



## PATIENT

Levi Berry

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MN

## AGE

9Y, 4M

## WEIGHT

39.2kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lucy

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Levi Berry

## INVOICE

74095

## DATE

3-9-26

## PRESENTING CLINICAL SIGNS

- PT had dental cleaning with incisor extractions on Monday March 2nd. since then has been having nasal discharge which has progressed to epistaxis/
- Originally presented for nasal discharge - discharged with Gabapentin and Clavaseptin/
- Returned for bilateral epistaxis and diagnostics were performed. Sent home with Yunnan Baiyao.
- Returned again for continued nasal hemorrhage - on exam unilateral epistaxis was appreciated from the right nares with reduced airflow.
- Levi is chronically on Phenobarbital and Thyro-tabs

Abnormal PE/Chem/CBC/UA Results: March 7th: PCV = 24% Chest rad: tall cardiac silhouette, no obvious metastasis. Abd rad: NSF March 9th PCV: 35%, monocytosis Chem: Elevated ALP at 515 PT/PTT: WNL

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Incisors 201, 301, and 401 are removed with no evidence of oronasal communication between the 201 and the left nasal cavity. The remaining dentition shows age related changes, but no acute dental pathologies identified.

Moderate multifocal fluid accumulations are present in both nasal cavities and paranasal sinuses accentuating the right frontal sinus. No turbinate destruction or bone lysis is noted. There is no evidence of foreign material. Mild right sided nasal obstruction is consistent with findings of unilateral epistaxis. Mild fluid accumulations are present in the nasopharynx. The cribriform plate and adjacent bones are intact.

Mild bilateral retropharyngeal lymphadenomegaly, likely reactive, is seen.

There is no evidence of mass lesions, fractures, or aggressive bone changes.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral multifocal nasal and sinus fluid accumulation without bony destruction.
- Mild reactive retropharyngeal lymphadenomegaly
- Post-dental extraction status incisors 201, 301 and 401 without oronasal fistula.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are consistent with sinonasal inflammation and secondary sinusitis as well as post-hemorrhagic changes. Post-traumatic or post-dental extraction origin is considered likely. However, the sinonasal inflammation may well have been present prior to the recent intervention. The absence of turbinate or bone destruction argues against aggressive neoplasia or fungal disease. Local mucosal irritation is considered likely. Inflammatory or infectious rhinitis should be considered. Follow up CT or rhinoscopy with sampling should be performed if epistaxis persists or worsens including sampling for culture and histology.

Clinical monitoring of the retropharyngeal lymph nodes is advised.



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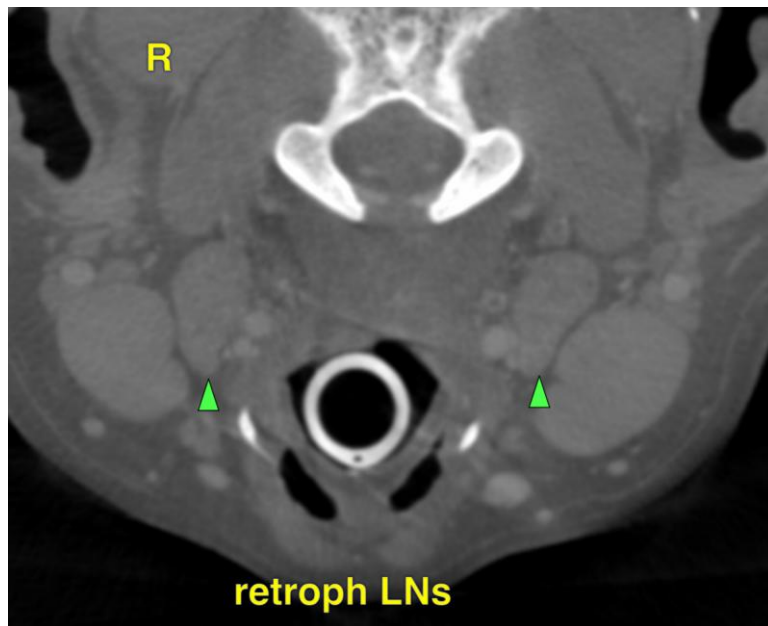
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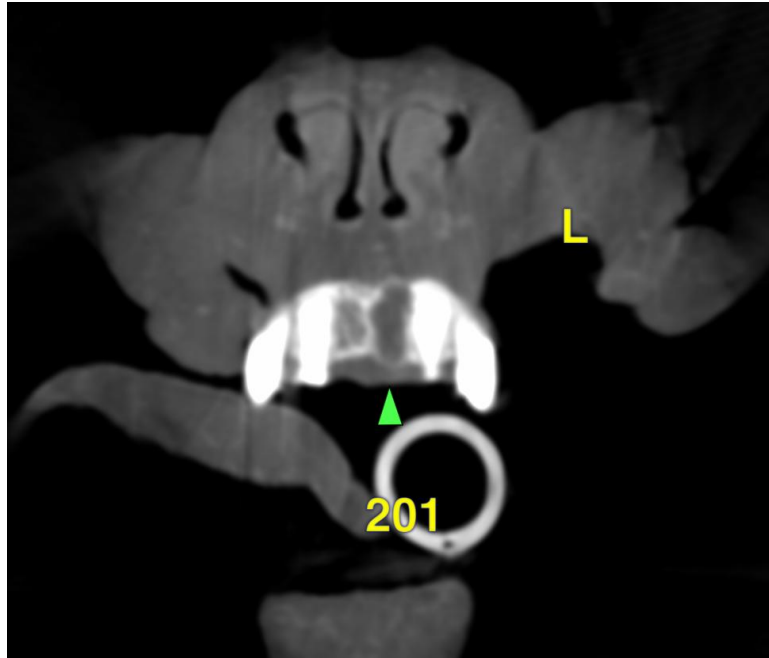
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
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