



PATIENT

Franky Henry

PRESENTING CLINICAL SIGNS

In early January, pet had an episode of significant expistaxis from the L nostril while owner was out of town. Pet was taken to their regular vet by the owner's son. General blood work and abdominal FAST scan were unremarkable. Pet was sent home on Amoxicillin. The bleeding continued intermittently, mostly at night per owner, until Jan 17th when he presented here for ER visit for significant epistaxis. Chest and skull films were unremarkable, and intra-nasal epinephrine stopped the bleeding. Pet was started on Yunnan Baiyo (Chinese herb) and has not had any further bleeding. ER DVM recommended CT to evaluate for nasal or sinus pathology.

SPECIES

Canine

BREED

Coonhound Mix

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull isv provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

10 Years

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 ear canals are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

HOSPITAL NAME

Wilson Veterinary
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structural normal skull

REFERRING VET

Dr. Matt Dincau

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis and no abnormality is appreciated explaining the history of epistaxis. Possible causes for epistaxis include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.

INVOICE

56364

DATE

1-24-23



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REFERRING VET

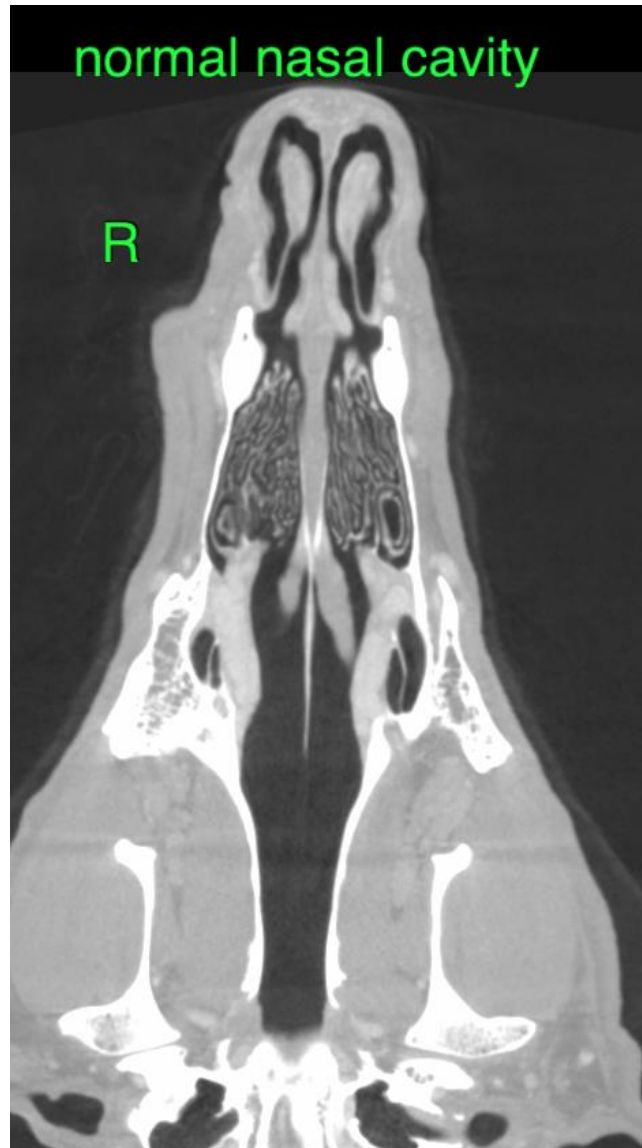
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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