



PATIENT

Luna Perez

SPECIES

Canine

BREED

Husky

SEX

Spayed

AGE

14Y

WEIGHT

33lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

HVSFA

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Rodriguez

INVOICE

73521

DATE

1-28-26

PRESENTING CLINICAL SIGNS

History:

- CT Report – Clinical History:
- The patient presented to the clinic with recurrent epistaxis originating from the right nostril, with multiple bleeding episodes reported over the past 24 hours. The patient has a history of heartworm disease, previously managed using a slow-kill treatment protocol. Given the frequency and persistence of the epistaxis, advanced imaging was pursued to further investigate the underlying cause and characterize the nature of the nasal hemorrhage.

COMPUTED TOMOGRAPHY OF THE SKULL & THORAX

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

At the distal aspect of triadan 104 a dental element is present presenting the conformation of an incisor teeth and a widened periodontal space. Triadans 108 and 110 present a widened periodontal space. Triadan 206 and 208 present resorptive lesions of the root.

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

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.

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.

Thorax

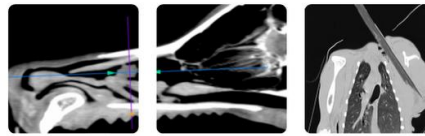
Along the thoracic spine, multifocal mild spondylosis formation is seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The left lung presents a generalized decreased volume with zones of dystelectasis of the lung parenchyma. The lung parenchyma presents the expected architecture,



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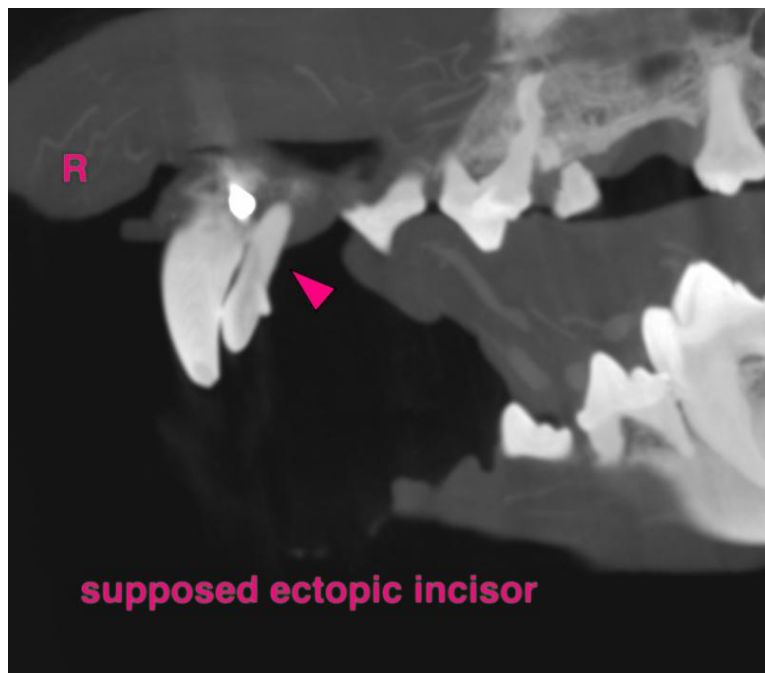
Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Periodontal disease 108, 110, 206 and 208
- Suspect ectopic incisor distal aspect triadan 104
- Normal upper airways
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis and an underlying cause for the epistaxis cannot be specified. Differentials 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. A complete dental workup may be beneficial to rule out underlying dental disease entirely.





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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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com