



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Josie Vanlandingham
SPECIES Canine
BREED Golden Retriever Mix
SEX FS
AGE 9 Years

June 13, 2023: Patient is presenting for hacking/wheezing and started coughing up blood 1 month ago, which was the last time patient was at the vet. Patient has also been sneezing and having difficulty breathing for at least 6 months. Owner just figured it was getting worse and called his vet, his vet told the owner to just come here and "get a scope." Seems like she is worse when she is laying on her stomach. owner says he is aware patient has an enlarged heart, unsure if she has a murmur or anything else. Owner says he is sure her being overweight is also a problem. No vomiting, no diarrhea. Just concerned about sneezing/hacking/chocking. Owner does not know if patient has had any x-rays, and thinks they did blood work. Thinks maybe had x-rays done in April or May. Still eating and drinking, and says when patient drinks water is when it is worse. They just had a salt water pool installed three years ago and patient consistently drinks from the pool, but had researched it and saw it was fine for her to drink the water. Owner says she is the worse with coughing after drinking from the pool. No history of illnesses or disease as far as owner is aware. Owner thinks the very first symptom like coughing and sneezing started six months ago. Not UTD on vaccines (due in April), currently on Lasix but nothing else, has not been on FTHWP over the last 6 months. Owner does not remember the dates of anything in regards to treatment, advised me to call for records. Diet - Had previously been on "three different things, blue something or whatever like that", had also been on a frozen to thaw food thinks maybe farmer's dog. Currently eating "blue wilderness or something". Owner unsure if grain free. Dry food. Free feeds but gets 1c per day (owner clarified that it is NOT a measuring cup but a literal large drinking cup.) Owner noted that she also gets peanut butter treats. Also gets people food and table scraps. Will give the pills in cheese, "those round cheeses with the red package" and american cheese. 6/21/2023: Performed CT and rhinoscopy. Sent off samples for culture, biopsy, and PCR.
 Abnormal PE/Chem/CBC/UA Results: Platelets 131, PDW 21.9, MPV 17.2

INTERPRETED BY COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet
 A pre- and post-contrast CT study of the head and thorax are provided for review, totaling four series. One pre-contrast soft tissue of the head, bone algorithm. One pre-contrast of the thorax, bone algorithm. One post-contrast of the head and one post-contrast soft tissue of the thorax

HOSPITAL NAME COMPUTED TOMOGRAPHIC FINDINGS

Neel Veterinary Hospital
REFERRING VET Deepan Kishore, DVM,MS, DABVP

HEAD
 There is a soft tissue, hypoattenuating, enhancing mass effect within the left nasal cavity. The soft tissue mass effect extends rostrally to the level of the triadan 208 and caudally to the level of the cribriform plate. The mass effect is mildly heterogeneous and predominantly hypoattenuating with enhancing areas. The hypoattenuating mass effect produces more regional left nasal turbinate destruction. The mass has an amorphous shape, and it is surrounded by fluid accumulation. Due to this characteristic, a precise measurement is difficult. The mass effect measures approximately 5.1cm x 1.5cm x 1.6cm.

INVOICE 58966
 An osteolytic change in the left side ipsilateral basal lamina of the ethmoid bone is seen. The mass effect invades the ipsilateral choana and obstructs 60% of the airway passage in some portions. The mass invades the left sphenoidal sinus and causes a focal osteolytic lesion in the ipsilateral perpendicular plate of the ethmoidal bone. However, no evidence of retrobulbar invasion.

The left frontal sinus is completely filled by hypoattenuating fluid accumulation.

DATE
 6-21-23



PATIENT There is no septum deviation or osteolytic changes in the bony nasal septum, or in the right nasal cavity changes.

Josie Vanlandingham

Mild multifocal lysis is seen in the left side of the cribriform plate, and concurrent meningeal enhancement in the olfactory bulb region.

SPECIES

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The pharynx and larynx are normal.

The frontal sinuses are unremarkable.

BREED

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All teeth are present.

The tympanic bullae and external auditory canal are normal.

