



PATIENT PRESENTING CLINICAL SIGNS

Rocky Trabucco History: possible nasal mass/foreign body. chest to rule out metastatic disease
Abnormal PE/Chem/CBC/UA Results: increased renal/liver values

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & CHEST

Canine **Head:**

BREED The neurocranium shows normal findings. Bony structures of 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 right external ear canal appears thickened in all sections but is ventilated. The left external ear canal is inconspicuous. The adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings.

SEX There is no evidence of a retrobulbar lesion. Nasal cavities are significantly shortened due to a brachycephalic head formation. Both show accumulations of fluid, the underlying conches cannot be assessed finally but relevant destruction is not noted.

AGE The 108 presents marked periapical osteolysis especially of the palatal root. At this level, the alveolar bone of the palatine and maxillary bone is destructed with formation of an oronasal fistula. The mandibular incisor teeth present marked lysis of the alveolar bone with dislocation. Beside that different grades of horizontal bone loss are recognized for example with 109. Some teeth show mild erosive changes and tartar (for example 204).

15 Years

INTERPRETED BY

Sebastian Jawinski,
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The mandibular and medial retropharyngeal lymph nodes are bilaterally and symmetrically enlarged.

Chest:

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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. Bronchial wall thickening is recognized throughout.

REFERRING VET

N/A

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The trachea shows significant calcification of the tracheal rings with mild dorsal flattening. The esophagus presents as expected.

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

Diaphragm is normal.

DATE

8/19/21



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

Rocky Trabucco

COMPUTED TOMOGRAPHIC DIAGNOSIS

- SPECIES**
- Brachycephalic head formation with signs of a bilateral rhinitis
 - Severe periapical lysis palatal root 108 with an oronasal fistula
- Canine
- Different grades of degenerative and inflammatory changes of the teeth (s. mandibular incisor, 204, 108, 109)
- BREED**
- Signs of an otitis externa on the right
 - Reactive bilateral mandibular and retropharyngeal lymphadenopathy
 - Bronchial pattern, degenerative changes of the trachea (calcification tracheal rings, mild collapse)
- Yorkie
- Normal CT findings of the chest apart from that

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

“Dental” rhinitis is suspected and could be caused by the detected changes of the teeth 204 and 108. The latter shows severe lysis of the bone adjacent to the palatal root. Differentials include a severe inflammatory lesion as seen with periapical root abscess. Neoplasia such as squamous cell carcinoma or malignant melanoma cannot be fully excluded. Foreign material is not detected.

AGE

15 Years

CT findings show no signs of mediastinal/pulmonary metastatic spread. Bronchial and tracheal findings are most likely age-related and without clinical relevance. Extraction of the affected teeth and histopathology of 108 is recommended.

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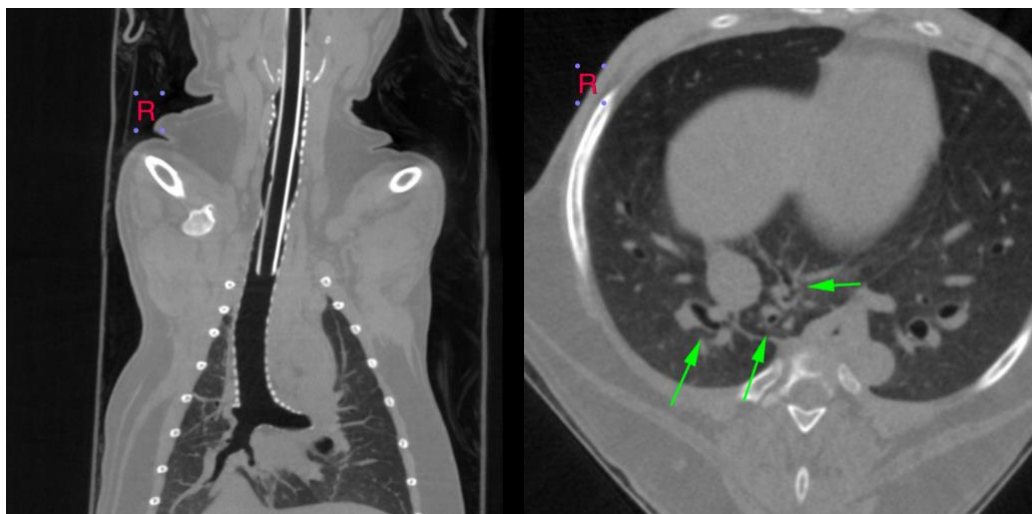
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PATIENT

