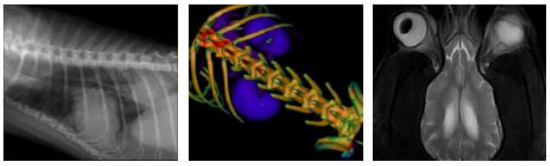
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tucker Cunningham

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

9 Years, 9 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Kim Winters

INVOICE

50985

DATE

3-16-22

PRESENTING CLINICAL SIGNS

Tucker is here for a consult regarding episodes starting in March of odd stretching of his neck and restlessness that resulted in an emergency visit to SOVSC where he was started on Levetiracetum 500mg 1000mg am 500mg mid day and 1000mg evening for focal seizures. These events have decreased significantly since starting the keppra. There was potentially a little bit of neurologic activity a couple of days ago before his 1PM dose. He seemed uncomfortable (odd facial expression) and then resolved. Tucker is currently eating and drinking normally, he did vomit grass this morning. Pamela feels strongly that he has something going on in his Left ear canal or nostril, evidenced by snuffling sounds and intermittent sneezing (1 big sneeze at the onset of exercise for 2-3 months) and a more recent onset of reverse sneezing (couple of weeks). A couple of weeks ago, his folks have noticed a small amount of dark discharge from his left nostril. When Pamela listens to him when he is sleeping, she feels that the air moving through the left nasal cavity is more muffled and maybe congested. Tucker has a history of a Left sided radula that was located under his tongue and throat but it has resolved for the most part.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE SKULL

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

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants. At the ventromedial aspect of the left digastric muscle, a peripheral contrast enhancing and central fluid attenuating structure with small intraluminal mineralized calculi is visible, measuring approximately 1.8 x 3.0 x 8.7 cm in size; the tubular structure is extending from the level at the left lateral aspect of the larynx rostrally up to the medial aspect of the left ramus of the mandible.

In the caudodorsal aspect of the left nasal cavity, level with the opening of the left frontal sinus, soft tissue attenuating and heterogeneous mild contrast enhancing material is seen. Focal destruction of the nasal turbinate structures at the same level is appreciated. The left frontal sinus is occupied by non-contrast enhancing soft tissue material. Mild atrophy of the dorsal aspect of the left nasal conchal structures is noted.

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. Incidental tympanic bone spicules are protruding into the lumen of the tympanic bullae. The external ear canals are within normal limits.

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.

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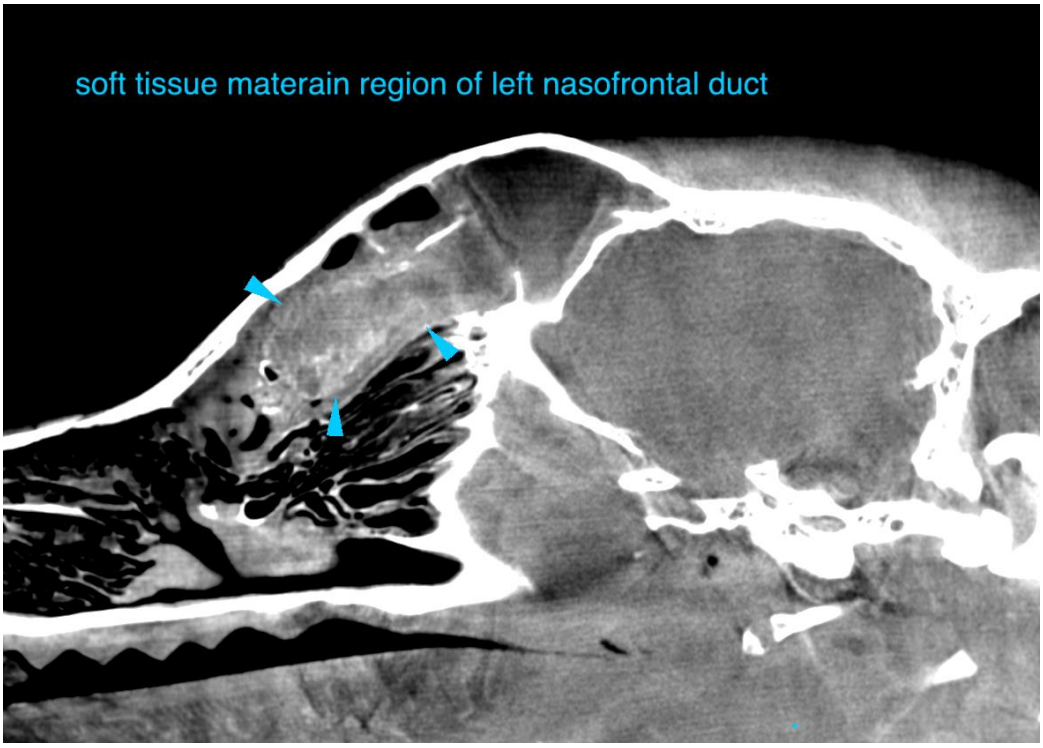
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild contrast enhancing soft tissue material in the region of the left nasofrontal duct
- Secondary left sided obstructive sinusitis left frontal sinus
- Sialocele level duct of mandibular salivary gland with mild sialolithiasis
- Normal brain

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft material in the region of the left nasofrontal duct presents without overt biologically aggressive behavior and potentials are low grade neoplasia (e.g. adenocarcinoma, transitional cell carcinoma, lymphosarcoma), adenomatoid polyp formation or (mycotic) granuloma. Recommend rhinoscopy including biopsy and sampling for microbial culture for further definition. If endoscopy is not feasible in this position, trepanation of the left frontal sinus for sampling might be a consideration.