The retrobulbar spaces and globes are intact.

SEX

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The temporomandibular joints are bilaterally congruent.

The brain attenuation is unremarkable, no mass effect is seen.

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The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

THORAX

The trachea is normal in luminal diameter and position.

INTERPRETED BY

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DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

The lumen of the main bronchus is normal.

A small, rounded soft tissue attenuating nodule is seen subpleural in the ventral peripheral border of the right caudal lung lobe, and measures 0.9cm. The remaining pulmonary parenchyma is unremarkable.

HOSPITAL NAME

Neel Veterinary
Hospital

The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

The tracheobronchial lymph nodes are normal.

The sternal, mediastinal, and cranial mediastinal lymph nodes are unremarkable.

REFERRING VET

Deepan Kishore,
DVM,MS, DABVP

The pleural space and diaphragm are normal.

The collimated musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Left sided hypoattenuating mass effect in the nasal cavity, associated chronic destructive rhinitis, and moderate amount of fluid material accumulation. The differential diagnosis includes nasal neoplasia, for example, squamous cell carcinoma, lymphoma, adenocarcinoma, or chondrosarcoma. Less likely fungal rhinitis.
- Focal correlated osteolytic changes in the basal lamina of the ethmoid bone, with infiltration of the mass into the choana partially obstructing the airway passage in this portion.

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- No involvement of the cribriform plate. Cribriform plate interruption and signs of meningeal invasion.
- Unique, small subpleural pulmonary nodule. The differential diagnosis includes granuloma, or less likely pulmonary metastatic disease.

SPECIES

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are correlated to the presented respiratory clinical signs of hacking, wheezing, and cough with blood. The primary differential diagnosis is nasal neoplasm. However, an overlap exists between neoplasia process and fungal rhinitis. Nasal flush biopsy is suggested for confirmation.

BREED

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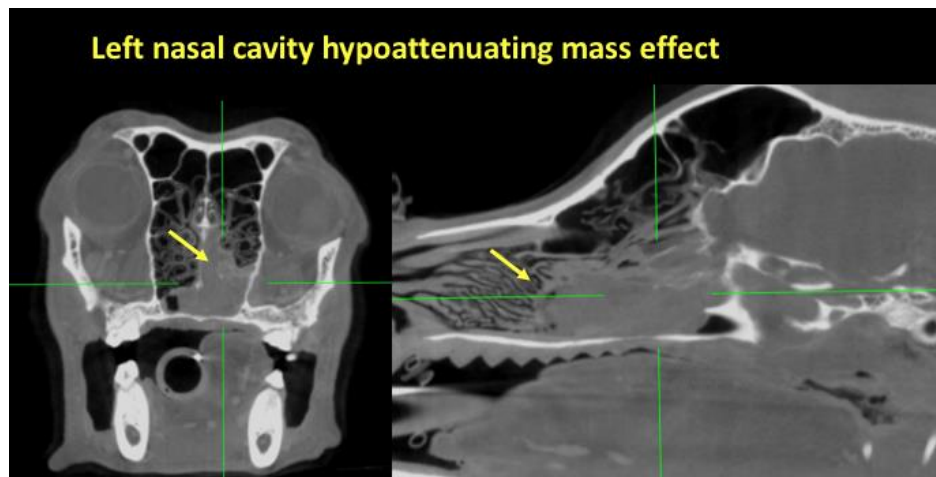
A recheck thoracic computed tomography or thoracic x-ray in a month is suggested for further evaluation of the detected pulmonary nodule.

