



PATIENT

Duke Conville

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

5

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

52369

DATE

6-8-22

PRESENTING CLINICAL SIGNS

Presented for nasal congestion/snoring, and some clear nasal discharge. On physical exam patient is unable to breath through nose when mouth is held shut. Owner reports two bumps on bridge of nose that have developed at different times and have responded to treatment with antibiotics and steroids. Otherwise is clinically doing well.
Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head and post contrast study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

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 generalized swelling of the mucosal lining of the nasal turbinates is seen within the left nasal cavity. There is no evidence of turbinate destruction, fluid accumulation, a mass, or foreign material. The right nasal cavity and both frontal sinuses present within normal limits.

Prominence of the soft palate is noted in terms of a relatively thick mid portion of the soft palate. The nasopharyngeal lumen is narrow. The nasopharyngeal roof appears to be prominent or collapsed. Mild fluid accumulation is noted within the nasopharynx.

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.

The visible dentition is within normal limits.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.



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The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

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The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild left sided nondestructive rhinitis.
- Prominent soft palate.
- Nasopharyngeal collapse / nasopharyngitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals nondestructive rhinitis within the left nasal cavity. The changes are mild. Allergic, irritant, and infectious rhinitis such as viral, bacterial, or parasitic are a potential.

The significance of the relative thickening of the soft palate needs to be put into the clinical context.

Dynamic nasopharyngeal collapse and nasopharyngitis appear to be a potential. Correlate with the endoscopic findings.

The CT study of the lung and bronchial is within normal limits.

No evidence of cardiovascular pathology or mediastinal lymphadenomegaly is found.

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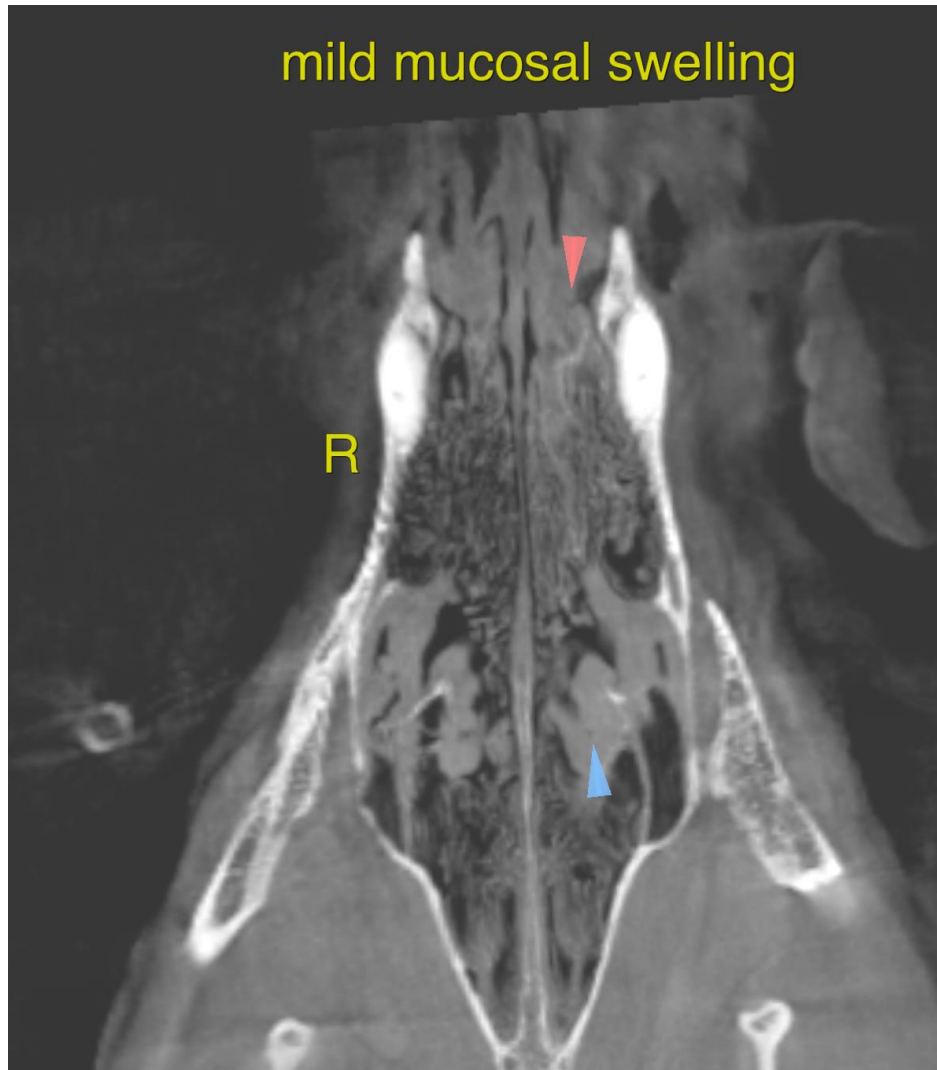
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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