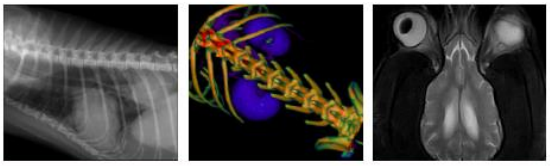

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1-800-838-4268 info@sonopath.com

PATIENT

Polly ARF

SPECIES

Canine

BREED

Boerbel

SEX

F

AGE

4 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Advanced Veterinary Imaging

REFERRING VET

Eamon

INVOICE

54698

DATE

10-19-22

PRESENTING CLINICAL SIGNS

rescue dog - disclaimed due to breathing issues gasping for air at time urt noise, long inspiratory breaths with abdominal muscle involvement struggles to eat - having to hand feed slowly, becomes dyspnoeic
Abnormal PE/Chem/CBC/UA Results: w/l

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The right maxillary bone, dorsal to the alveolar crest of triadan 104, presents a geographic osteolytic lesion, perforating the cortex. Fluid attenuating material is seen in the geographic osteolytic lesion extending into the subcutaneous tissue, demarcated by a thin contrast enhancing capsule.

The osseous lining of the nasal cavity is asymmetric, due to medial and ventral deviation of the right maxillary and nasal bone level with triadan 104 to 107. In the most rostral aspect of the nasal cavity, the nasal septum has a s-shaped conformation, and the nasal passage is narrowed, R>L

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 mildly asymmetric.

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

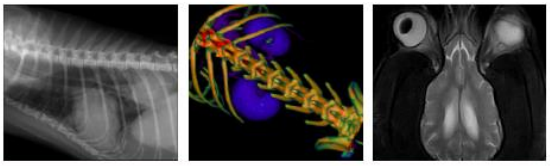
The bony and surrounding soft tissue structures are within normal limits.

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 thymus is age related visible in the cranial mediastinum.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery



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as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Stenosis rostral segment of the nasal cavity due to malformation of the right maxillary & nasal bone and deviation of the nasal septum
- Benign osteolytic lesion rostrodorsal aspect right maxillary bone with fluid attenuating center
- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The malformation of the rostral segment of the nose is considered as a sequela to preceding traumatic insult with fracture of the nose with malformation of the most rostral segment of the nasal cavity and nasal septum and secondary stenosis of the most rostral segment of the nasal cavity. The latter is a plausible explanation for the upper respiratory stridor and will likely predispose for dyspnea in case of labored breathing. Nasal passage may still widen with progressive growth, however, possible surgical options might be discussed with surgeon.

The small geographic osteolytic lesion is most consistent with a (traumatic) osseous cyst.

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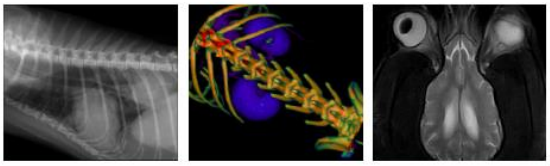

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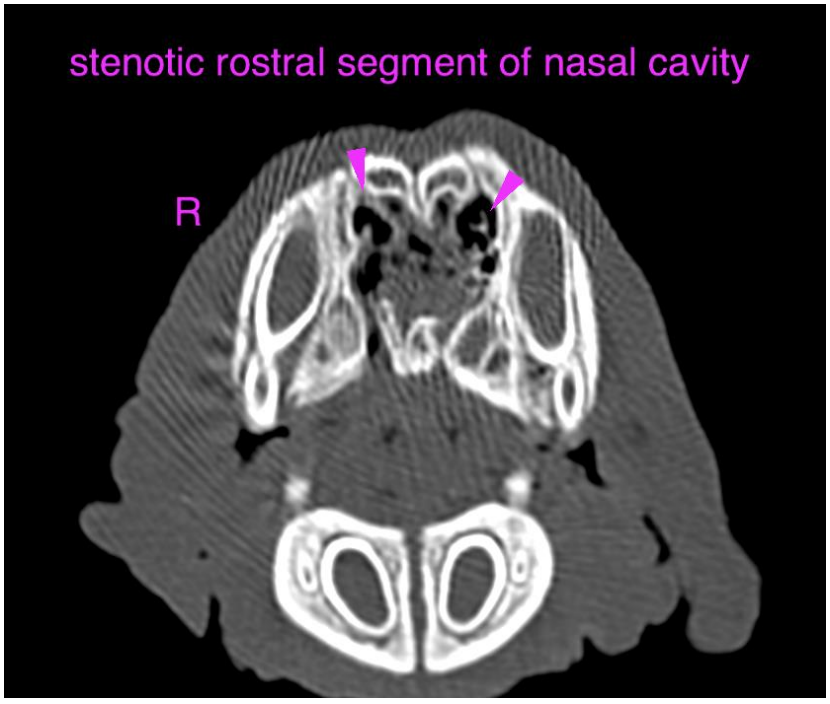

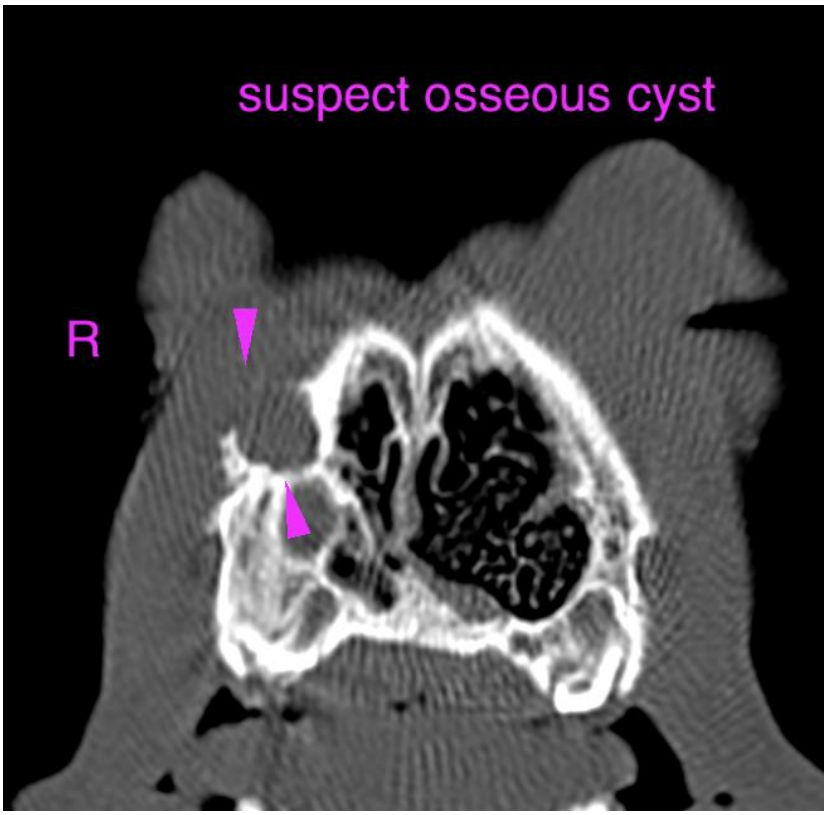

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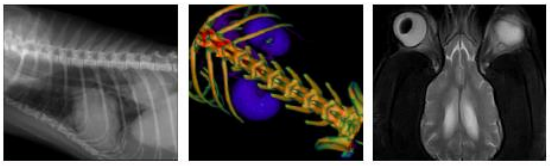

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com