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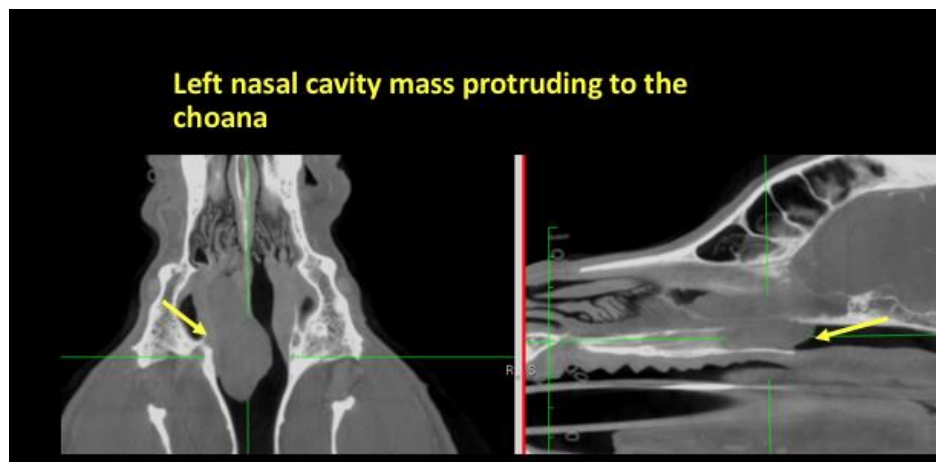
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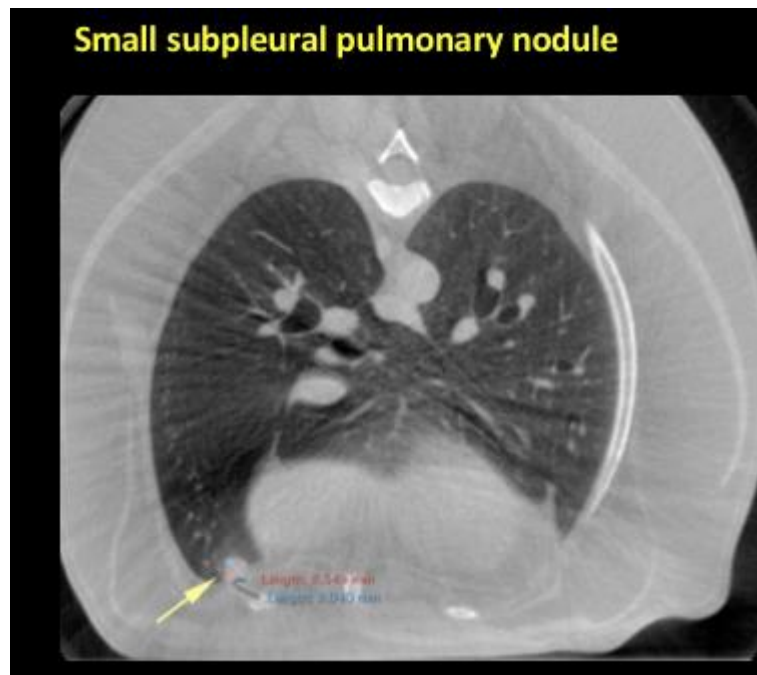
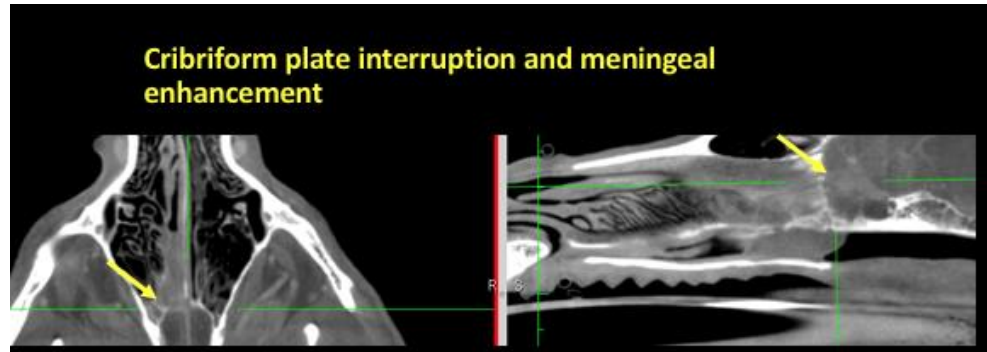
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Otherwise, normal thorax



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.

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