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SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

15 Years

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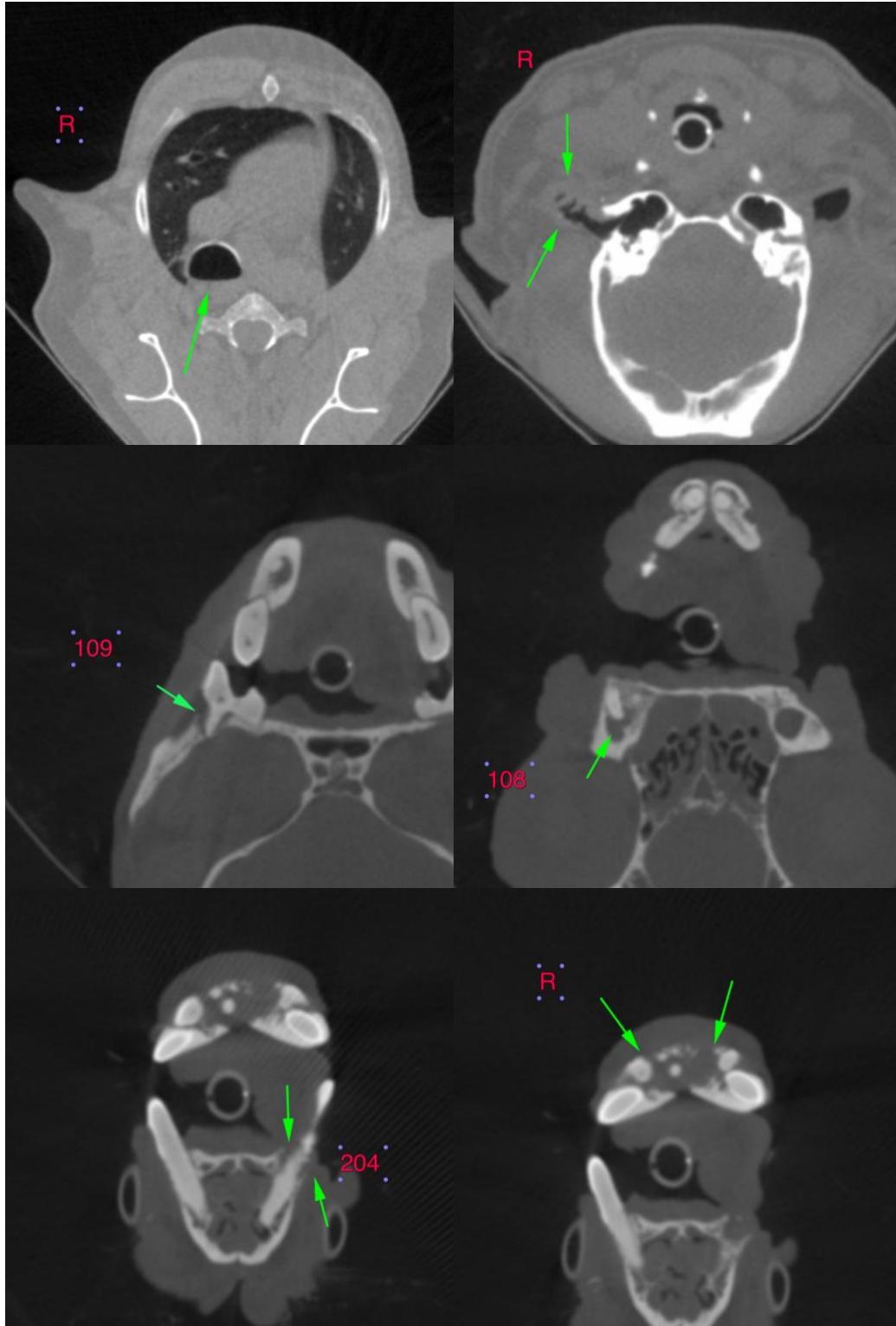
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PATIENT

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SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

15 Years



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.

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.

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