrasound revealed a left adrenal mass. Her in hospital cortisol was within normal limits, making this mass not a cortisol secreting mass. A pheochromocytoma is a distinct possibility, and urine metanephrine levels will need to be checked. She also has a low thyroid level which might be contributing to her regenerative anemia. She was treated with iron and B12 to address her iron loss. She is being discharged for home care pending lab results. She will be rechecked in 7 days, and if her hematocrit is improving urine metanephrine levels can be submitted. Once her urine metanephrine levels confirm a pheochromocytoma surgical removal of the left adrenal gland can be considered. Long-term prognosis is fair to guarded. 03-27-2023 3:28:50pm Ravi Seshadri DVM, Dip

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

The nasal turbinates present intact and within normal limits. Focal mineralization is noted within the right middle nasal concha. Moderate mucosal swelling is seen within the left maxillary recess. Mild mucosal swelling appears to be present in the adjacent portion of the right ventral nasal concha. The frontal sinuses present within normal limits. The soft palate appears to be relatively thick. No evidence of nasal foreign material, turbinate destruction, or a soft tissue mass is seen. There are no significant dental changes.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDF

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Ravi Seshadri

**INVOICE**

57502

**DATE**

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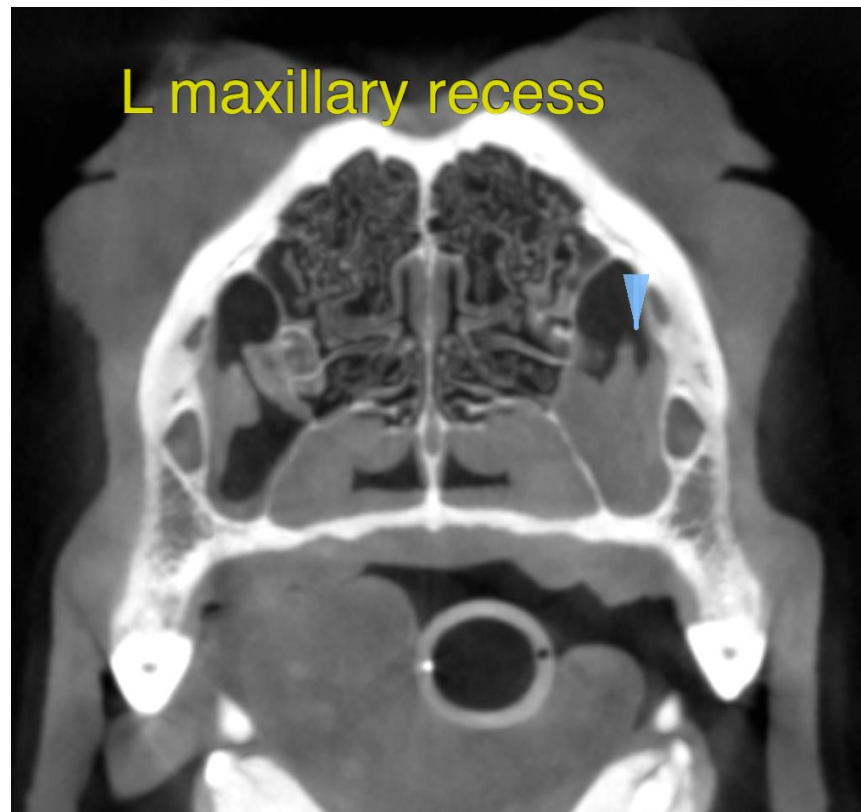
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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild mucosal swelling within the left nasal cavity and left maxillary recess – otherwise, normal age related findings of the nasal cavities and paranasal sinuses.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals mild mucosal swelling within the left maxillary recess and nasal cavity. The changes are subtle. No evidence of erosive rhinitis, nasal foreign material, dental disease, or a soft tissue mass is seen. Acute infectious or noninfectious and nondestructive rhinitis such as irritant rhinitis, allergic rhinitis, and viral or bacterial rhinitis cannot be ruled out entirely. The possibility of paraneoplastic syndrome, hypertensive nasal hemorrhage, and coagulopathy should, however, be considered as well.





**PATIENT**

Tessa Carnes

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.

**SPECIES**

Canine

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**

Golden Retriever

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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