



PATIENT

Charlie Furgason

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

14 Years

WEIGHT

24.3 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Samantha S.

HOSPITAL NAME

Southern Oregon VSC

REFERRING VET

Dr. Rory Applegate

INVOICE

37407

DATE

6/6/26

PRESENTING CLINICAL SIGNS

History: Persistent bilateral nasal discharge with hemorrhagic and greenish mucus, ocular discharge, sneezing, and lethargy.

COMPUTED TOMOGRAPHIC STUDY 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.

In the nasal openings, a small amount of fluid attenuating material is attached to the epithelial lining. The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. A small amount of gravity dependent fluid attenuating material is seen in the nasopharynx.

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 moderately prominent, uniform soft tissue attenuating and reveal a mild irregular contrast enhancement pattern. In the left retropharyngeal space, lateral to the left medial retropharyngeal lymph node an ill-defined uniform soft tissue attenuating swelling is appreciated – post contrast administration the swelling presents a fluid attenuating center demarcated by a strong contrast enhancing mild irregular capsule. The left sided retropharyngeal swelling is measuring approximately 1.4 x 3.2 x 4.6 cm. The retropharyngeal fat surrounding the soft tissue swelling presents moderate soft tissue striation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multicameral thick walled cavitory lesion left retropharyngeal area with surrounding cellulitis
- Lymphadenopathy mandibular and medial retropharyngeal lymph nodes bilaterally
- Mild rhinitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left retropharyngeal cavitory lesion is most consistent with abscess formation and secondary surrounding septic cellulitis and reactive lymphoid hyperplasia of the regional lymph nodes. An underlying cause for the abscess formation cannot be specified – anyway workup can be complemented by an ultrasound examination to screen for migrating foreign material that may be missed by CT. Surgical drainage is considered beneficial.

An underlying cause for the rhinitis cannot be specified and the presumptive diagnosis is non-specific rhinitis (e.g. allergic, lymphocytic plasmocytic, eosinophilic). There is no evidence of



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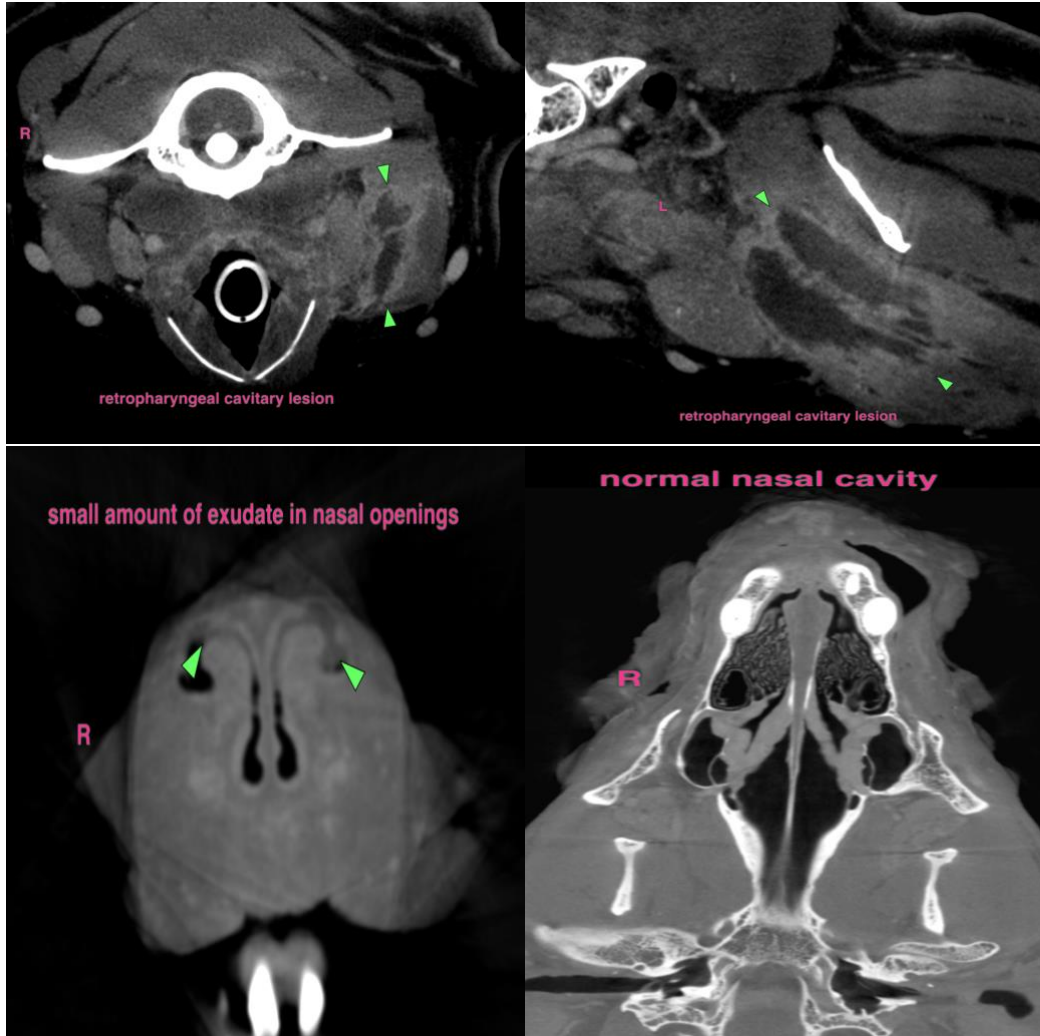
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nasal mass, foreign body, mycotic rhinitis or odontogenic rhinitis. Rhinoscopy including biopsy can be performed for further workup.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com