



PATIENT PRESENTING CLINICAL SIGNS

Boogie #32258
Coolman

SPECIES
Canine

BREED
Shih Tzu

Patient had cleft-palate correction at 6 months of age. Has developed about 1 year history of progressive PM stridor events lasting 3-30 seconds. Non-productive events with no changes in appetite or attitude. Previous DVM with concerns for heart disease started enalapril and lasix with no improvement. Added a steroid with no improvement and normal Chem/CBC. Presented to us with owner relocation. Evaluation of normal labs in the last 10 days with an echo finding no signs of heart disease - withdrawing cardiac medications. Imaging today for a better understanding of upper airway anatomic changes, dental changes and extent of upper airway disease. Also with concerns for tracheal stability with presentation of events on video.

Abnormal PE/Chem/CBC/UA Results: No appreciable changes 6/14/23 - attached Echo report attached

SEX

MN

AGE

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling two series. One pre- and one post-contrast series, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The nasal turbinates are asymmetrical with moderate loss of turbinate architecture, multifocal hypoattenuating fluid material, and mucosal enhancement. However, the hypoattenuating fluid accumulation is more evident at the ventral, rostral and right side.

10 Years, 4 Months

No evident mass effect is seen in the nasal cavities.

INTERPRETED BY

The frontal sinuses are rudimentary, incidental.

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

The sphenoidal sinuses are unremarkable.

The choana, nasopharynx, and larynx are normal.

HOSPITAL NAME

There is a misshaped resorptive lesion in the maxillary incise bone, especially at the left side, causing a malocclusion. Concurrent with this malformation, the triadan 203 is absent.

Gentle Doctor Animal
Hospital

There is diffuse horizontal and vertical bone loss adjacent to the maxillary and mandibular teeth. However, a more exacerbated geographic lysis is also seen adjacent to multiple premolar maxillary teeth.

REFERRING VET

The triadans 108, 301, 401, 402, 403, 310, 311, 410 and 411 are absent.

Sydney Thorson,
DVM

A variable in size, irregularly demarcated geographic lysis is associated with the root of the triadans 105, 205, 106, 206, 107, 207, 208, 109, 209 and 404. There is associated multifocal evidence of oronasal communications, especially adjacent to the triadans 208, 209, and topography region of the triadan 108.

INVOICE

The retrobulbar spaces are unremarkable, bilaterally.

59023

The cribriform plate is intact.

DATE

6-27-23



PATIENT The right horizontal portion of the external auditory canal is narrowed due to thickening and irregularity of epithelial lining. No hypoattenuating luminal fluid material is noted. The tympanic bullae and left external auditory canal are normal.

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The medial retropharyngeal lymph nodes and mandibular lymph nodes are mildly enlarged, with mildly heterogeneous attenuation (> right side).

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No mass effect or abnormal attenuation is seen in the brain.

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Shih Tzu

- Moderate, more right side, destructive rhinitis and fluid accumulation.
- Severe diffuse periodontal disease. Multiple periapical lesions adjacent the triadans 105, 205, 106, 206, 107, 207, 208, 109, 209 and 404. Signs of oronasal communications, and likely correlated to the rhinitis. Differential diagnosis concurrent maxillary and mandibular osteomyelitis.
- Absent teeth, triadans 108, 301, 401, 402, 403, 310, 311, 410 and 411.
- Maxillary incisive loss bone, chronic osteomyelitis. The differential diagnosis includes correlated to congenital malformation, previously diagnosed.
- Right sided chronic otitis externa and luminal stenosis.
- Mild enlargement of the retropharyngeal lymph nodes and mandibular lymph nodes, reactive.

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10 Years, 4 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATION

Bilateral destructive rhinitis, R>L, with likely bacterial contamination are likely correlated to several dental diseases and oronasal communications, and this could be associated with the present clinical respiratory signs. Other differentials include inflammatory rhinitis, lymphocytic plasmocytic rhinitis, allergic rhinitis, and less likely fungal rhinitis. A nasal flush is suggested for the diagnostic approach.

