

**PATIENT**

Bodie Landers

**PRESENTING CLINICAL SIGNS**

Chronic epistaxis starting one week ago

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD**

Plain and post contrast studies available for review.

**BREED**

Cur Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

The CT study reveals a moderate amount of fluid attenuating material within the left nasal cavity and left maxillary recess. No evidence of turbinate destruction is seen. A minimal amount of fluid attenuating material is seen in the right nasal cavity. There is no evidence of attenuating foreign material. The frontal sinuses present within normal limits. The cribriform plate is intact. No significant dental changes are seen. A mild amount of fluid is accumulating within the nasopharynx. No evidence of nasopharyngeal stenosis is noted.

**SEX**

MN

Mild left medial retropharyngeal and submandibular lymphadenomegaly is seen.

**AGE**

3 Years, 9 Months

- Unilateral nondestructive rhinitis and maxillary sinusitis, left hand sided.
- Mild left medial retropharyngeal and submandibular lymphadenomegaly.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals unilateral rhinitis and maxillary sinusitis. Foreign material is not seen. Infectious rhinitis such as viral or bacterial is considered most likely. Early fungal rhinitis cannot be ruled out entirely. The presence of small pieces of organic non-attenuating foreign material remain a potential too even though the distribution of the changes is not necessarily typical for it. Consider rhinoscopy with sampling for further definition.

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The lymph node changes are compatible with reactive lymphadenitis.

**HOSPITAL NAME**Aloha Pet & Bird  
Hospital**REFERRING VET**

Dr. Becton

**INVOICE**

59234

**DATE**

7-8-23



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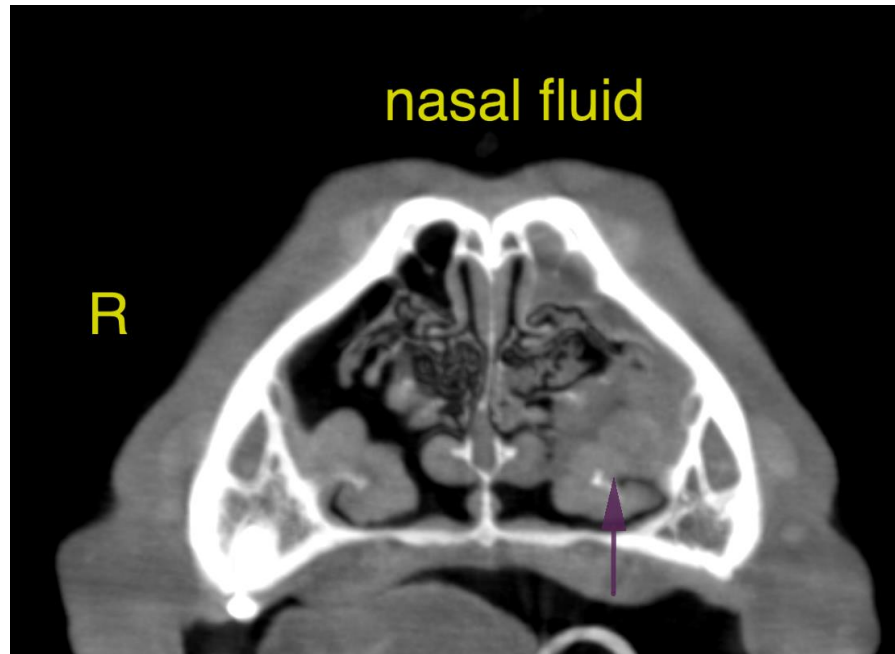
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI  
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