



PATIENT PRESENTING CLINICAL SIGNS

Chase Kershaw Presenting Complaint: P presented for nasal bleeding. O states it started today at 1pm, it was only the right nostril initially, it started mild and stopped. Then It started again around 7pm, chronic and from both nostrils. Attitude: BAR E/D: WNL. Diet: Framers dog, adds sweet potato. C/S/V/D: No V/D/C. Sneezing along with the nasal bleeding. Sneezing only started today. U/BM: WNL
 Indoor/Outdoor: Indoor Board/Groom/Dog Parks: No Exposure to lakes and/or ponds: No Meds: Cosequin twice a day, ketorolac 0.5% twice a day on right eye. HWP/Flea: Interceptor, last given at the beginning of this month. Any Relevant Previous Medical History: Was diagnosed and treated for rocky mountain spotted fever last year around August. Vertigo started Dec 2022 to Feb 2023. Vision impairment. Last Vaccines: Postponed last year due to health condition.

SPECIES

Canine

BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: CBC - Mild nonregenerative anemia Chemistry - Mild BUN elevation (presumably due to swallowing blood), Mild amylase elevation Electrolytes - Mild Hyponatremia and hyperchloraemia 4DX - negative PT - Normal aPTT - Normal Comprehensive Tick Panel (Idexx) – Pending

SEX

Male

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL

AGE

9 Years

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

COMPUTED TOMOGRAPHIC FINDINGS

The tooth elements 308 & 408 are absent.

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

The caudal two thirds of the right ventral nasal meatus are obliterated by foamy fluid attenuating material. Focal destruction of the nasal conchal & turbinate in the right nasal cavity is appreciated. A small amount of fluid attenuating material is seen in the caudal segment of the left ventral nasal meatus. Caudal to the choanal, a band of soft tissue material is extending to the left wall of the nasopharynx.

HOSPITAL NAME

St. Charles VH

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.

REFERRING VET

Walker Roberts

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.

INVOICE

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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.

DATE

4/28/23

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.



PATIENT

Chase Kershaw

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Predominant right sided consolidation of the ventral nasal meatus with possible focal mild conchal destruction

SPECIES

Canine

- Absent triadan 308 & 408

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Golden Retriever

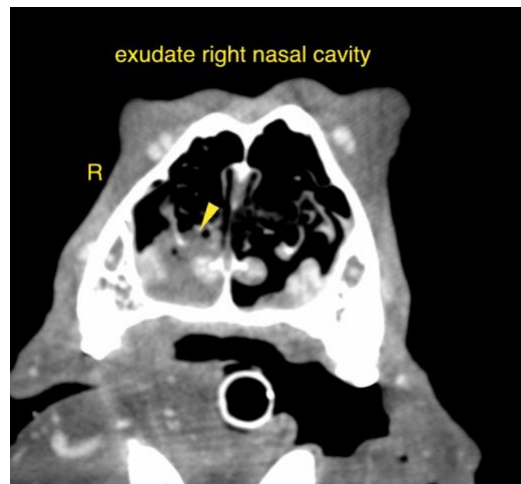
The focal consolidation of the right nasal cavity in combination with the history can present a blood clot. As there appears to be a mild degree of destruction of the right nasal conchae, a foreign body would be a potential as well. Theoretically a very early stage of mycotic rhinitis is a differential, but I would consider the odds very low in this case. There are no signs for biologically nasal aggressive disease. If foreign material in the right nasal cavity can be ruled out possible causes for epistaxis include immune mediated disease, non-specific rhinitis (e.g. lymphocytic plasmocytic), hyperviscosity syndrome (e.g. Leishmaniosis), other causes for coagulopathy or systemic hypertension.

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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.

REFERRING VET

Walker Roberts

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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