INTERPRETED BY

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There is no evidence of extra thoracic tracheal collapse in the cervical tracheal region. However, a dynamic collapse is not completely excluded. Consider, as a possible differential for the present clinical signs associated with the rhinitis, laryngeal paralysis. For this specific diagnosis, a laryngoscopy is suggested.

HOSPITAL NAME

Gentle Doctor Animal
Hospital

A dental exam and odontology treatment, including a more invasive approach, could be necessary for treatment. A specialist consult is suggested as usually the treatment requires some extractions. Concurrent medical management can be instituted temporally with broad-spectrum antibiotics and analgesics.

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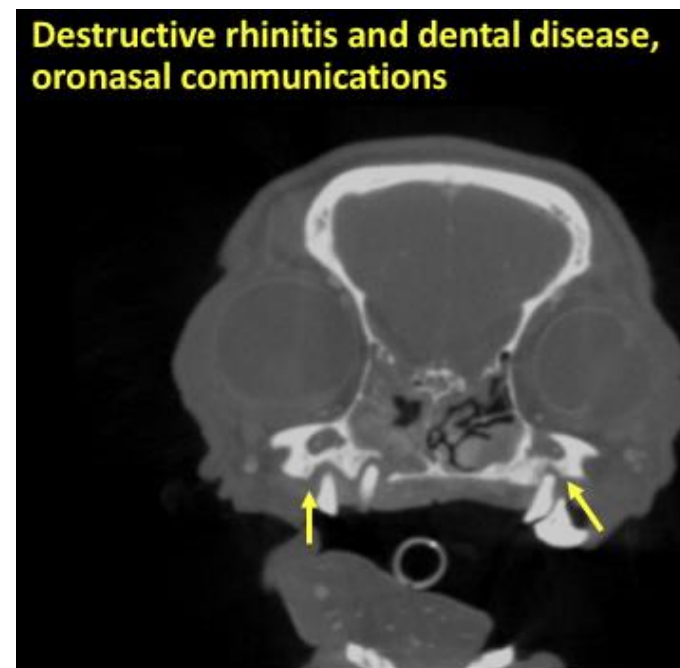
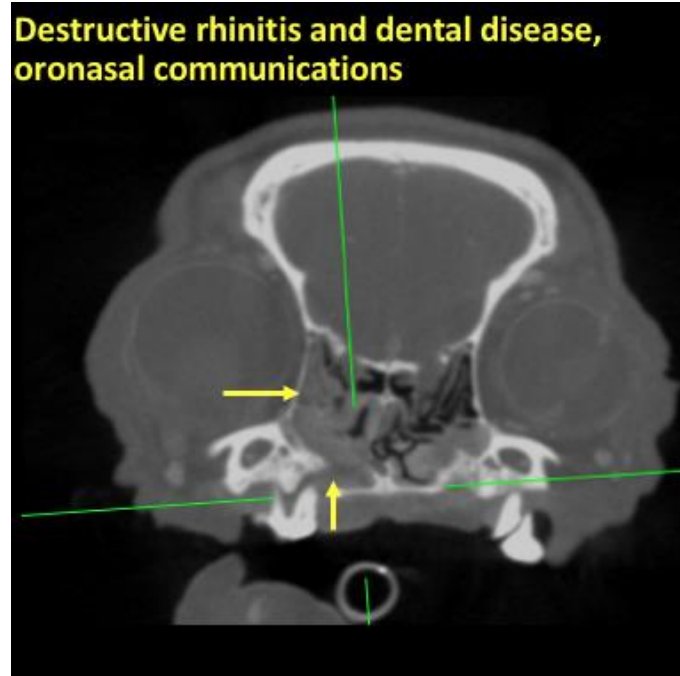
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**Destructive rhinitis and dental disease,
oronasal communications**



Right side chronic external otitis



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