



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Buddy Blyth

**SPECIES** Canine

**BREED** Shepherd X

**SEX** MN

Approximately 8 weeks ago, a clear LEFT unilateral nasal discharge started. Initially monitored, tried tx with Benadryl with no response. The discharge progressively became more purulent. Tx with course of amoxicillin/clavulanic acid, with no improvement. More recently the discharge is now a mix of purulent mucous and blood (has been becoming progressively more bloody over time). Buddy was anesthetized at our clinic to assess for any dental related issues, no dental abscesses were found related to that nostril. The left nostril was flushed and samples were taken for cytology and culture. The cytology showed marked neutrophil-rich (suppurative) exudates, but no apparent bacterial or fungal bodies seen, and now overtly neoplastic cells seen. Preliminary culture results are back and are showing no fungal or bacterial growth yet. Radiographs were done of the skull and the left nasal passage showed a diffuse increase in opacity compared to the right. Buddy is otherwise normal, no fever, normal appetite and energy, unremarkable bloodwork. Requesting CT for further evaluation of cause of persistent LEFT unilateral nasal discharge

Abnormal PE/Chem/CBC/UA Results: Increased WBC, decreased ALKP

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**AGE COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** 5 Years

Multiple small metal attenuating fragments are seen in a tail shaped arrangement in the soft tissues of the left side of the face from the base of the ear through the left temporalis muscle into the left orbita through the left frontal bone and into the left frontal sinus and caudal aspect of the left nasal cavity. Perforating defects and moderate sclerosis of the external lamina of the left frontal bone are seen.

The left frontal sinus presents moderate swelling of its mucosal lining and moderate fluid accumulation. Mild mucosal swelling is noted within the right frontal sinus as well. The left nasal cavity presents extensive turbinate destruction with mucosal swelling and fluid accumulation adhering to the remaining turbinates and on the floor of the nasal cavity. Mild fluid accumulation and mucosal swelling are noted in the right nasal cavity as well.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Unilateral left hand sided severe destructive rhinosinusitis
- Mild nondestructive rhinosinusitis of the right hand side.
- Multiple small metal attenuating bullet fragments in a trajectory from the left base of the ear through the left orbita into the left nasal cavity.
- Mild left medial retropharyngeal and submandibular lymphadenomegaly compatible with reactive lymphadenitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals destructive left hand sided rhinosinusitis and soft tissue as well as osseous injury in the left side of the face with multiple metal attenuating fragments between the base of the left ear, left orbita, and left nasal cavity. The destructive nature of the disease is highly

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Dr. Heather Bassey

**INVOICE**

57554

**DATE**

3-30-23



**PATIENT**

Buddy Blyth

suggestive for fungal infection. Superinfection with aspergillus or other fungal species is considered very likely based on the CT findings and may have occurred after the perforating injury of the left frontal sinus and left nasal cavity.

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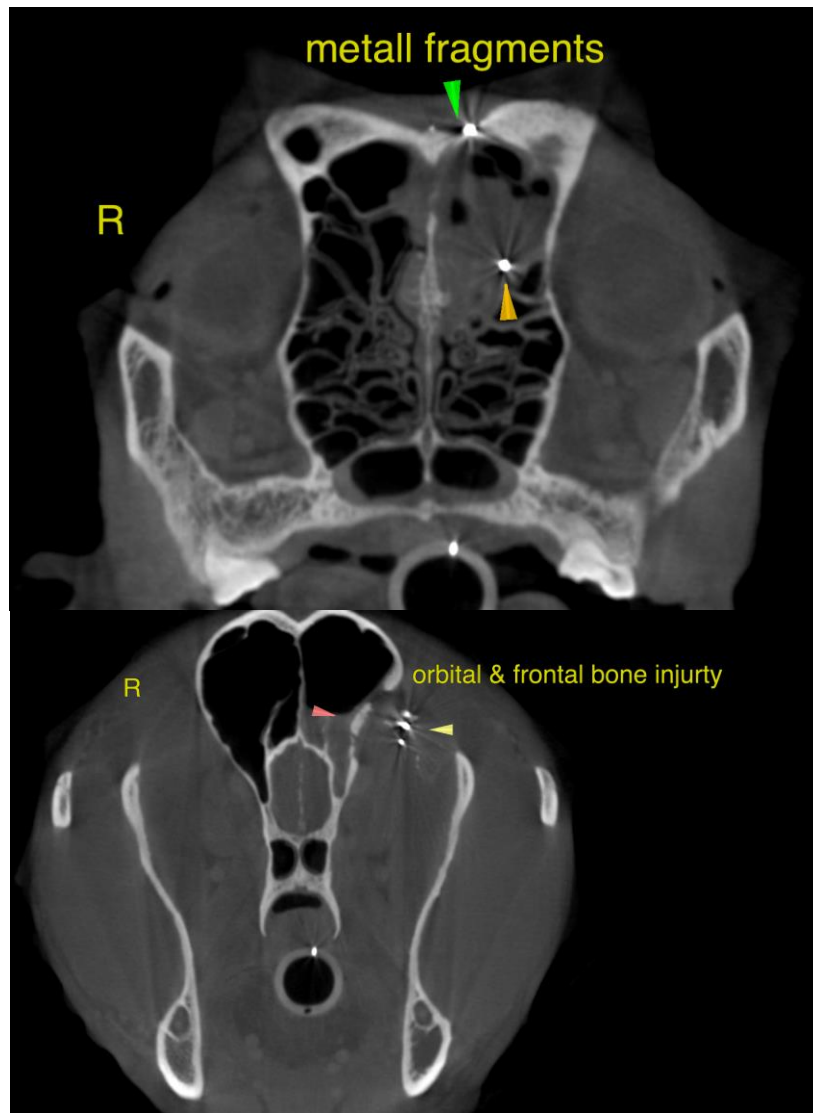
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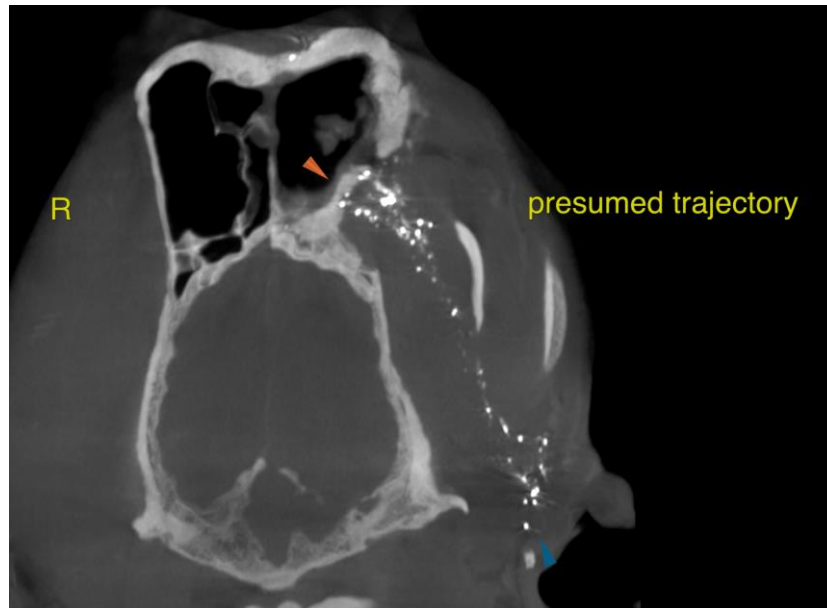
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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