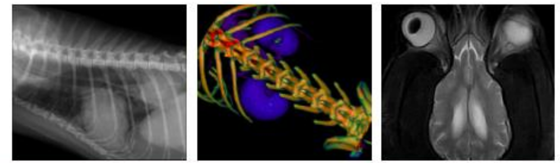

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1-800-838-4268 info@sonopath.com

PATIENT

Tucker RIley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Critial Vet Care, Suncoast Vet

REFERRING VET

Dr. Young

INVOICE

13976

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: P presents for 4-month history of chronic nasal discharge, 2 months of intermittent inappetance and 1 month of suspected pneumonia. P has been on several different antibiotics but has most recently been prescribed doxycline and amoxicillin. P has been coughing 1 month, it is worse at night, O has been nebulizing p at home as well. on october 1st P was hospitalized for 1 week at Rdvm for IVF, IV antibiotics and nebulization. O believes all of this started around the same time that P had to be anesthetized for an ear hematoma which is when the chronic nasal discharge occured. P also has not wanted to eat anything today. Discharge has been clear Discharge has been yellow/green Occasionally has "red" in it Blood work from July 2021 BUN 14.4, Crea 1.0, TP 7.1, Glucose 120, ALT 62, ALP 75, CBC: WBC 11.37, RBC 7.32, PLT 277 Hematoma repair was done 7/2/2021 and Clavamox was started on 6/25/2021 for nasal discharge Patient was started on Doxycycline 7/30 Patient put on hydroxyzine for nasal discharge 8/18 Culture of nasal discharge 8/25 started on amoxicillin 9/20 restarted amoxicillin and started on baytril 10/6 Patient on cefazolin and doxycycline for aspiration pneumonia 10/19: patient rechecked. not doing better. Decreased appetite and lethargy. Patient finished course of doxycycline and was currently on amoxicillin. Radiographs show patchy alveoplar pattern in R mid lung. Patient treated with IVF, Cefazolin, doxycycline and nebulized with gentacin.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

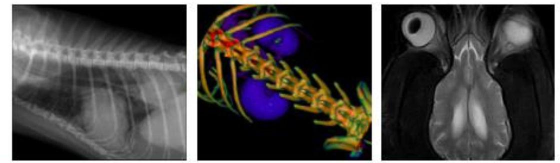
Skull

Triadan 308 is absent.

Advanced destruction of the right nasal conchal&turbinate structures is visible, resulting in an empty right nasal cavity. Post contrast administration the mucosal lining of the right nasal cavity is moderately thickened and multifocal, non-contrast enhancing soft tissue material is attached to the right nasal mucosal lining and bulging into the right frontal sinus. The osseous lining of the right frontal sinus and the right maxillary bone present moderate hyperostosis and moth-eaten osteolytic lesions. Mild atrophy of the left nasal conchal structures is present. The cribriform plate presents a defect in the right dorsal aspect.

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.



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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

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 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.
In the caudoventral aspect of the right cranial lung lobe, a small region of pulmonary consolidation is visible, the volume of the respective area of the lung is mildly reduced. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

Abdomen

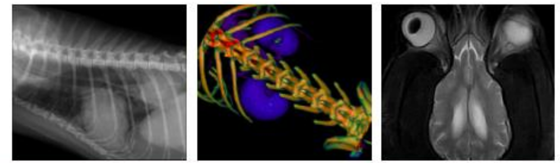
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

In the ventral aspect of the hilar region of the left kidney, a well-defined roundish, pre- and post-contrast hypoattenuating lesion is visible, mildly protruding beyond the renal surface; measuring 2.9 cm in diameter.

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 pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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

The vertebral endplates L2/L3 present mild ventral spondylosis formation. The vertebral endplates L6/L7 is mildly protruding into the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

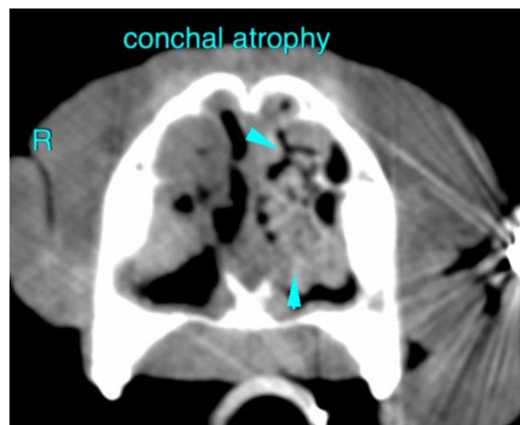
- Right sided destructive rhinitis with hyperostosis of the osseous lining
- Ventrally located small region with alveolar pattern right cranial lung lobe
- Left sided renal cortical cyst
- Mild intervertebral disc protrusion L6/L7
- Spondylosis deformans L2/L3

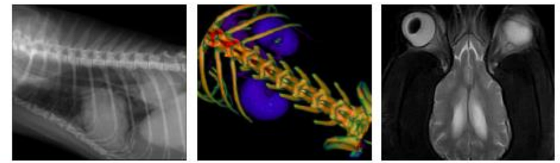
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with mycotic rhinitis and advanced destruction of the conchal and turbinate structures in the right nasal cavity. There is evidence of perforation of the cribriform plate. The most likely causative agent is Aspergillus sp. The findings in the left nasal cavity are likely a sequela to mild rhinitis, and early stage of mycotic infection is possible.

