



PATIENT

Sadie Pillsworth

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Ashley Gold

INVOICE

53569

DATE

8-18-22

PRESENTING CLINICAL SIGNS

Several month history of coughing (dry, non-productive), as well as bilateral mucoid nasal discharge, and intermittent reverse sneezing. No response to several previous antibiotic trials. Abnormal PE/Chem/CBC/UA Results: Mild crackles on right side of lungs. Sneezing with left sided mucoid nasal discharge. Bronchoscopy revealed mildly excess mucus. Rhinoscopy also revealed mild excess fluid/mucus in nares.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies in soft tissue, bone, and lung windows 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.

There is a moderate amount of fluid within both nasal cavities. Mild bilateral turbinate destruction is noted. No evidence of aggressive osteolytic changes, foreign material, or a mass is seen. The cribriform plate is intact. A moderate amount of fluid attenuating material is seen ventrally within the left frontal sinus. Frontal sinus mucosal swelling is noted as well.

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.

Mild bilateral submandibular and medial retropharyngeal lymphadenomegaly is noted with asymmetric enlargement pattern.

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.

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

A mild amount of fluid is accumulating ventrally within the tracheal lumen.



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A peripheral ventral alveolar pattern is seen in the right middle and right caudal lung lobes with occasional pulmonary osteomas. The remainder of the lung presents within normal limits.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral rhinosinusitis with mildly erosive component.
- Bilateral medial retropharyngeal and submandibular lymphadenomegaly compatible with reactive lymphadenitis.
- Pneumonic infiltrate versus dystelectasis in the ventral portions of the right caudal and right middle lung lobes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals chronic bilateral rhinosinusitis with mild destructive component. The findings support the presence of infectious rhinitis such as bacterial, viral, or early fungal. Further definition by means of rhinoscopy with sampling has been performed already.

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The tracheal fluid may be due to translocation of fluid from the nasal cavities or oral cavity under general anesthesia with endotracheal intubation. However, tracheitis and tracheal hemorrhage are potential differential diagnoses.

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The alveolar pattern in the ventral aspects of the right middle and right caudal lobes may represent pneumonic changes as well as temporary dystelectasis under general anesthesia.

