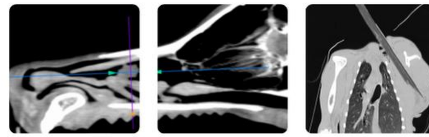


PATIENT

Cocoa Wikle

SPECIES

Canine

BREED

Mini Poodle Mix

SEX

FS

AGE

11

WEIGHT

12.4

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

73689

DATE

2-10-26

PRESENTING CLINICAL SIGNS

- sneezing, discharge from both nostrils r/o infection (fungal) vs neoplasia vs FB vs immune mediated rhinitis vs others
- leukocytosis r/o infection vs inflammation vs others

COMPUTED TOMOGRAPHY OF THE HEAD & THORAX

Post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The neurocranium shows normal findings. The 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. The external ear canals are ventilated in all sections with inconspicuous walls.

The temporomandibular joints and the nasopharyngeal meatus have no particular findings.

Both nasal cavities present moderate swelling of the mucous membranes with fluid accumulations that reach the nasal exits on both sides and predominantly the right frontal sinus. Both frontal sinuses are regularly ventilated apart from that, as well as the nasopharyngeal meatus and both tympanic bullae. The petrosal bones are inconspicuous on both sides.

The teeth 108, 109, 208, 209 show periapical osteolysis with formation of a fistula at the level of the caudal buccal root of the 108 and 208. An oronasal fistula is not noted, radiopa que foreign material is not recognized.

Post contrast images show no pathological enhancement. The soft tissues of the head and neck are symmetrical and inconspicuous, especially the mandibular and medial retropharyngeal lymph nodes are unremarkable.

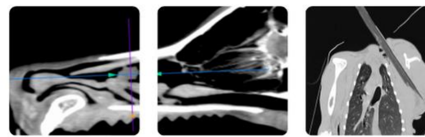
Thorax

The mediastinal lymph nodes are mildly enlarged showing an inconspicuous periphery. The mediastinal organs are inconspicuous apart from that.

The left main stem bronchus presents a narrowing in the transit between the aorta and the left atrium. The pulmonary structures are inconspicuous. Relevant nodular diffuse or focal changes are not noted.

Free pleural fluid is not recognized.

The thoracic borders are intact, including the diaphragm.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe bilateral and unspecific signs of rhinitis/sinusitis
- Mild mediastinal lymph adenomegaly
- Root abscess/inflammation 108, 109, 208, 209

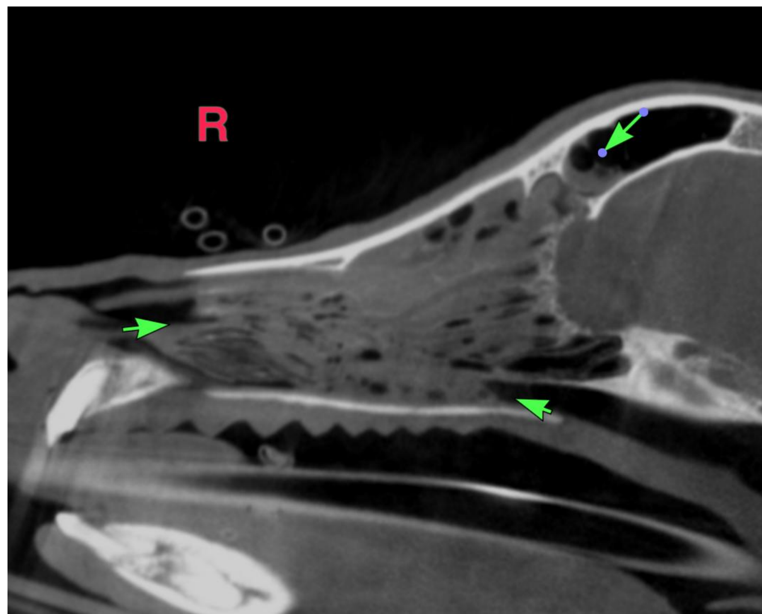
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

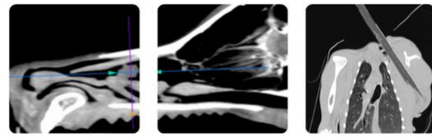
The nasal cavities present signs of an inflammatory process without evidence of an aggressive or neoplastic lesion. The conchal structures appear intact as far as can be assessed, with significant fluid accumulations in both nasal cavities. Eosinophilic or lymphoplasmacytic inflammatory processes are common differentials. Hyperplastic mucous membranes and secondary bacterial infections are likely.

