



PATIENT PRESENTING CLINICAL SIGNS

Roxy Hoffman Right nostril since Sunday. Prior to that only mucoid discharge noted for several months.
 Abnormal PE/Chem/CBC/UA Results: Epistaxis Right nostril that worsen once anesthetized

SPECIES COMPUTED TOMOGRAPHY OF THE SKULL

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

BREED

Labrador Retriever

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

SEX

Female Spayed

In the right nasal cavity, a moderate to marked amount of non-contrast enhancing soft tissue material is attached to the nasal mucosal lining, including the right frontal sinus. There is advanced destruction of the right nasal conchal & turbinate structures. The osseous lining of the right frontal sinus and the right maxillary bone present moderate hyperostosis. A roundish defect is seen in the dorsal osseous lamella of the right frontal sinus, measuring 7 mm in diameter. The cribriform plate is intact.

AGE

6 Years

A very mild amount of non-contrast enhancing soft tissue material is visible in the left dorsal nasal meatus.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Mobile Pet Imaging

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 right mandibular lymph nodes are moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

REFERRING VET

Meaux

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided destructive rhinitis with hyperostosis of the osseous lining
- History of trepanation right frontal sinus versus osteolysis
- Lymphadenopathy mandibular lymph nodes

INVOICE

49090

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

12-16-21

The findings are consistent with right sided mycotic destructive rhinitis. Although infectious agent *Aspergillus* is likely, *Cryptococcus*, *Rhinosporidium*, or *Blastomyces* are potential differentials as well. There is no evidence of nasal neoplasia.

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



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Secondary reactive hyperplasia of the mandibular lymph nodes – FNA sampling can be used to confirm the diagnosis.

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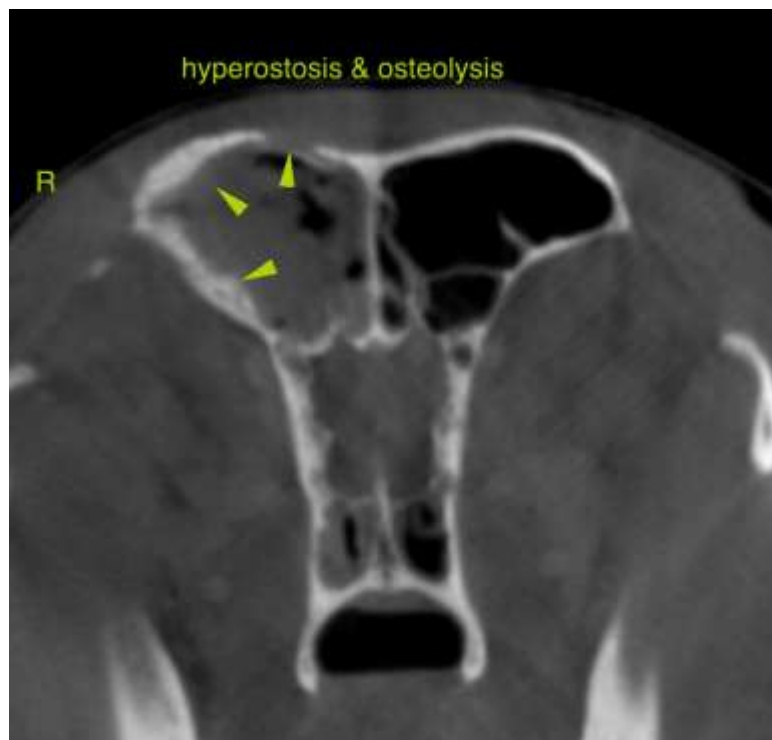
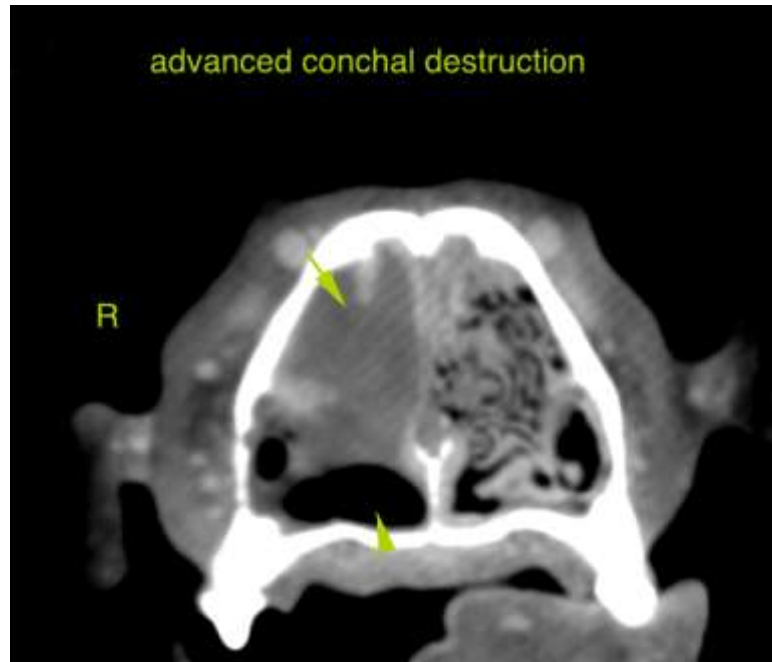
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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