



**PATIENT**

Nico Munoz

**PRESENTING CLINICAL SIGNS**

Thrombocytopenia Petechiae Dyspnea, improved Bilateral epistaxis Lethargy - 2 week duration  
Hyperthermia - resolved Historical OA Historical Ehrlichia

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL & THORAX**

A high resolution pre- and post-contrast CT study of the skull and a post-contrast CT study of the thorax are provided for review.

**BREED**

Labrador Retriever  
Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

The pictured parts of the dentition are complete. The left body of the left mandible, level with triadan 305 to 311 presents a moderate sclerosis of the medullary cavity and solid mild periosteal new bone formation at the buccal aspect. The periodontal space of triadan 305 is mildly widened.

**SEX**

Female Spayed

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.

**AGE**

9 Years

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present mild shell like mineralization of the wall.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Scottsdale Veterinary  
Clinic

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine. The costal cartilages present moderate degenerative changes. At the caudal aspect of the right humeral head, a well-defined mineral attenuating body is seen.

**REFERRING VET**

Dr, Kerby

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.

**INVOICE**

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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.

**DATE**

9-23-22

The lung parenchyma presents the expected architecture and attenuation behavior, with randomly distributed interspersed punctuate mineralization.



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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

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- Mild myelosclerosis left body of the mandible and solid periosteal new bone formation
- Periodontal disease 305
- Suspect synovial osteochondromatosis left shoulder joint
- Degenerative changes costal cartilages
- Spondylosis deformans thoracic spine

**BREED**

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Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study of the skull and thorax presents without pathologies explaining the described epistaxis. 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.

**SEX**

Female Spayed

The osseous remodeling of the left body of the mandible is most suggestive for osteomyelitis, an underlying cause for the osteomyelitis possibly triggered by periodontal disease. The clinical relevance of the finding is unclear.

**AGE**

9 Years

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Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**REFERRING VET**

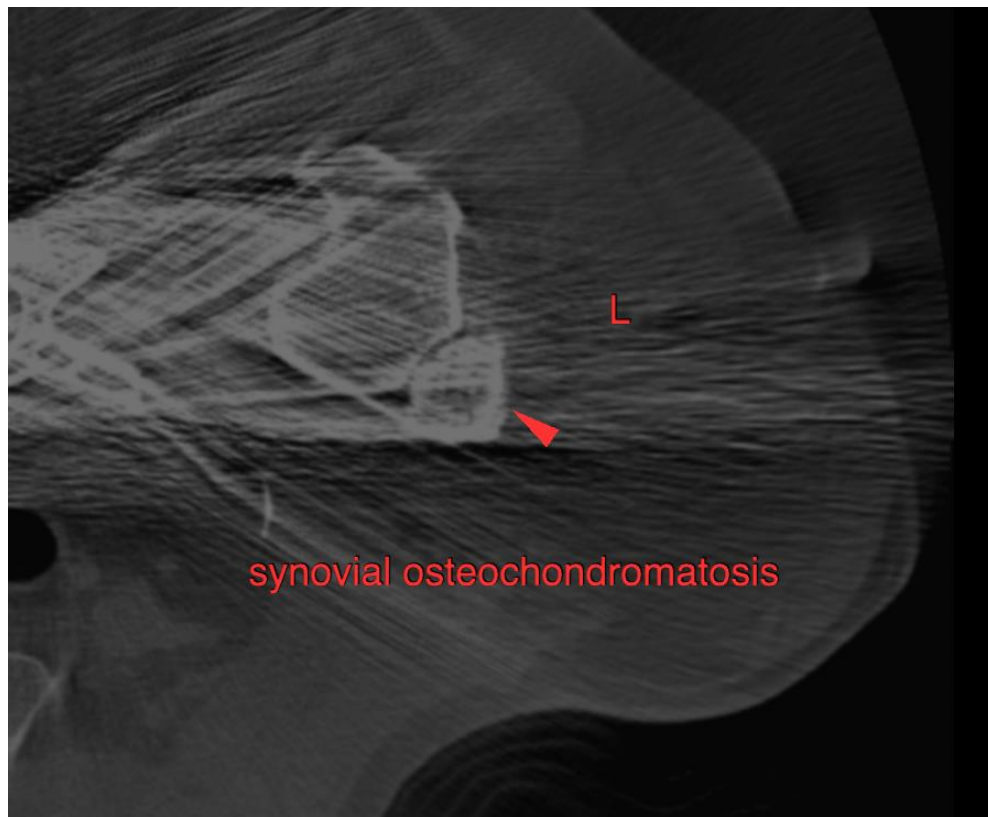
Dr, Kerby

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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  
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