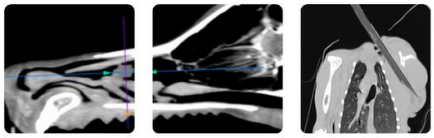

PATIENT

Joey Seikel

SPECIES

Canine

BREED

German Shorhaired Pointer

SEX

MN

AGE

2Y

WEIGHT

55lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Tina Lynn, CVT/George Eales,DVM

HOSPITAL NAME

Green Prairie Animal Hospital

REFERRING VET

Dr. Libby Fort-All Pets

INVOICE

74914

DATE

5-6-26

PRESENTING CLINICAL SIGNS

Right nasal discharge, has not responded to medical therapy. Scoped today and flushed with copious amounts of saline prior to CT

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is provided for review totaling 3 series. Two pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

There is moderate to marked loss of turbinate architecture within the right nasal cavity, resulting in a shriveled appearance of the turbinates. The remaining right nasal turbinates demonstrate associated mucosal thickening and amorphous soft tissue/fluid-attenuating material within the middle portion of the right nasal cavity, resulting in a mild non-enhancing mass effect.

The nasal septum is preserved. There is no evidence of paranasal bone osteolysis or aggressive osseous destruction. Mild hyperostosis of the right nasal bone and the squamous portion of the right frontal bone is present compared to the contralateral side.

No geometric radiopaque foreign body is identified.

The left nasal cavity demonstrates preserved turbinate architecture with a mild multifocal amount of hypoattenuating fluid material.

The frontal sinuses are unremarkable. The cribriform plate is intact.

A moderate amount of foamy fluid material is present within the middle to caudal nasopharynx. The soft palate is within normal limits.

The globes, retrobulbar spaces, and periorbital soft tissues are within normal limits.

The tympanic bullae and external auditory canals are within normal limits.

No intracranial mass effect or falx cerebri deviation is identified.

The temporomandibular joints are bilaterally congruent.

The right medial retropharyngeal and right mandibular lymph nodes are mildly enlarged compared to the contralateral side.

The salivary glands and thyroid glands are within normal limits.

All teeth are preserved.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate to severe unilateral rhinitis with right-sided turbinate destruction associated with mucosal thickening and amorphous non-enhancing soft tissue/fluid material. Mild associated regional hyperostosis of the right nasal and frontal bones is present. Differential diagnoses

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include chronic fungal rhinitis (particularly aspergillosis), chronic lymphocytic-plasmacytic rhinitis, and concurrent secondary bacterial rhinitis.

- Mild fluid accumulation within the left nasal cavity and moderate nasopharyngeal fluid retention.
- Mild enlargement of the right medial retropharyngeal and mandibular lymph nodes, most consistent with reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a predominantly unilateral chronic rhinitis affecting the right nasal cavity, characterized by moderate to severe turbinate destruction with a shriveled appearance and mild regional hyperostosis of the right nasal and frontal bones. The primary differential diagnosis is chronic fungal rhinitis, particularly aspergillosis. Additional differential diagnoses include chronic lymphocytic-plasmacytic rhinitis with concurrent secondary bacterial infection.

There is no classical imaging pattern (visible geometric form) or evidence of radiopaque foreign material; however, the presence of non-radiopaque foreign material, such as grass awns, cannot be completely excluded. Especially mixed within the identified intranasal amorphous material.

Mild enlargement of the right medial retropharyngeal and mandibular lymph nodes is most consistent with reactive lymphadenopathy.

Correlation with rhinoscopic findings is recommended. Fungal culture/PCR testing, cytology, and histopathology from targeted biopsy samples are advised for definitive diagnosis.

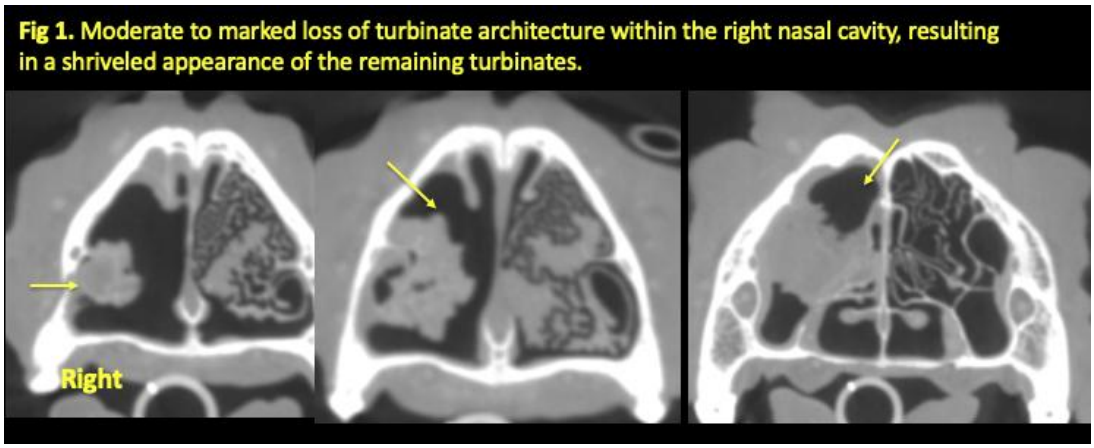

Fig 1. Moderate to marked loss of turbinate architecture within the right nasal cavity, resulting in a shriveled appearance of the remaining turbinates.

