



PATIENT

Tank Vanaarsten

PRESENTING CLINICAL SIGNS

Approximately 1 month history of L sided unilateral nasal discharge- yellow, mucoid. No blood. Frequent forceful sneezing fits multiple times daily. Non-responsive to Doxycycline. Abnormal PE/Chem/CBC/UA Results: Dried nasal discharge around L nare. Sounds congested

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Chesapeake Bay Retriever

COMPUTED TOMOGRAPHIC FINDINGS

The tooth element 208 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The right maxillary bone level with triadan 108, presents a small expansile mild mineralized ovoid shaped lesion, replacing the normal cortical bone at the same level and measuring 7 mm in size.

SEX

MN

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

10 Years

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

- Monostotic benign osteolytic & osteoproliferative lesion right maxillary bone
- Normal upper airways
- Normal skull but absent triadan 208

REFERRING VET

Dr. Nick Vitale

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

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The CT study of the skull presents without abnormalities, the upper airways are aerated and unremarkable and there is no evidence of oronasal fistula formation. Given the clinical signs, the presumptive diagnosis is non-specific rhinitis, theoretically nasal mites can be a consideration as well. Rhinoscopy with sampling for biopsy and microbial culture can be used as advanced diagnostic tests.

DATE

10-21-21

The clinical relevance of the small expansile osseous lesion of the right maxillary bone is unclear, there are no signs for local inflammation, and I consider this lesion unlikely to be related with the nasal discharge. Overall, the imaging features are suggestive for a benign process, such as



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osseous fibrous dysplasia, osteoid osteoma, osteochondroma. Monitoring the patient on a regular basis to detect progressive growth of the mass is recommended as also benign lesions can undergo malignant transformation. FNA sampling can be tried as an advanced minimally invasive diagnostic test.