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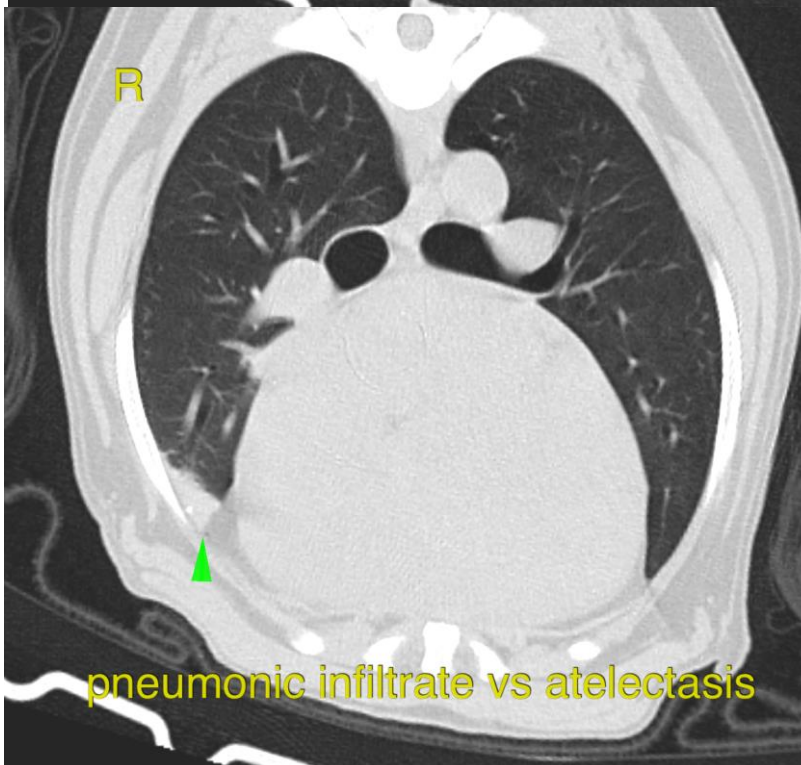
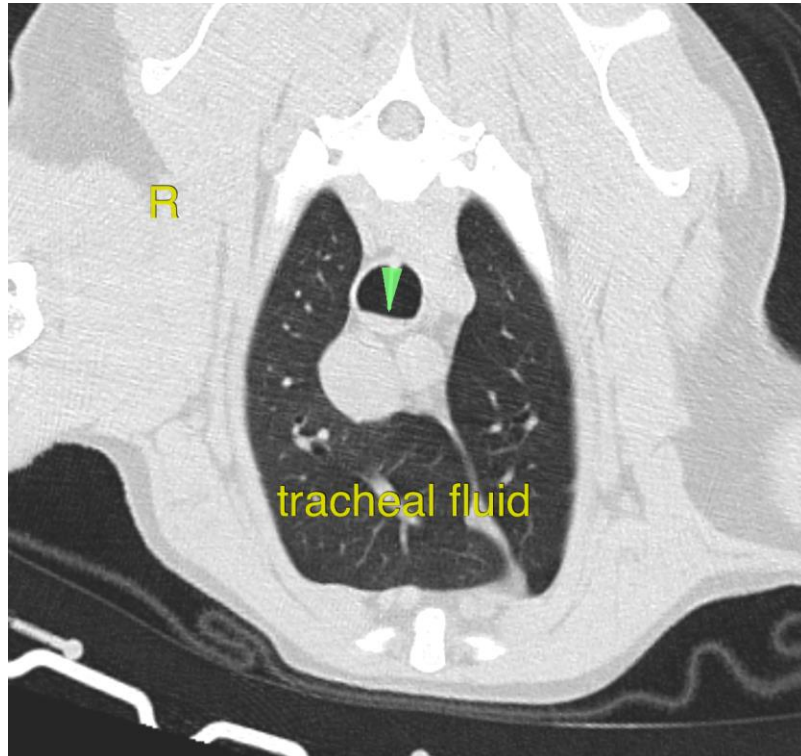
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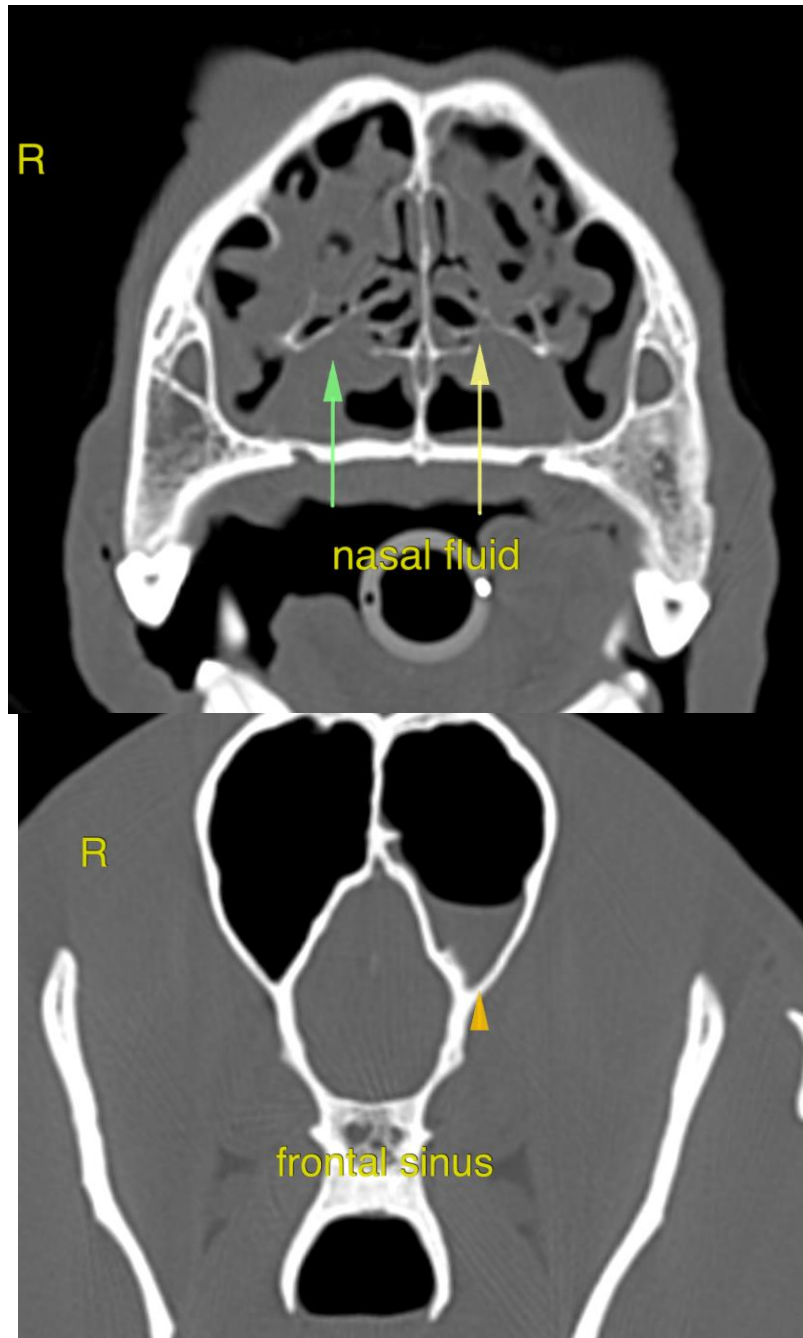
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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