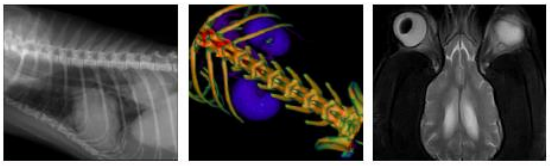

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1-800-838-4268 info@sonopath.com

PATIENT

Ella Waxman

SPECIES

Canine

BREED

Old English Bulldog

SEX

SF

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Michelle Bartholomew

INVOICE

54093

DATE

9-17-22

PRESENTING CLINICAL SIGNS

Ella presented on 6/1 with a 1 month history of green nasal discharge, labored breathing, and sneezing. Thoracic radiographs showed normal aging changes. Thoracic auscultation was normal and upper respiratory congestion was noted. Cytopoint had been given about 4-6 months ago and there was concern for immunosuppression. She is also taking apoquel. She was treated with a 14 day course of clindamycin 300mg SID and amoxicillin 500mg BID. On 6/15 the owner reported mild improvement with continued sneezing and mild discharge from the right nostril. Grade 3 periodontal disease was noted and she was treated with an additional 14 day course of amoxicillin BID and clindamycin SID. A rhinoscopy was recommend at that time. On 8/17 the owner reported that Ella does well while on the antibiotics but struggles when they are stopped. The clindamycin was prescribed again at that time for 21 days. Her signs today are improved but still has some mild discharge and nasal congestion. Sounds like she is trying to blow something out of her nose. Previous diagnosis: Arthritis and lesion on spine - trouble walking. Chronic liver enzyme elevations. Appetite and activity level: Good appetite and normal energy levels. Abnormal PE/Chem/CBC/UA Results: CBC (9/9/22) - PCV = 48%, WBC = 7,270, neutrophils = 5,300, lymphocytes = 1,200, monocytes = 620, platelets = 472,000. Chemistry (9/14/22) - Globulin = 5.2, ALT = 246, ALP = 371, Cholesterol = 367, all else normal. PT/PTT - normal. Urinalysis - not reported. Rhinoscopy Findings: The nasopharynx is imaged using a 120-degree reverse rigid scope and uvula retractor. The nasopharynx is open and clean. There is no evidence of nasopharyngeal masses, foreign bodies or discharge. Mucosa lining the nasopharynx is hypertrophied and the lumen is narrowed. Choanae are not clearly visualized. Nasal passageways are imaged bilaterally using a 2.7 mm 0-degree scope without flushing. Afrin is instilled in nasal cavities bilaterally. Dorsal, middle, ventral and common nasal passageways are imaged. The ventral passageway is imaged to the level of the nasopharynx. Maxillary recesses are imaged bilaterally over the ventral turbinates. The left maxillary recess is partially filled with white caseous material. Turbinates are thickened and there is increased mucosal contact. Rostral and caudal aberrant turbinates are present on the left side. The caudal aberrant turbinates fill the choana causing obstruction. There is mild yellow mucopurulent discharge bilaterally. Mucosa over the ventral floor is thickened and mildly raised on the right side. Caudal aberrant turbinates are adhered to the floor within the left choana. Maxillary nerve blocks are performed bilaterally and tranexamic acid is administered IV. Electrocautery is used to resect the rostral aberrant turbinates (ventral turbinates) at their lateral attachment point bilaterally. The caudal aberrant turbinates on the left are also resected using electrocautery. Hemorrhage is controlled using bipolar forceps and Coblation. Following the turbinectomy, the caseous material is removed from the left maxillary recess and is submitted for culture. Some hair is removed along with the caseous material. The opening between the maxillary recess and tooth root abscess is not visualized. The left upper 4th premolar is extracted. The two cranial roots are completely abscessed and surrounded by hair and purulent debris. The caudal root is ankylosed to alveolar bone and tediously extracted. Through direct visualization of the caudal root socket, it appears the root is extracted. Complete extraction of the caudal root is not verified radiographically and should be evaluated at the time her dental work is completed.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multifocal severe resorptive changes of the dental roots and crowns are noted throughout all quadrants accentuating the triadans 108, 109, 208, 209, 304, 404, 409, and 410.

