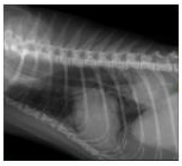
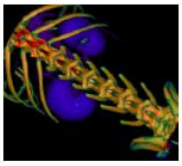
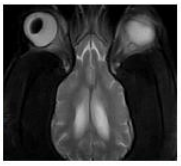




PATIENT

Bailey Concepcion

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

9 Years 9 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

17958

DATE

10/27/22

PRESENTING CLINICAL SIGNS

History: Epistaxis, radiographs: Left-sided rhinopathy w questionable destruction of intranasal osseous structures.
Abnormal PE/Chem/CBC/UA Results: Ehrlichia positive HCT 34.5, PLT 62, WBC 3.9 Total Protein 11.2

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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.

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, a small amount of soft tissue attenuating and non-contrast enhancing material is seen in the medial aspect of the left external ear canal.

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.

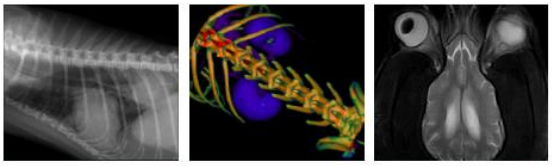
The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

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

Dorsal to the cranial vena cava, an ovoid shaped, mild heterogeneous soft tissue attenuating nodule, measuring 2.6 x 1.6 x 2.9 cm in size is seen.

The cardiovascular structures are within normal limits. The pulmonary arteries of the caudal lung lobes present multifocal mild mineralization.



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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 lung parenchyma presents the expected architecture and attenuation behavior, but regions of dystelectasis of the caudodorsal aspects of the lung parenchyma.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect lymphadenopathy cranial mediastinal lymph node
- Suspect inspissated cerumen in left external ear canal
- Mild dystrophic mineralization of pulmonary arteries caudal lung lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent suspected cranial mediastinal lymph node is equivocal for reactive hyperplasia or neoplastic disease. Theoretically a neoplastic mass of different origin is a potential. Check the abdomen for pathologies as underlying cause. Unfortunately, FNA sampling is not possible in the respective position. A follow up CT study of the thorax in 4-8 weeks might be used to check if the nodule is progressive in size.

There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis. Given the positive Ehrlichia titer, Ehrlichiosis is a possible cause for the epistaxis. Other potentials include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.

The mineralization of the pulmonary arteries is suggestive for preceding or ongoing lungworm infection such as Angiostrongylus or Dirofilaria. Testing for potential infection following the guidelines of the "American Heartworm Society" https://www.heartwormsociety.org is recommended.

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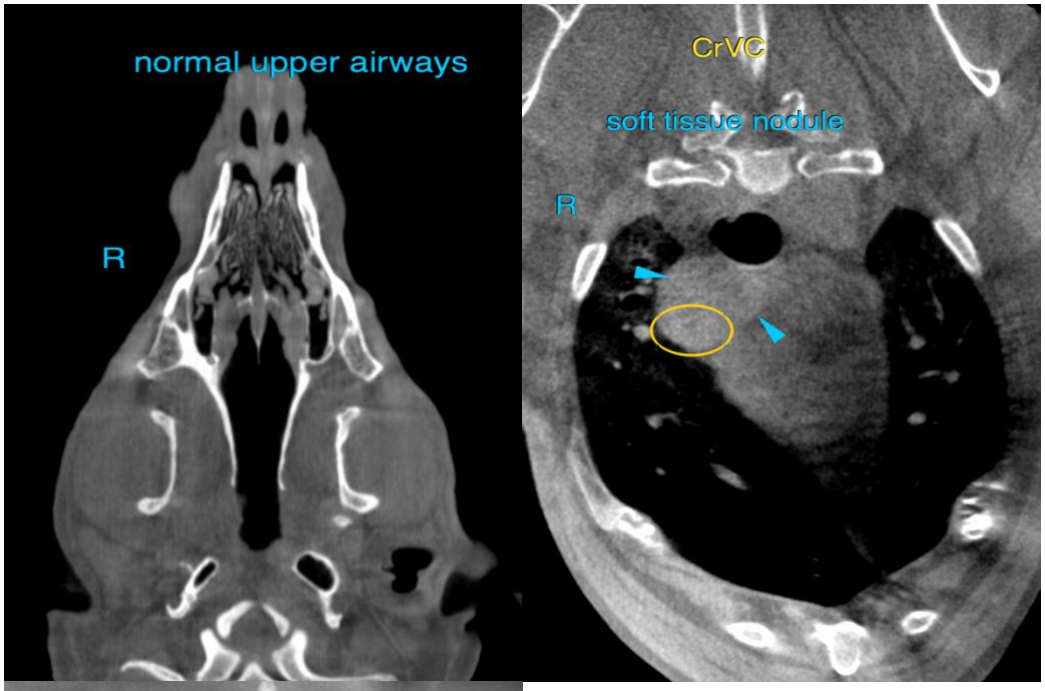
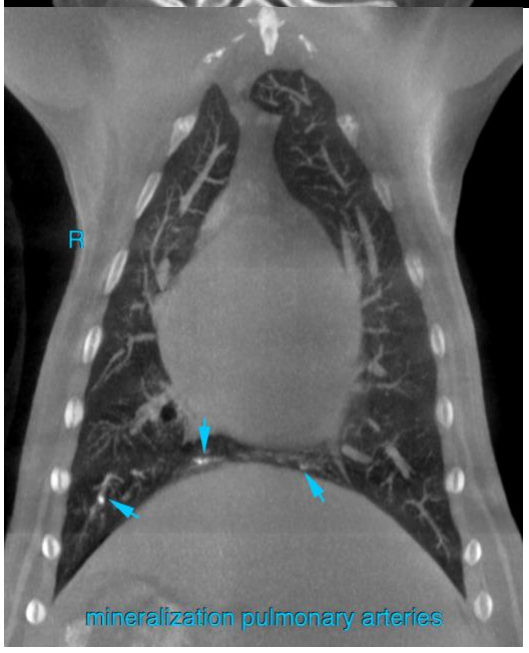
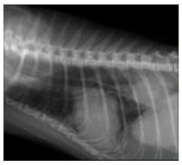
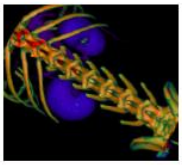
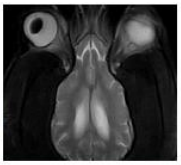




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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