



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Slade Williams
SPECIES Canine
BREED Rottweiler
SEX Male Entire
AGE 9 Years

Left sided unilateral epistaxis from yesterday morning, foot covered and face covered in blood This morning stopped and started again Eating well No vomiting or diarrhoea Was at Inglburn vet last night, sprayed adrenaline up the nose BAR BCS 4/9 Eyes normal Ears normal Nares - left unilateral epistaxis MM pink. CRT<2 Chest auscultation - normal Abdominal palpation - normal MSK - normal Integ - normal Ln - normal Assessment: L unilateral epistaxis - inflammatory, infectious, neoplasia CC: Recommended CT of the head and full bloods for initial assessment Butorphanol 1.5ml IV, ACP 0.4ml IV Propofol slow IV 15mls Intubated. Cuff inflated Iso and oxygen maintenance Head CT scan with 75mls iohexol contrast performed as well Tx: Start TXA pending results, offered urgent reading as well, but owner happy to wait for results Pending results

Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHY OF THE SKULL

A pre- and post-contrast CT study of the skull in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants. In the rostral aspect of the left nasal cavity, a small zone of consolidation between the conchal structures is appreciated.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of epistaxis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence for neoplastic disease of the nasal cavity or foreign body related rhinitis. The small amount of soft tissue material in the rostral aspect of the left nasal cavity can present a small amount of clotted blood attached to the conchal structures. 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.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME
 Colyton Veterinary Hospital

REFERRING VET
 Dalton Nguyen

INVOICE
 53647

DATE
 8-22-22



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INTERPRETED BY

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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.

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