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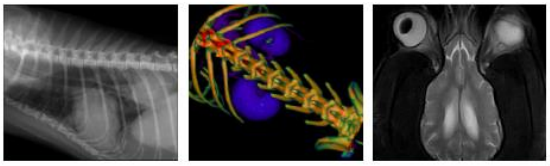

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A dental-nasal fistula is seen level with both mesial roots of the triadan 208. Sclerosis and advanced resorption of the distal root of the triadan 208 is seen.

A moderate amount of fluid attenuating material, moderate regional fluid accumulation, and turbinate destruction are noted within the left nasal cavity. Fluid attenuating material with a meniscus sign is noted within the left maxillary recess. The right nasal cavity presents within normal limits, even though the osseous lining between the dental alveolus of the triadan 108 and the nasal cavity is thinned.

The retropharyngeal and submandibular lymph nodes are mildly enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe multifocal CORL, tooth root abscessation, regional osteitis, and dental-nasal fistula level with the triadan 208.
- Regional destructive rhinosinusitis within the left nasal cavity.
- Bilateral medial retropharyngeal and submandibular lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals destructive rhinosinusitis of the left nasal cavity as a consequence of the dental fistula and tooth root abscessation associated with the triadan 208. Note the presence of multiple multifocal severe CORL throughout all quadrants. Consultation of a dental specialist should be considered since dental extractions of the affected teeth, if not of all teeth, appears to be indicated.

The lymph node changes are compatible with reactive lymphadenitis. .

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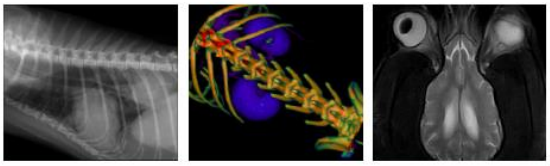

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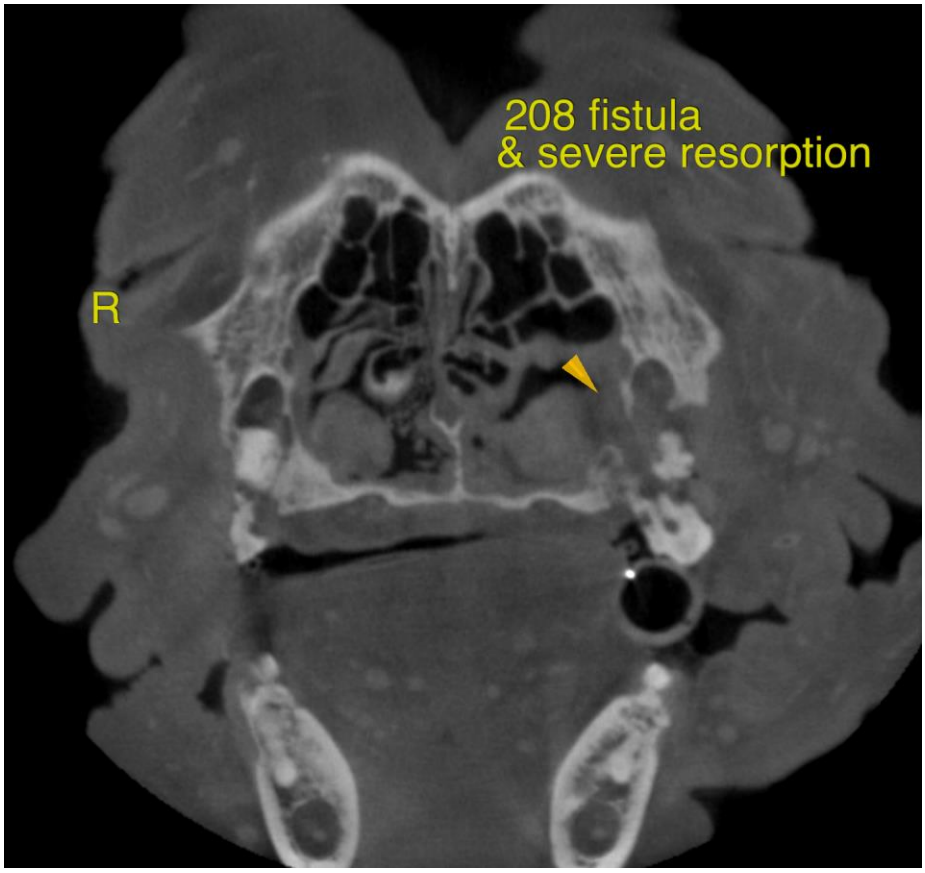

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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