



PATIENT

Desmond Maclaughlin

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

7Y

WEIGHT

71.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74965

DATE

5-12-26

PRESENTING CLINICAL SIGNS

Messing with mouth more/smacking, clear nasal discharge. X-rays were taken at the Clinic.

Radiograph Conclusion: Focal ill-defined soft tissue opacity within the left caudal nasal passage.

Differentials include nonspecific inflammatory rhinitis, infectious rhinitis, neoplasia, granuloma, or nasal foreign body.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are 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 passages are bilaterally patent and symmetric. No focal soft tissue mass, turbinate destruction, nasal cavity asymmetry, osseous lysis, or evidence of destructive rhinitis is identified. The frontal sinuses are unremarkable. There is no evidence of nasal neoplasia, active rhinitis, granulomatous disease, or nasal foreign material.

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.

Mild multifocal periodontal ligament space widening is present interpreted as mild chronic age-related degenerative periodontal change even though mild inflammation cannot be ruled out as a differential diagnosis.

A very thin linear fluid attenuating band is noted along the dorsal aspect of the caudal soft palate/nasopharyngeal region. This is favored to represent a small amount of fluid and is considered of doubtful clinical significance. See image below.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No significant CT abnormality identified within the nasal cavities or paranasal sinuses.
- Mild chronic age-related periodontal change.
- Minimal questionable fluid apposition along the dorsocaudal soft palate region. See image below. Likely incidental.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

There is no significant CT evidence of nasal neoplasia, ongoing rhinitis, fungal disease, or nasal foreign material. The radiographic opacity within the caudal nasal passage may have represented superimposition artifact, transient mucosal/fluid accumulation, or mild inflammatory change below CT



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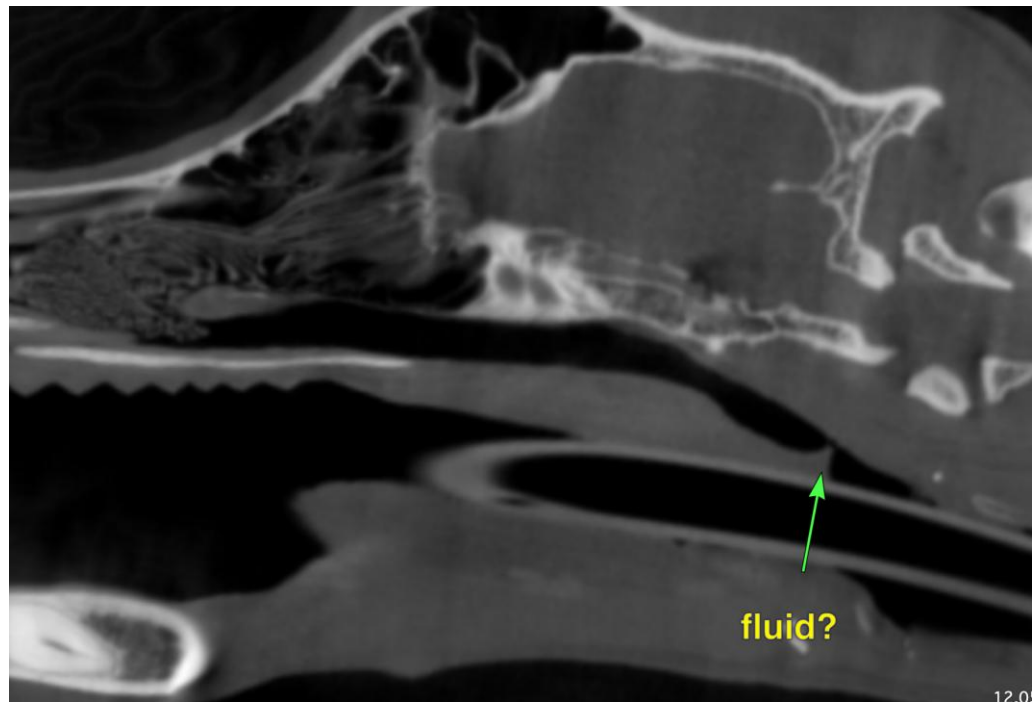
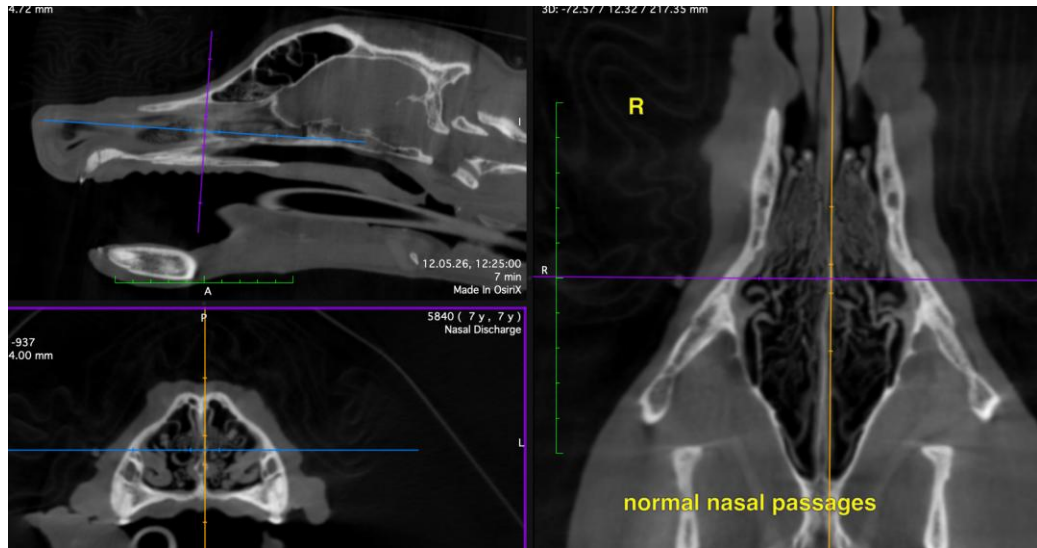
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detection threshold. Clinical monitoring is recommended. Rhinoscopy and nasal flushing may be considered.





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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.

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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

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