

**PATIENT**

Brody Hazelwood

PRESENTING CLINICAL SIGNS

Acute onset stertorous breathing last week. Transient sneezing - resolved. Ongoing stertor, mild hacking. Concern for nasopharyngeal FB. Retroflex nasopharyngoscopy to follow CT. Abnormal PE/Chem/CBC/UA Results: Stertorous breathing on PE. Normal air flow from both nares. Normal CBC & Chem.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review in soft tissue and bone windows.

BREED

Poodle X

COMPUTED TOMOGRAPHIC FINDINGS

An ovoid smoothly delineated fat attenuating structure is seen within the nasopharynx. The ovoid structure measures 2 cm in length and 1 cm in diameter. The caudal margin of the structure is pointed. The cranial margin is rounded. Complete obstruction of the nasopharyngeal lumen is noted. The structure is uniform in attenuation. Attenuation values average -55 HU which is compatible with fat. The structure is contrast negative.

SEX

MN

No evidence nasopharyngeal fluid accumulation, rhinitis, or otitis is seen.

AGE

8 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Fat attenuating structure with geometric (drop shape) within the nasopharynx causing nasopharyngeal obstruction.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for presence of a nasopharyngeal foreign body. Fatty material is considered likely based on the CT attenuation. However, silicone or other gelatinous material is a potential too. Rhinoscopy with removal of the presumed foreign body is recommended. The caudal end of the structure is approximately 4 cm cranial to the caudal margin of the palatal veil.

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Ashley Gold

INVOICE

59612

DATE

8-1-23



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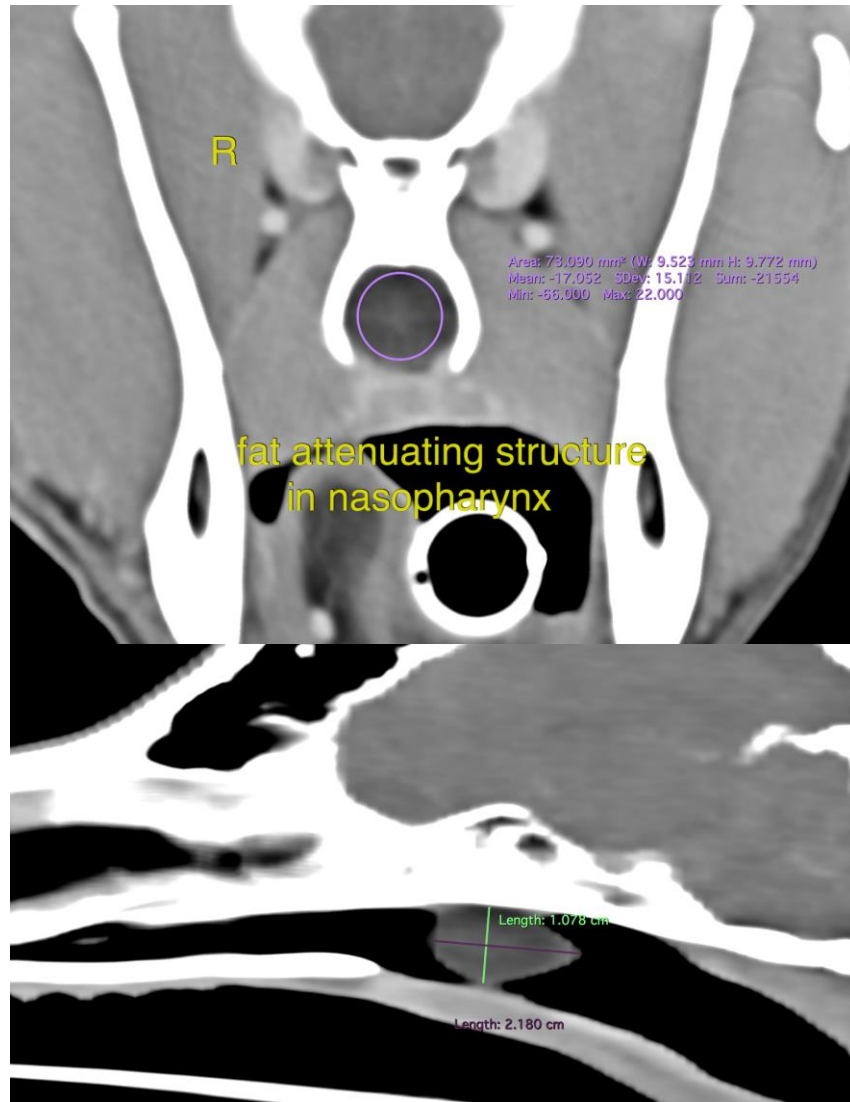
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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