Radiopaque foreign material is not noted. This does not exclude foreign body triggered inflammation or the presence of foreign material. I do not suspect dental rhinitis. For further assessment, endoscopic evaluation and sampling are needed.

The mild enlargement of the mediastinal lymph nodes is consistent with an inflammatory process. The narrowing of the left main stem bronchus could be caused by an enlarged left atrium due to mitral valve insufficiency. With that, a complementary ultrasound of the heart is recommended.

The findings of the teeth must be correlated with the clinical presentation. Extraction of the 108, 109, 208 and 209 could be discussed from a CT perspective.





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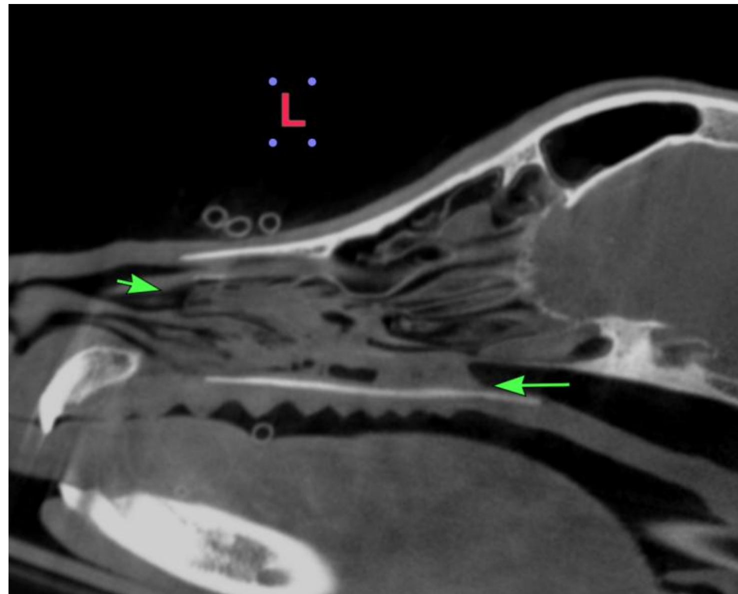

