



PATIENT

Roxy Fencsak

PRESENTING CLINICAL SIGNS

Severe acute cough and reverse sneeze for 1 week, now with epistaxis.
Abnormal PE/Chem/CBC/UA Results: elevated ALT/ALP

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Miniature Pinscher

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 105, 106, 205, 206, 306, 405 and 406 are absent.

In both nasal cavities, a moderate amount of fluid attenuating material is attached to a thickened nasal mucosal lining.

SEX

SF

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.

AGE

13 Years, 10 Months

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 prominent.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The intervertebral disc space C4/C5 is moderately narrowed. Level with the intervertebral disc space C6/C7 irregular mineralized disc material is protruding into the vertebral canal, occupying approximately up to 10% of the cross-sectional area of the vertebral canal at the same level; the dural tube is mildly distorted. The vertebral endplates C6/C7 present moderate spondylosis formation.

HOSPITAL NAME

Blairstown Animal Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rhinitis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes
- Intervertebral disc protrusion C6/C7 with likely dynamic compressive myelopathy
- Multiple absent teeth, see above
- Spondylosis deformans C6/C7

REFERRING VET

Dr. Clegg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

54840

The CT study is consistent with rhinitis, an underlying cause is not appreciated and in combination with the history infectious causes – e.g. viral or bacterial – are considered more likely than non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic). The epistaxis is considered as a sequela to the rhinitis. There is no evidence of nasal mass or foreign material. Other potentials for epistaxis can include immune mediated disease, hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.

DATE

10-27-22

Suspect reactive hyperplasia of the tributary lymph nodes of the skull, FNA sampling can be used to confirm the diagnosis.



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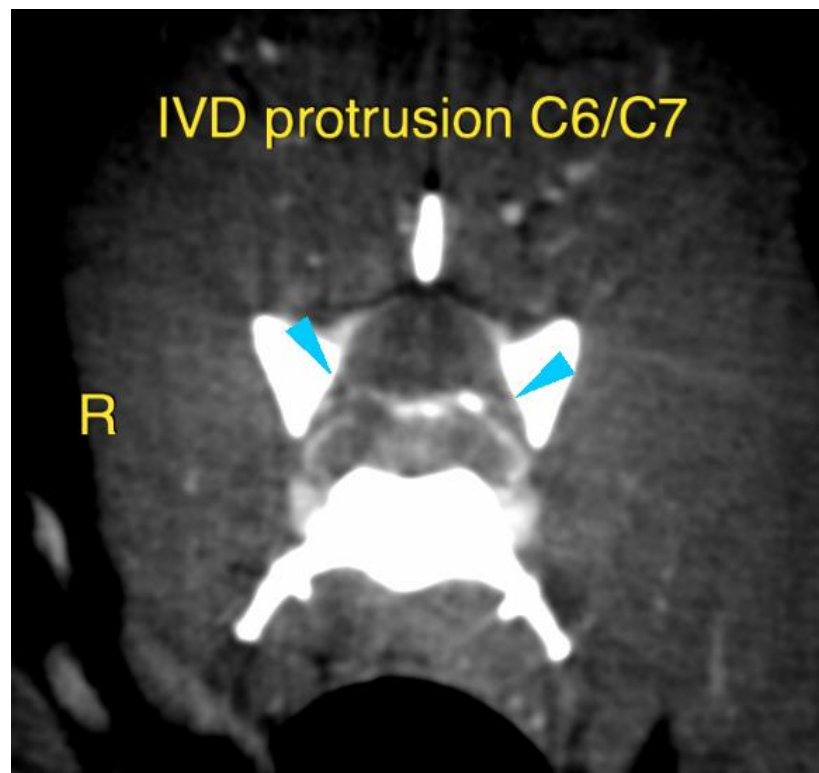
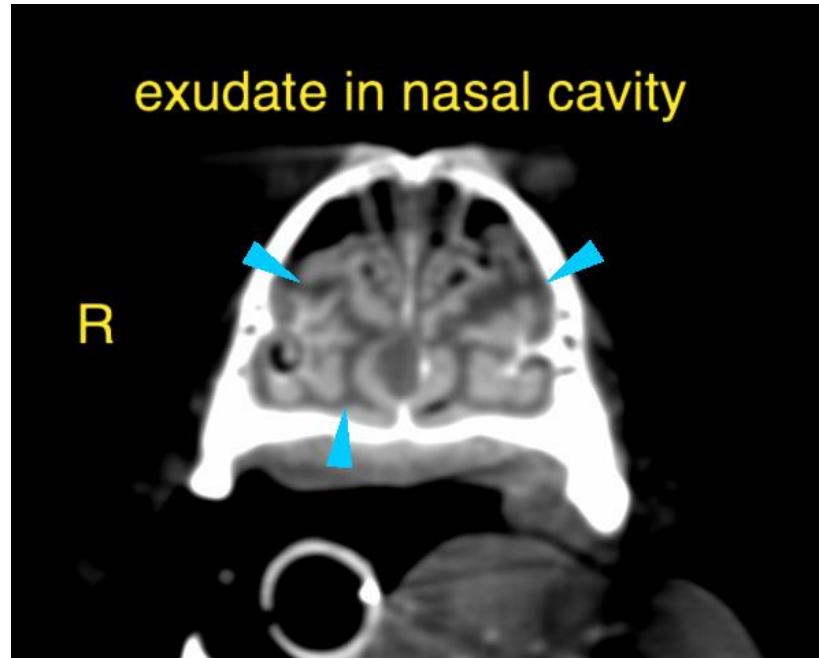
Dr. Clegg

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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.

SPECIES

Canine

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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