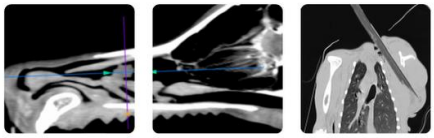

PATIENT

Zeus Kane

SPECIES

Canine

BREED

Cane Corso

SEX

MI

AGE

6

WEIGHT

38.2

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

74015

DATE

3-2-26

PRESENTING CLINICAL SIGNS

- reversed sneeze, dry nostril
- Lungs clear/eupneic, no crackles/wheezes auscultated
- epistaxia r/o neoplasia vs infection vs FB vs others

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

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

In both nasal cavities, a moderate amount of irregular marginated, non-contrast enhancing soft tissue material is attached to the nasal mucosal lining. Advanced destruction of the nasal conchal structures is appreciated. The osseous lining of the frontal sinus bilaterally presents sporadic moth eaten osteolytic lesions and mild hyperostosis. The cribriform plate is intact.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior, but dystelectasis of the left lung.

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.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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.

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

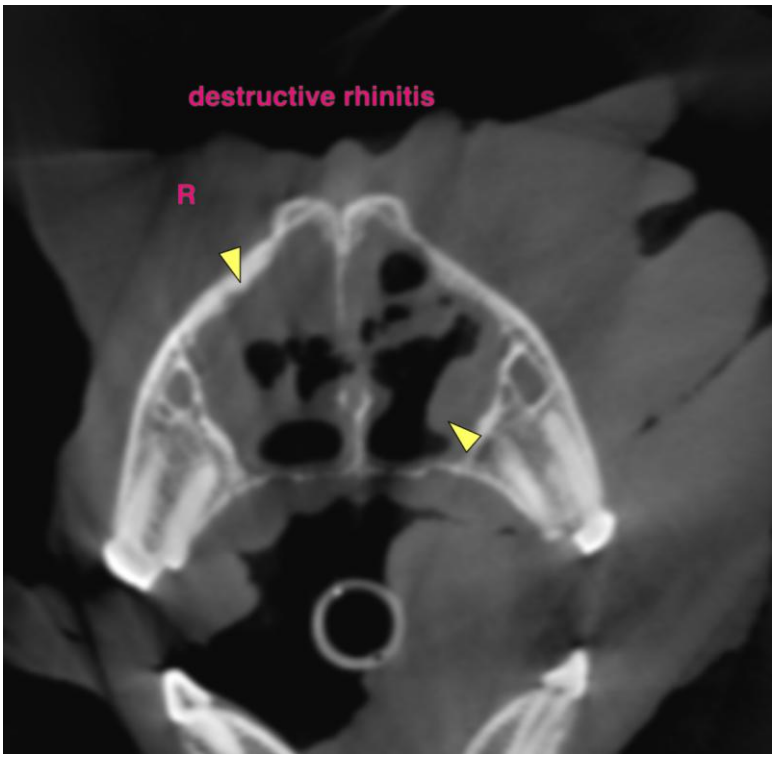
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Destructive rhinitis along with hyperostosis of the osseous lining
- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The destructive rhinitis along with the hyperostosis of the osseous lining is highly suggestive for underlying mycotic rhinitis – Aspergillus sp. is most common. Theoretically, non-specific rhinitis is a differential (e.g. lymphoplasmacytic, eosinophilic), but I consider the odds lower here. Rhinoscopy including sampling for histopathology and microbial culture can be performed (detection of fungi microscopically is more straightforward than with culture in many cases).



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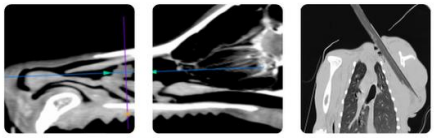

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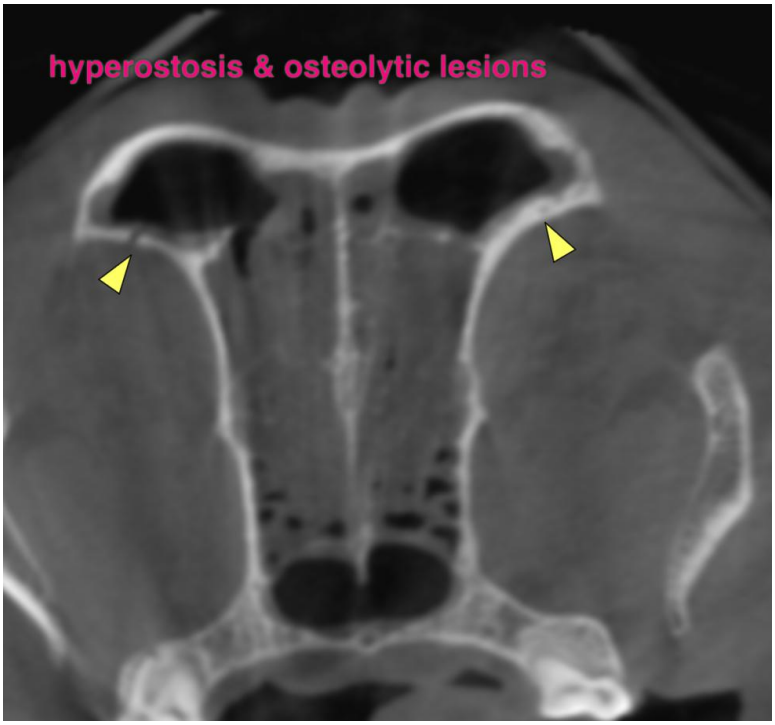

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com