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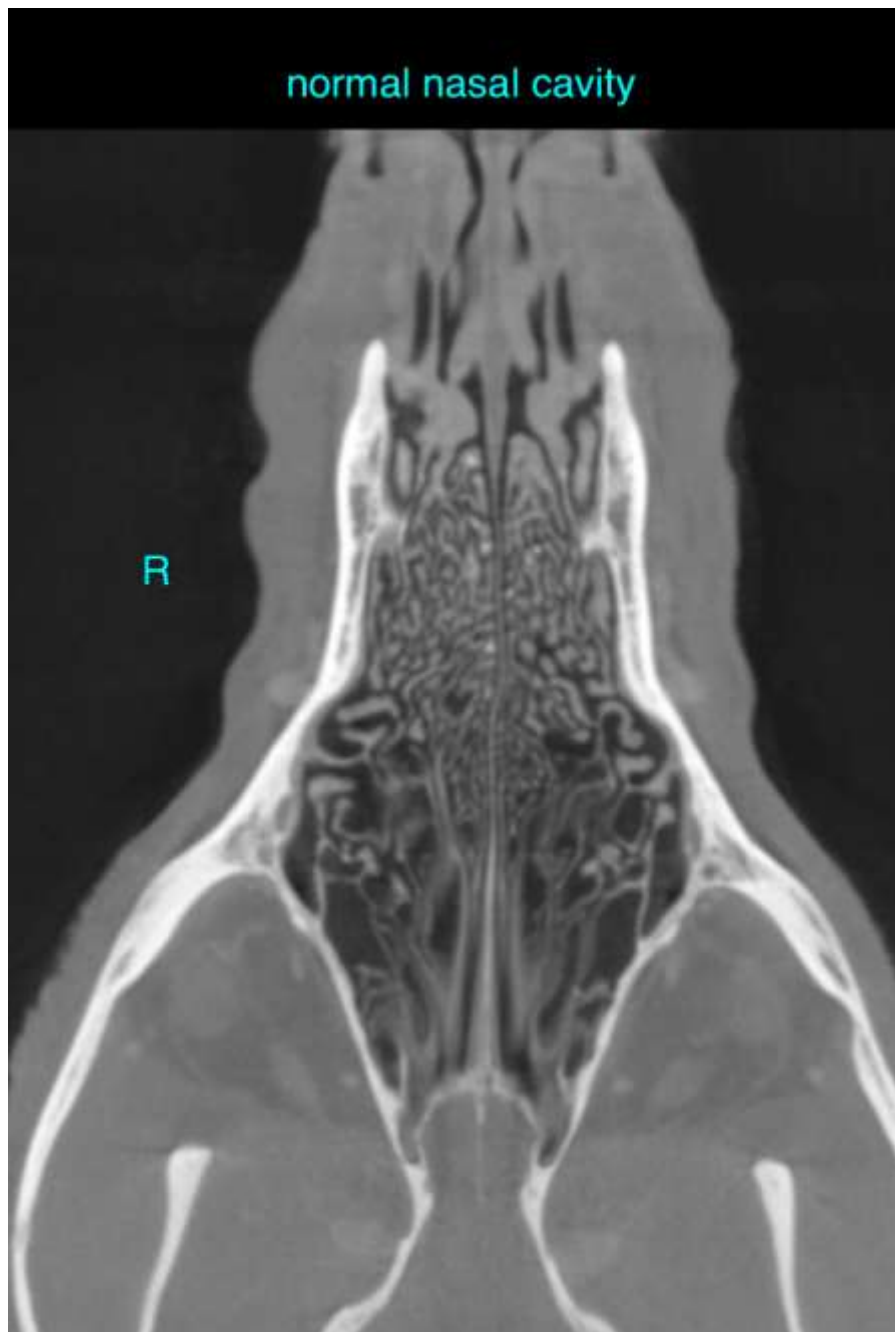
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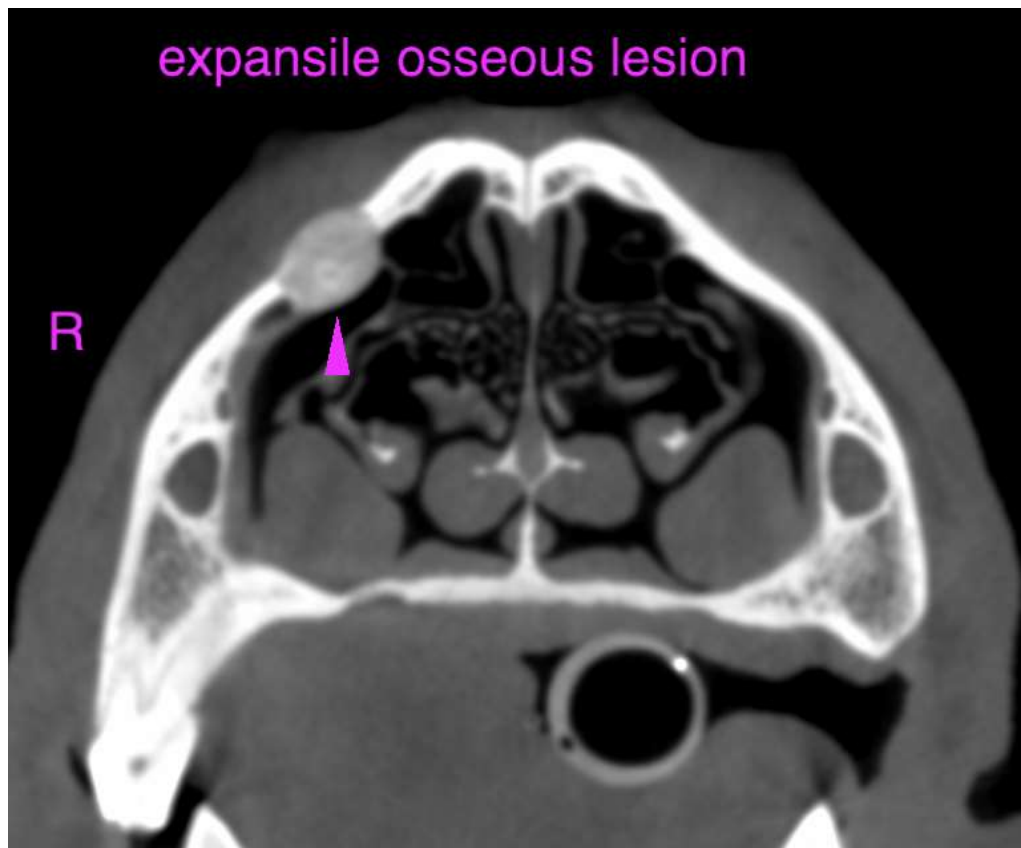
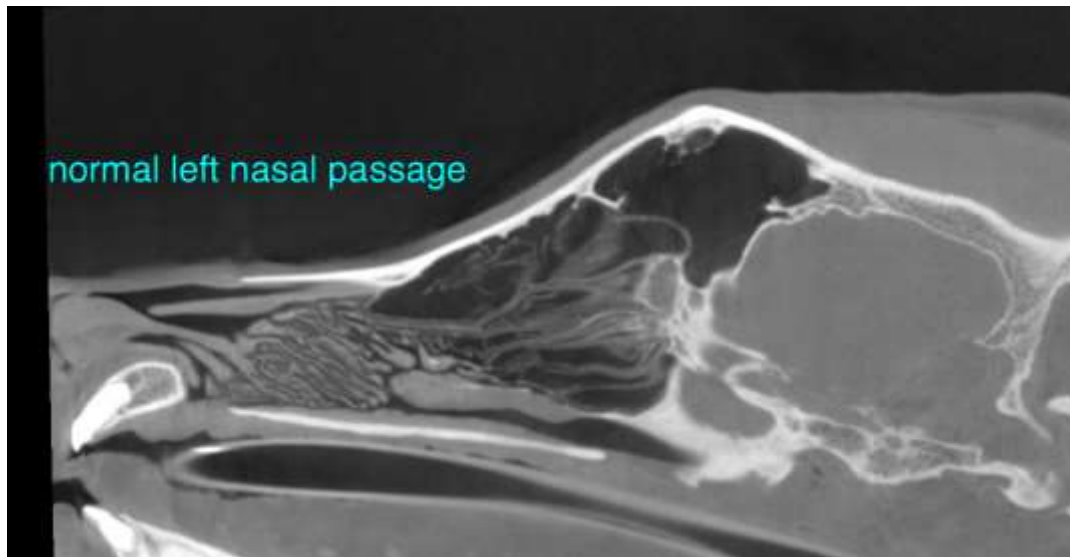
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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