



PATIENT PRESENTING CLINICAL SIGNS

Agatha Friskey
Thalden

Premedication with butorphanol . Induction with propofol. Intubated and maintained on isoflurane and oxygen with SCCS, IPPV support. Crystalloid fluids through the procedure. Monitored with oximetry / capnometry / ECG. Uneventful anesthesia and recovery, see SmartFlow sheet for details, and data Upon inducion / intubation noted a large foxtail embedded in the soft palate just caudal to the last Left upper molar. There is also accompanying regional tonsillar inflammation. No other pathology appreciated. Removed foxtail. Updated Owners - they elected to proceed with the CT scan. Pre and post contrast sequences / CT scan completed of the nasal passage and oropharynx. Noted submandibular lymphadenopathy, and no other significant pathology. Images submitted to Sonopath for review. Uneventful recovery from anesthesia plan discharge pending radiology report with antibiotics and anti-histamines. Owners updated. TECH ASSESSMENT: Agatha presents to SOVSC ER for ongoing dyspnea that began to worsen last night. P has historically been congested out of one nostril for several years, with excessive mucoid discharge, but has never had epistaxis or been hindered by this at all. Was noted eating grass/weeds on 7/4, and started becoming more "congested" sounding since;. Was seen at rDVM the following day as P had began to exhibit stertor and stridor; where chest rads were not particularly indicative of pulmonary infection, but was started on a course of Clindamycin for treatment; O states P was referred to another clinic for an MRI next week for upper airway imaging, however P started severely wheezing this morning which prompted O's in. P has had no other clinical signs of note (no GI upset/emetis), and had been E/D okay as of last night, where Clindamycin was last given. CJ

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Moderate to severe multifocal periodontal disease is seen accentuating the triadans 109, 110, 209, & 210.

HOSPITAL NAME

Triadan 208 is absent.

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Moderate periodontal disease of the triadans 103, 104, 203, 204, 309, 409, & 411 is noted.

The bilateral submandibular lymph nodes present mild symmetric enlargement.

REFERRING VET

Ravi Seshadri

Mild mucosal swelling is seen within both nasal cavities with mild fluid accumulation on the floor of the nasal cavities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate to severe multifocal periodontal disease.
- Mild bilateral nondestructive rhinitis.
- Mild bilateral submandibular lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

7-9-23

The CT study reveals multifocal moderate to severe periodontal disease. A dental fistula is not seen; however, the lamina dura of the dental alveolus is thin and the dental disease may trigger



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the nasal pathology.

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Differential diagnosis for the rhinitis includes infectious such as viral, bacterial, and inflammatory such as allergic or lymphoplasmacytic. Infectious rhinitis is considered more likely; however, further definition requires sampling for culture.

SPECIES

The lymph node changes are compatible with reactive lymphadenitis.

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Dental workup is recommended.

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REFERRING VET

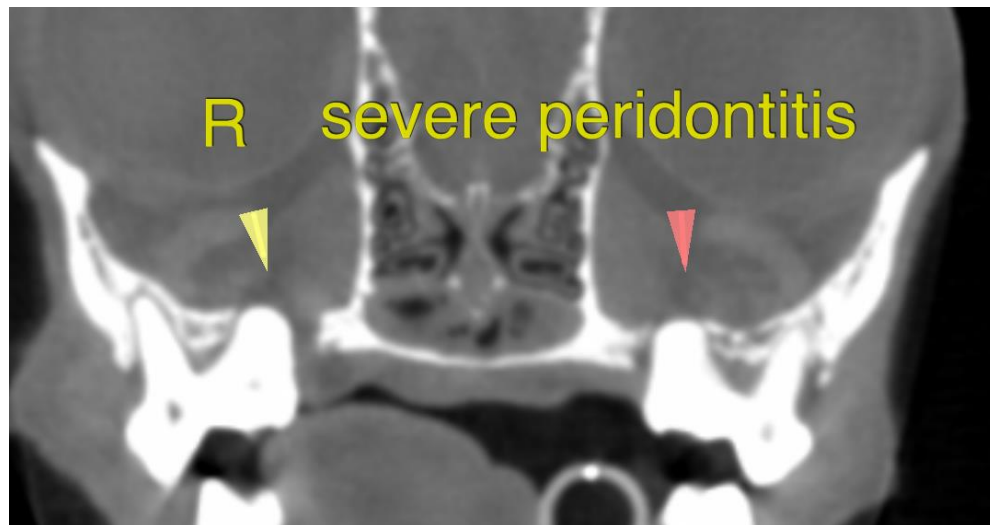
Ravi Seshadri

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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.

SPECIES

Canine

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