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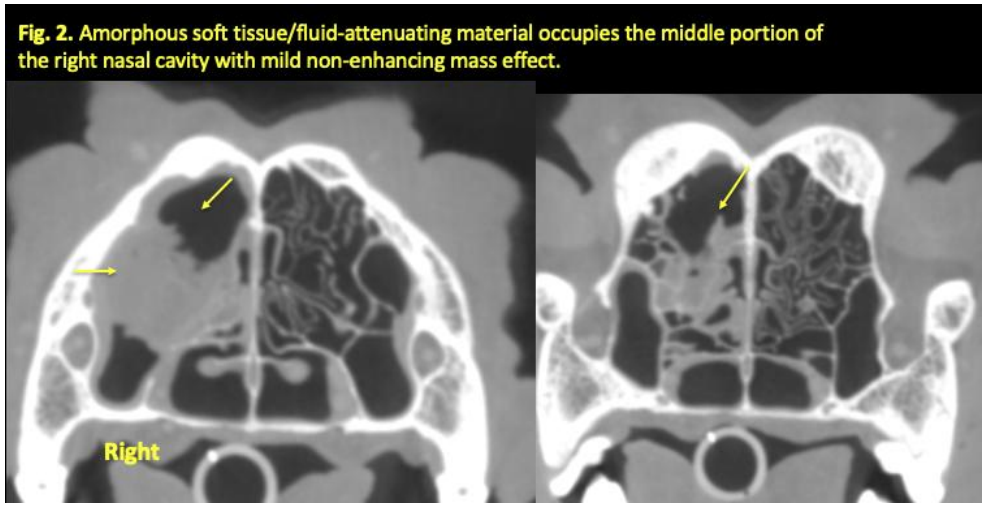

Fig. 2. Amorphous soft tissue/fluid-attenuating material occupies the middle portion of the right nasal cavity with mild non-enhancing mass effect.

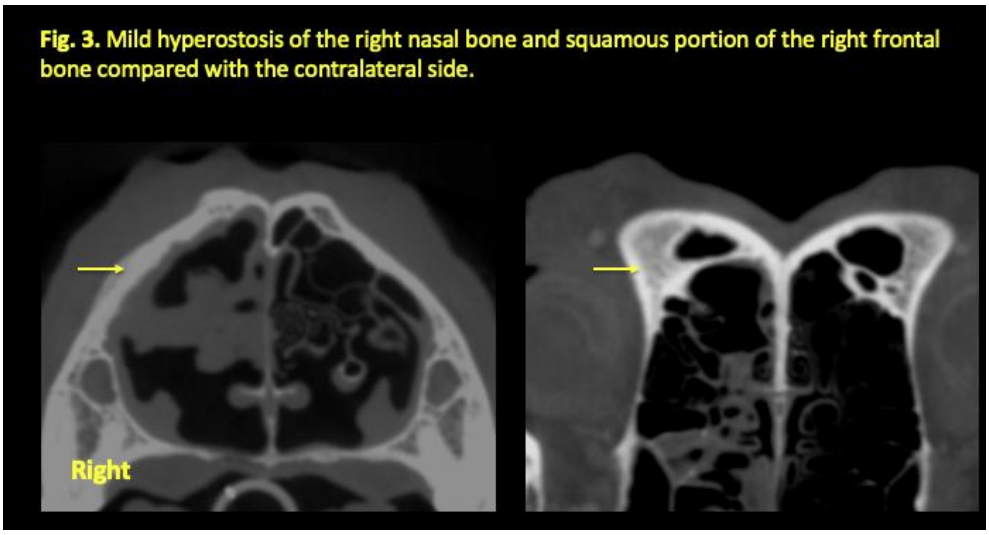

Fig. 3. Mild hyperostosis of the right nasal bone and squamous portion of the right frontal bone compared with the contralateral side.

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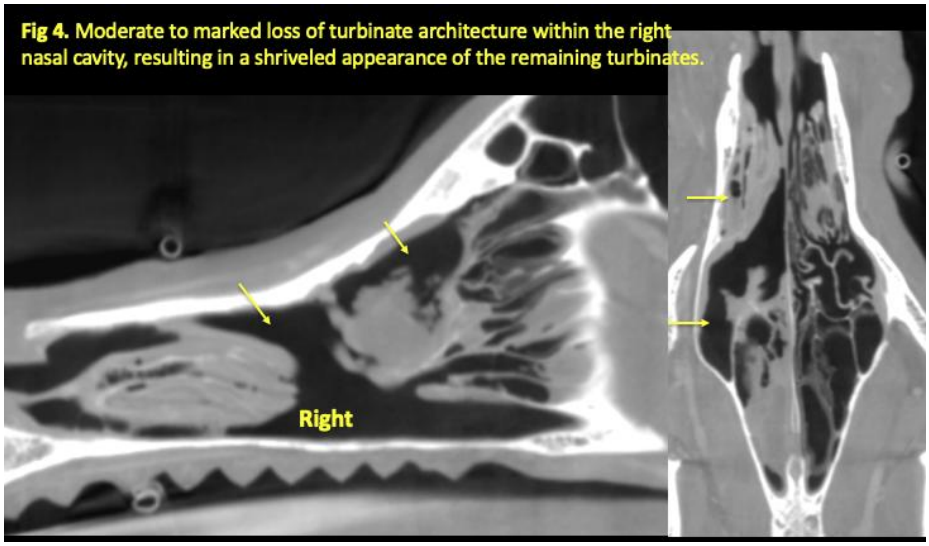

Fig 4. Moderate to marked loss of turbinate architecture within the right nasal cavity, resulting in a shriveled appearance of the remaining turbinates.

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com