



**PATIENT**

Binky MaxxMeRescue

**PRESENTING CLINICAL SIGNS**

Severe chronic nasal D/C esp Left Nares - Skull and Thoracic RADs were performed (see attached)- Continues to have mucoid/bloody nasal discharge and difficulty breathing on a daily basis. No response with antibiotic therapy. Continues to have bloody nasal discharge and difficulty breathing on a daily basis. Binky has been off antibiotics since Nov 26. When his nasal discharge is really bad, he does get hydroxyzine and gets nebulized with plain Saline with minimal response.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: leukocytosis 25,000

**BREED**

Mixed

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Pre/post contrast studies provided for review.

**SEX**

MN

**COMPUTED TOMOGRAPHIC FINDINGS**

Head:

The neurocranium shows normal findings. Post contrast images show no pathological enhancement. Soft tissues of the head and neck are symmetrical and of homogeneous density, especially the medial retropharyngeal lymph nodes.

**AGE**

2 Years

Bony structures of the skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous. Both tympanic bullae are completely ventilated with a regular tympanic bulla wall.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

External ear canals are ventilated in all sections, walls of the external ear canals and the adjacent temporomandibular joints have no particular findings. The nasopharyngeal meatus appears obliterated by soft-tissue dense/fluid dense material.

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The ventral sections of both nasal cavities present marked pooling of fluid with assumed intact underlying conches. Post contrast images indicate swelling of the turbinate mucous membranes. Fluid accumulations are more prominent on the right side reaching caudally into the nasal exit.

The mandibular teeth are inconspicuous. There is an additional 101 noted with mild periapical lysis (also seen at 201). Oro-nasal fistulas and radiopaque foreign material are not detected.

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Frontal sinuses and the orbital contents are laterally symmetrical without evidence of a retrobulbar lesion.

Thorax:

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The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

**DATE**

12-23-21

Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable.



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There is no evidence of bony lysis or abnormal sclerosis.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

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- Signs of a bilateral, unspecific rhinitis
- Additional 101, mild periapical lysis 101+ and 201
- Normal findings of the chest

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The fluid accumulations in both nasal cavities are obvious and do reflect the reported mucoid/bloody nasal discharge. CT findings however are unspecific. Foreign material is not detected but cannot be fully excluded. Changes of the 101+ and 201 are too mild to explain the nasal findings since there is not obvious oro-nasal fistula detected. Active infectious disease (bacterial/fungal) and immune-mediated issues (eosinophilic/lympho-plasmocytic inflammation) are possible differentials and often concomitant findings. Endoscopic evaluation (rule out foreign material, biopsy and swap) could be performed next. The current CT presents normal findings of the chest. Neoplasia is not suspected.