In the present study of the brain there is no evidence of macromorphological disease. If not yet done so, the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.



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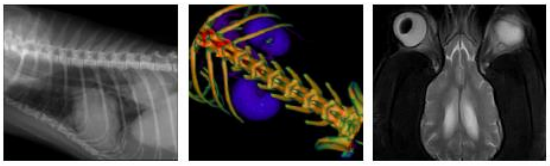

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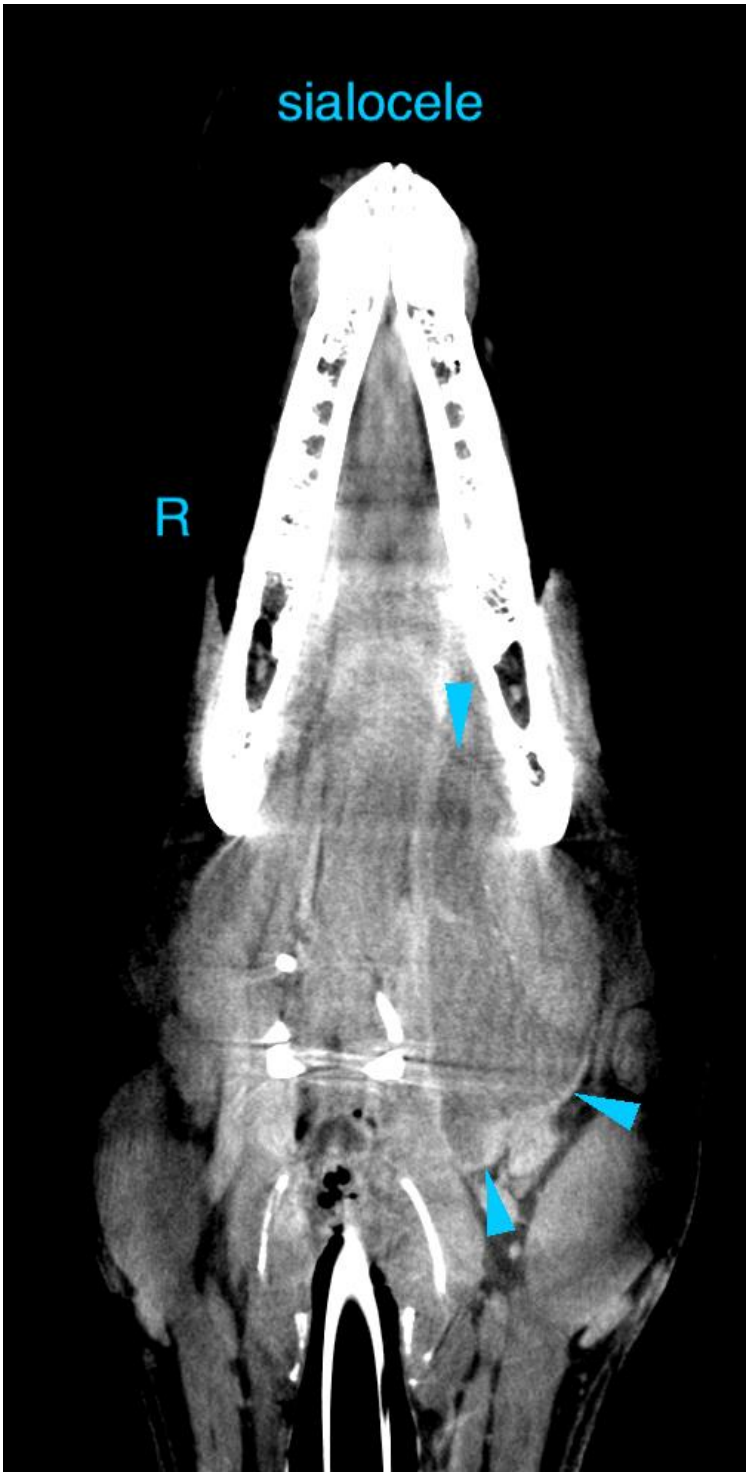

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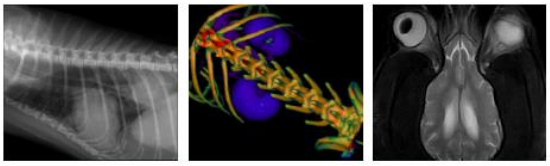

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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