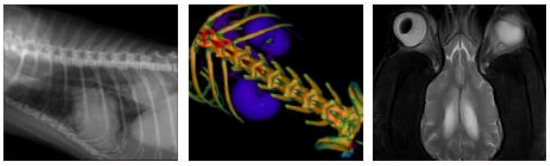


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Scout Bowden

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Female

**AGE**

13

**INTERPRETED BY**

Nele Eley, DVM
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Colyton Veterinary Hospital

**REFERRING VET**

Chris Papantonio

**INVOICE**

53982

**DATE**

9-7-22

## PRESENTING CLINICAL SIGNS

For a few months Scout has had URT irritation leading to an obvious stertor with sneezing and reverse sneezing. Sounded like a Left nasal cavity obstruction. She has also had a mucoserous discharge on the left side. At referring vet in August, she had a dental due to left maxillary periodontal disease, This led to the extraction of upper left teeth - canine, PM2, molar 1 and 2 and 3. Open mouth x rays were performed and reported as- no septal defects visualised, no obvious change on the bone trabecular pattern. no obvious distinction between left and right The left nasal cavity was flushed copiously under pressure with sterile saline but no FB noted. Referred for CT scan today. Physical exam confirm LHS nasal cavity stertor, no obstruction of airflow from the right nostril, no swelling over the nose, serous nasal discharge, oral cavity looked normal, gag reflex was also good. CT scan pre and post contrast performed along with thorax

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies 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.

Moderate fluid accumulation and mucosal swelling is noted within the mid third of both nasal cavities. The changes are more pronounced on the right when compared with the left side. Mild regional turbinate destruction is noted in the right nasal cavity as well. No evidence of turbinate destruction is seen in the left nasal cavity.

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.

The medial retropharyngeal lymph nodes of both sides present mild symmetric enlargement.

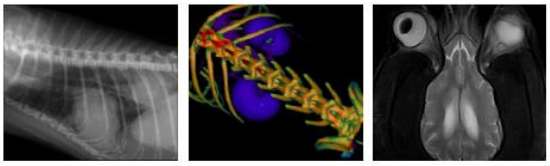
The salivary glands present within normal limits.

### Thorax

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.

Mild diffuse increase of attenuation of the pulmonary interstitium with average Hounsfield units between -650 and -700 is seen. There is no evidence of interstitial pulmonary nodules or masses.



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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic rhinitis
- Bilateral mild medial retropharyngeal lymphadenomegaly
- Diffuse interstitial lung pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study supports presence of chronic bilateral rhinitis. Infectious rhinitis such as bacterial, viral, mixed, and less likely parasitic or lymphoplasmacytic rhinitis are thought most likely. There are no typical changes for fungal rhinitis. The odds of neoplastic pathology are thought very low based on the imaging findings. No foreign material is seen. Further definition by means of rhinoscopy with sampling for culture and histology could be considered.

The lymph node changes are compatible with reactive hyperplasia.

The diffuse increase in interstitial pulmonary opacity may be related to the general anesthesia. However, early interstitial fibrosis cannot be ruled out entirely. Correlate with the clinical findings and consider screening for pulmonic hypertension by means of a cardiac echo as indicated. There is no evidence of pulmonary metastases.

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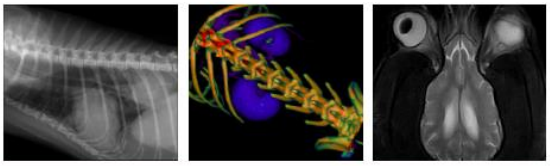

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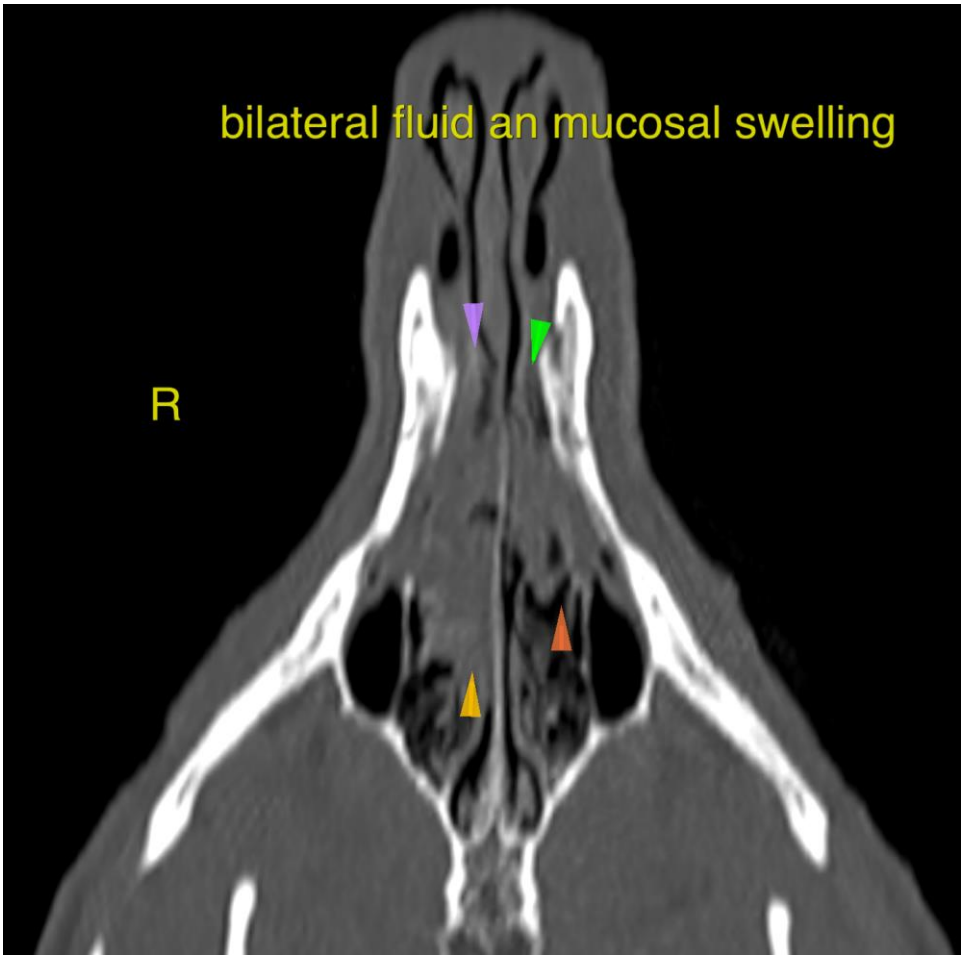


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com