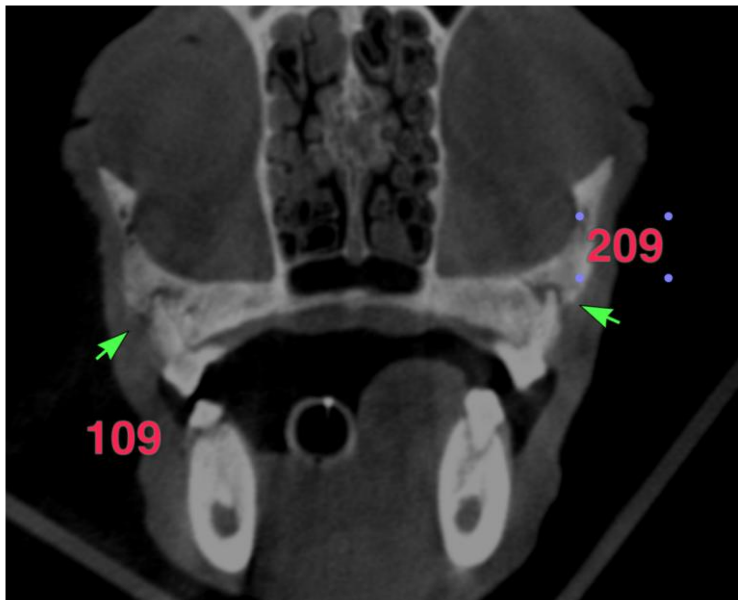

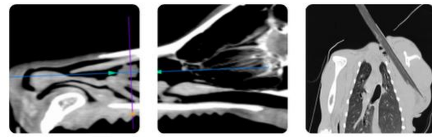

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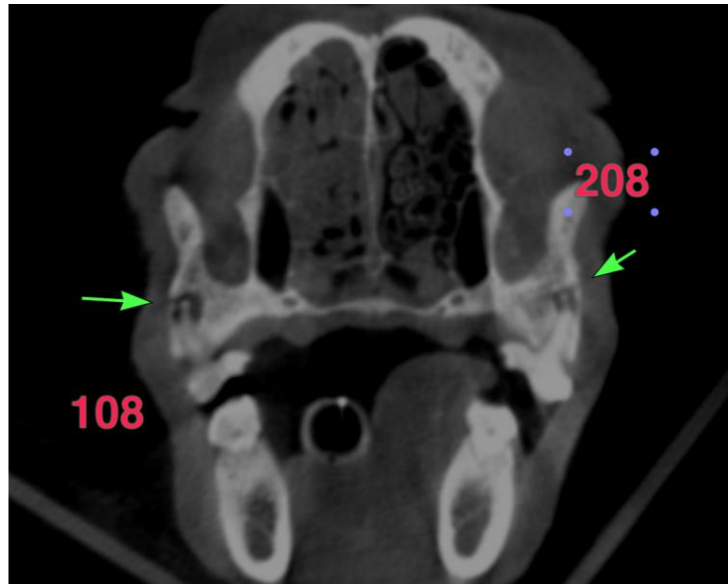

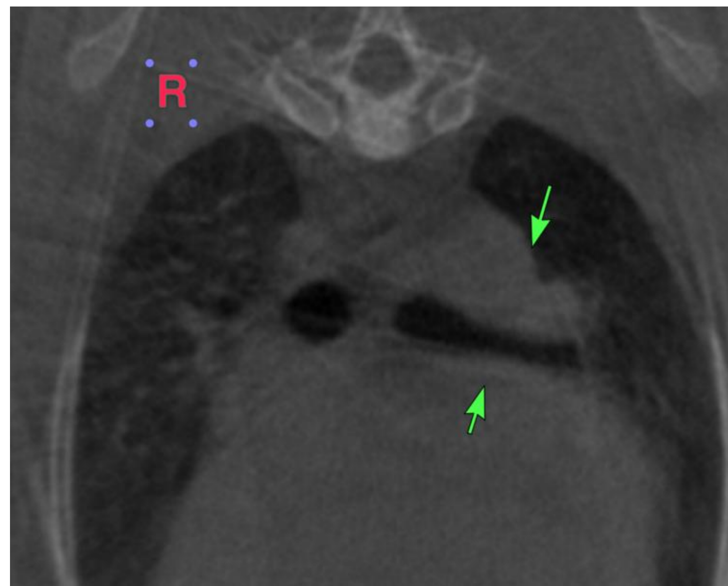

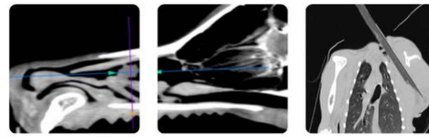

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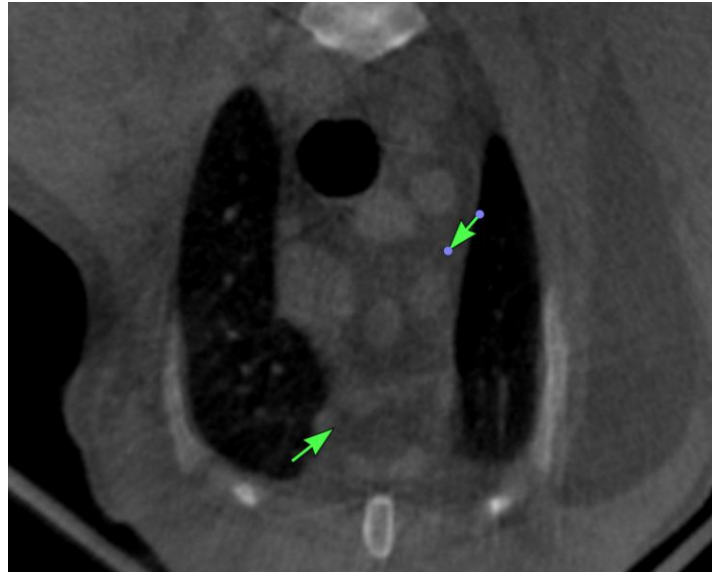

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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