Recommended rhinoscopy for further evaluation with sampling for culture and histopathology (detection of fungi microscopically is more straightforward than with culture in many cases) followed by local antimycotic therapy.

The focal alveolar pattern is most consistent with pneumonia, possibly triggered by upper airway infection.





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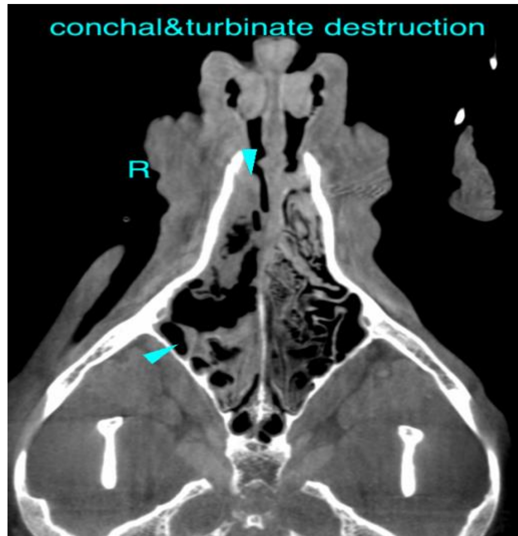
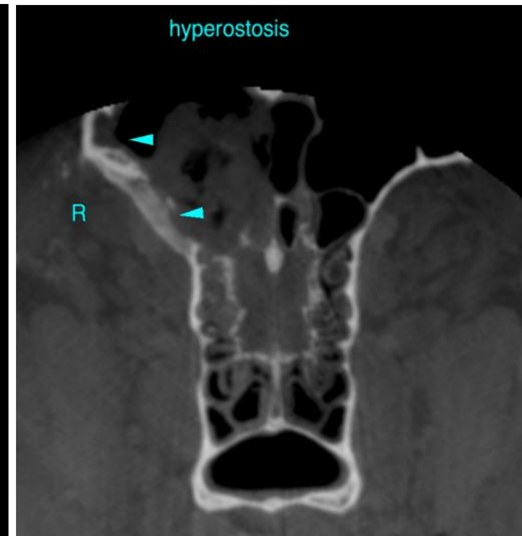
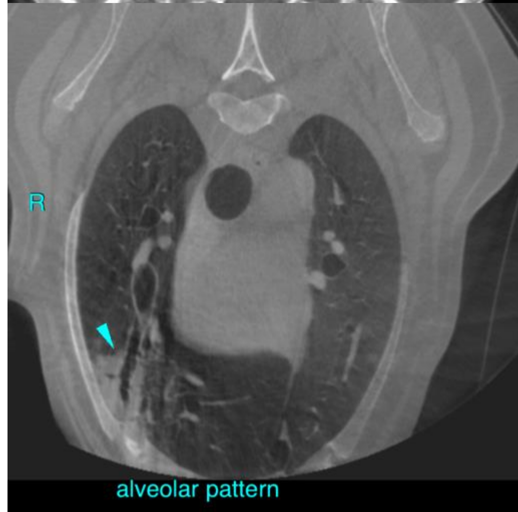
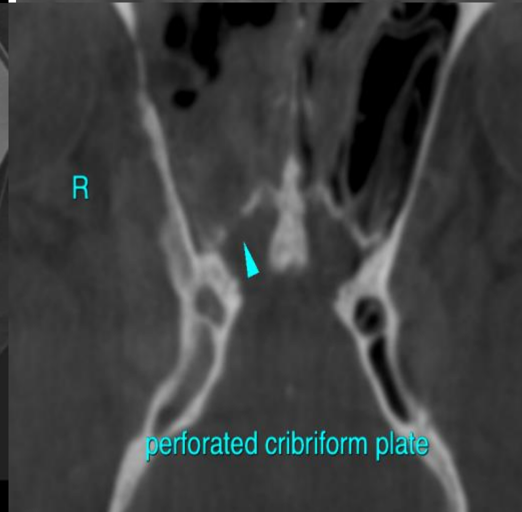




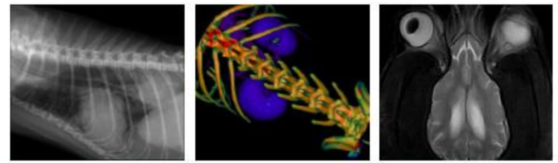




The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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