



**PATIENT**

Wyatt Nasser

**PRESENTING CLINICAL SIGNS**

Right sided nasal discharge - acute onset about 1 month ago  
Abnormal PE/Chem/CBC/UA Results: Normal

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE HEAD & THORAX**

Pre/post contrast studies provided for review.

**BREED**

Lab Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

Head:

The neurocranium shows normal findings.

**SEX**

MN

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.

**AGE**

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External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

The right frontal sinus presents a marked hyperostosis of the bony lamina with a small amount of fluid accumulation and mild swelling of the mucous membranes. The transition to the nasal cavity and the ventral nasal concha present soft tissue dense material. Mild to moderate atrophy/shortening of the conchal structures is indicated.

The left frontal sinus and the orbital contents on both sides are laterally symmetrical without evidence of a retrobulbar lesion. The maxillary/mandibular teeth show no particular findings

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Referral Hospital

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.

Thorax:

**REFERRING VET**

Dr. Runde

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.

**INVOICE**

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Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

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6-22-22

Inconspicuous representation of the main pulmonary artery, of the pulmonary artery branching, of the large intrathoracic and the hepatic vessels shown.



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Heart is inconspicuous as far as can be assessed with CT.

Diaphragm is normal.

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The extra-thoracic soft tissues, thoracic spine as well as ribs, sternum and cranial abdomen are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Rhinosinusitis on the right
- Normal CT findings of the head and chest apart from that

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings show a prominent rhinosinusitis on the right which fully explains the reported symptoms. Possible differentials include but are not limited to a mycotic infection (aspergillosis) and a foreign material triggered inflammation/secondary infection. Both do show hyperostotic changes of the bony borders beside shortening/destruction of the conchal structures. Neoplasia is not suspected. Rhinoscopy and biopsy/fungal-/bacterial culture are needed for further evaluation. Lysis of the cribriform plate is currently not detected.

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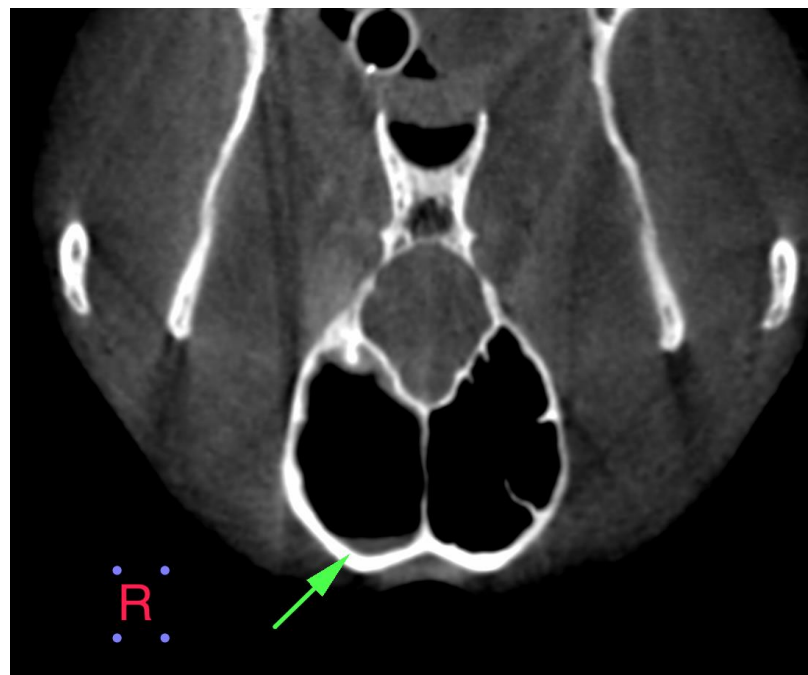
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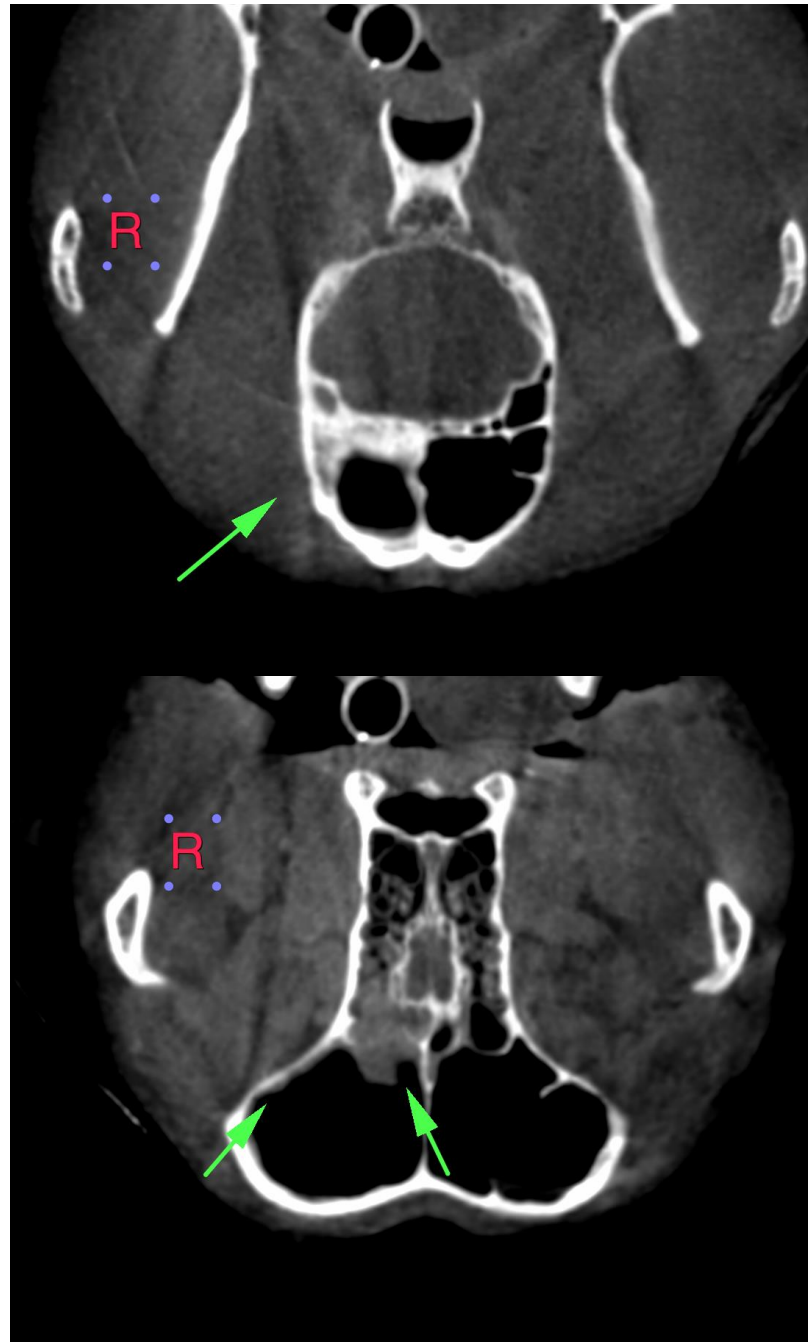
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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