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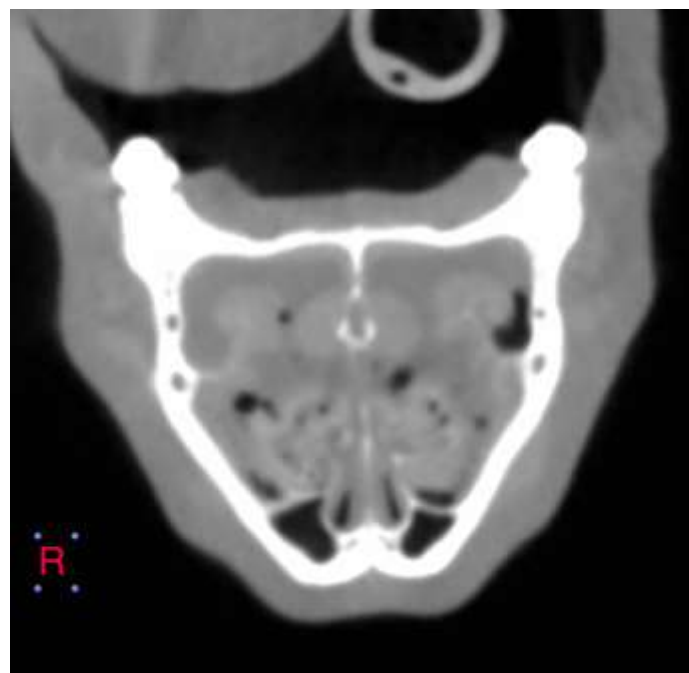
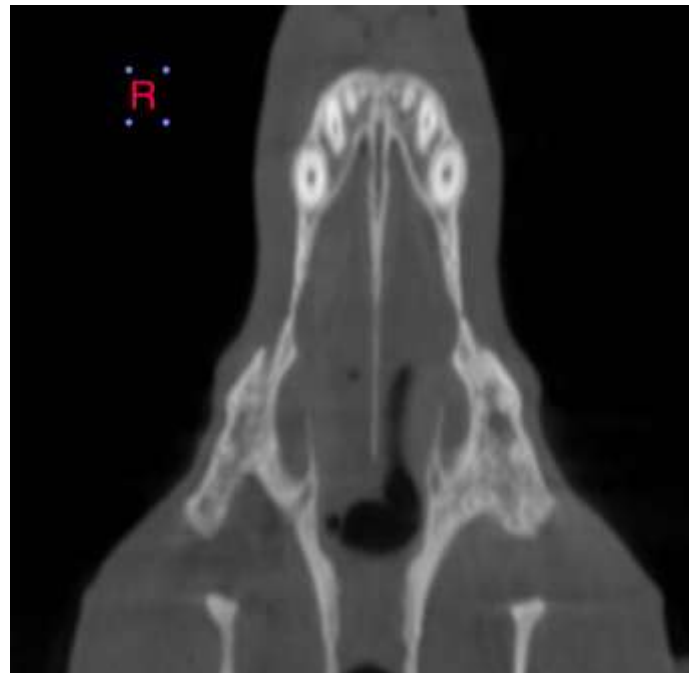
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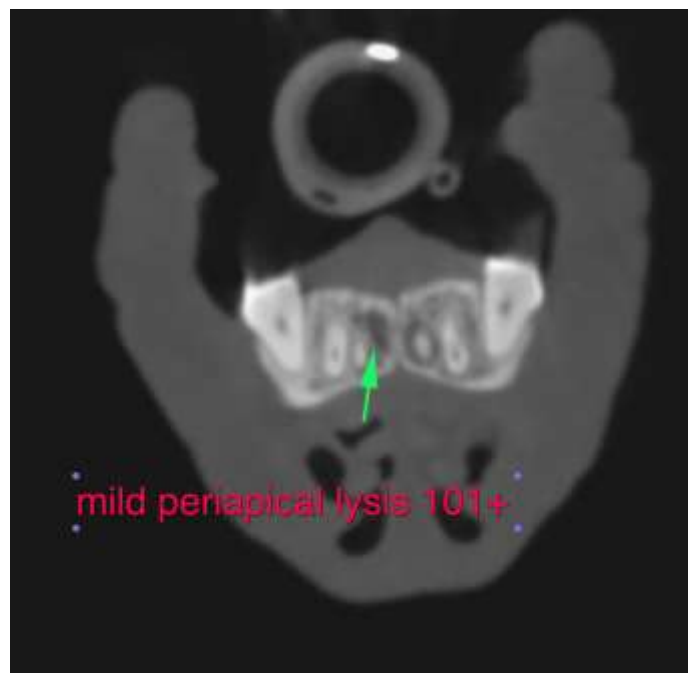
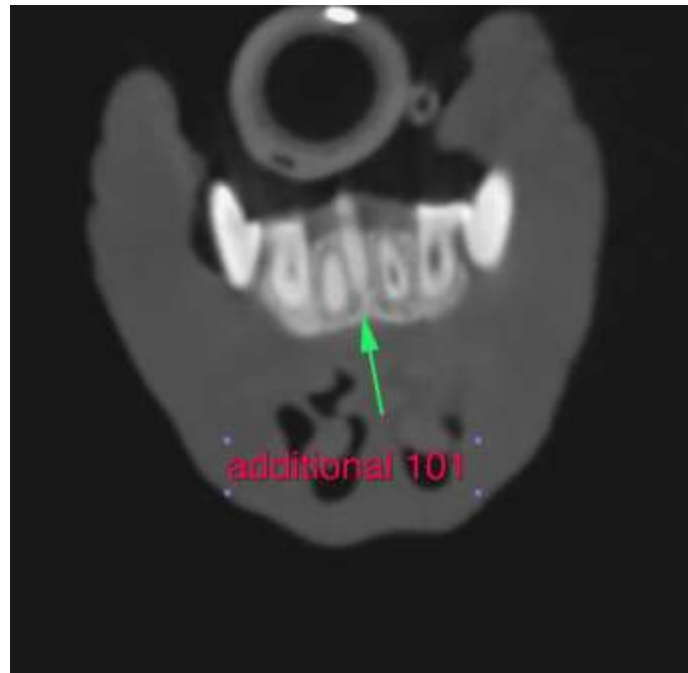
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

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