



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jaeger O'Duane
SPECIES Canine
BREED Mixed
SEX [Not specified]

Feb-March 2022 due to increased upper respiratory noises when sleeping. increased drooling has been noted since the same time. These signs had not been seen prior to this Winter and he otherwise has been a health dog. He was initially treated with steroid and antibiotic, which maybe helped to control signs a little bit. Since then, additional antibiotic, licorice root, and antihistamine have not improved his signs. He has been eating and drinking well. He has an occasional hacking type cough, intermittent sneezing, restlessness at night - hard time finding a comfortable spot. He is also less energetic and active at the dog park and is slower to recover after excitement. Will tend to swallow when laying down - reflux vs swelling increased saliva. Labwork 4/13/22 - CBC - plt 402K, otherwise normal. Chemistry - glob 4.5, ALT 172, SAP 136, otherwise normal, PSL - 203 (mild elevation), T4 Normal at 2.0, HW - neg, Fecal OPG - neg, UA - USG 1.046, trace protein, benign sediment aside from 2-3 struvite crystals Radiographs 4/15/22 (reviewed by radiologist)- CXR - normal heart and lungs and thorax. AXR - nor abnormalities Are you currently giving Jaeger any medications or supplements? Zyrtec 2 tab SID, licorice root. Does not seem to help. audio samples brought in - some snoring, sounds as if air is moving past partial obstruction. Recordings are made when he is breathing through his nose at rest.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

AGE 9 Years
 Plain and post-contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY

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

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.

Mild multifocal mucosal swelling is noted within both nasal cavities and frontal sinuses, with no evidence of turbinate destruction, foreign material or a mass lesion.

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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.

REFERRING VET

Dr. Kim Winters

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.

The visible dentition within normal limits.

INVOICE

37334

DATE

5/3/22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bilateral non-destructive rhinosinusitis



PATIENT INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Jaeger O'Duane

The CT study reveals mild bilateral non-destructive rhinosinusitis. Differential diagnosis includes allergic rhinitis as well as infectious rhinitis, such as viral, bacterial, and less likely parasitic rhinitis. Further definition by means of rhinoscopy with sampling for culture could be considered for further definition.

SPECIES

Canine

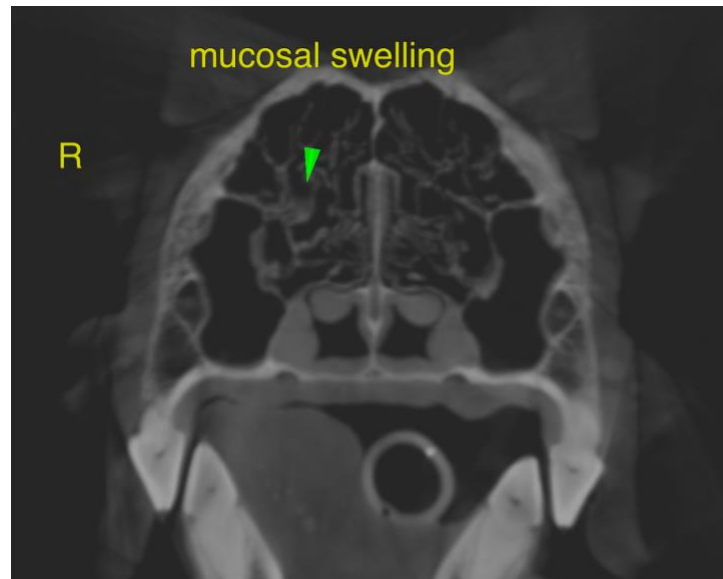
BREED

Mixed

SEX

AGE

9 Years



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DipECVDI

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.

HOSPITAL NAME

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