



**PATIENT**

Nala Mahoney

**PRESENTING CLINICAL SIGNS**

epistaxis & sneezing. Ran respiratory pcr that came back negative for everything. r/o nasal polyps vs tumor vs other

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL**

A plain 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 left nasal cavity, a mild amount of soft tissue material is attached to the conchal & turbinate structures. In the left frontal sinus, a moderate amount of non-contrast enhancing soft tissue material is appreciated. Mild destruction of the left nasal 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. 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 pattern is uniform.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left sided destructive rhinitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings of the CT study of the skull are suggestive for destructive rhinitis and potentials would include non-specific rhinitis (e.g. lymphocytic plasmocytic, eosinophilic) or mycotic rhinitis (e.g. Aspergillus) – no signs of hyperostosis. Unfortunately, in plain CT potential contrast uptake of the soft tissue material cannot be evaluated and a soft tissue mass cannot be completely ruled out, but the imaging findings are atypical. Recommend complementing workup by rhinoscopy including biopsy. In case of doubt, repeating the CT study in 3-4 weeks including post contrast phase would be beneficial.

Rule out other causes for epistaxis, such as systemic hypertension, coagulopathy, hyperviscosity syndrome (e.g. Leishmaniasis).

**INVOICE**

53356

**DATE**

8-9-22

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

Giammanco



**PATIENT**

Nala Mahoney

**SPECIES**

Canine

**BREED**

Cavalier King Charles  
Spaniel

**SEX**

Female Spayed

**AGE**

12 Years

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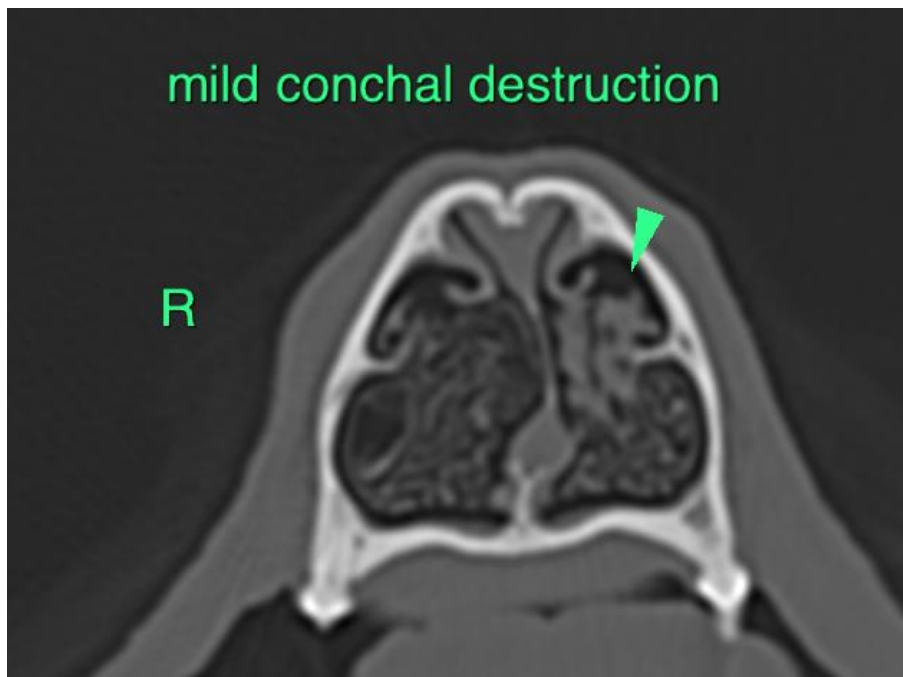
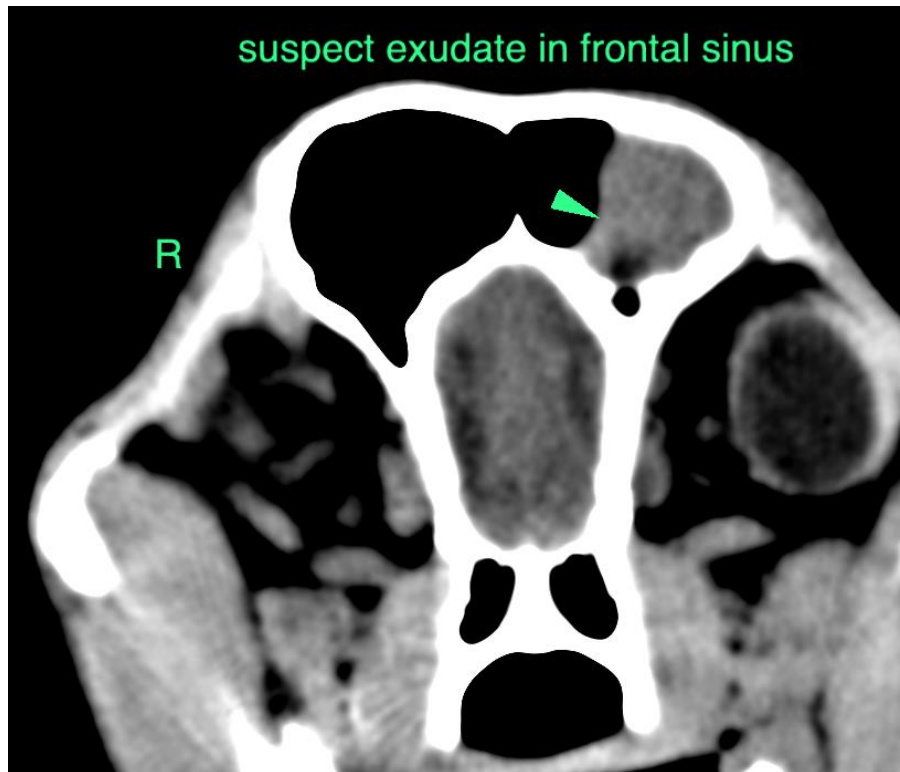
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

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