

ONLY WITH
VIMAGO
SMALL ANIMAL CASE STUDY REVIEW

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Aspergillus rhinitis

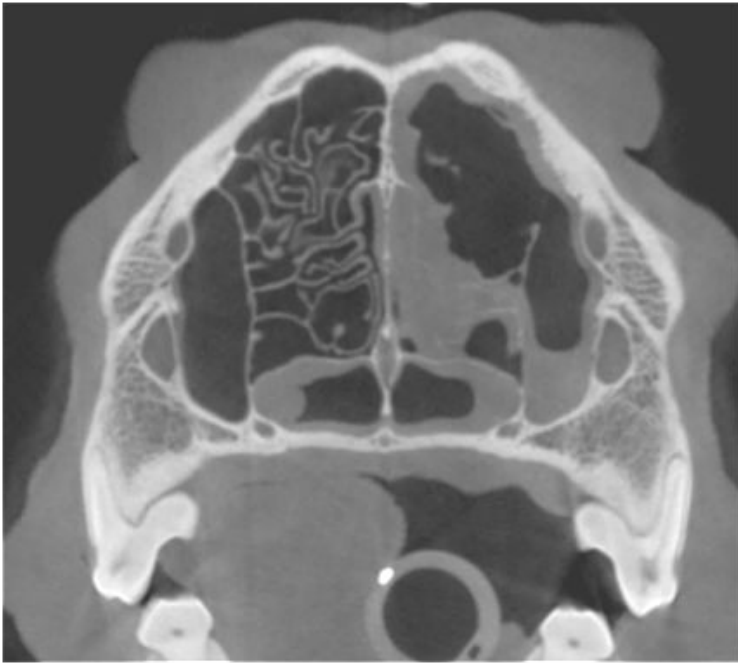


Figure 1



Figure 2

PATIENT

6-year-old female spayed German Shepherd Dog that presented with a 2-month duration history of epistaxis. Initially the signs resolved on antibiotics but do not anymore.

IMAGE PROTOCOL

A survey and post-i.v. contrast CT was performed of the head. The contrast dose was 1ml ml/lb BW of Iohexol (300mg/ml iodine) contrast media given as a bolus immediately prior to image initiation.

FINDINGS

Unilateral (left-sided) erosion of most of the nasal and ethmoidal turbinates was seen (FIG 1). Patchy soft tissue attenuating material was noted throughout the left nasal cavity and frontal sinus. No mass was seen. The bony septum is deviated to the right. Normal turbinate structure without signs of lysis was seen on the right side (FIG 2). In addition to turbinate lysis, there was left-sided frontal and maxillary bone lysis (arrow, FIG 3). No evidence of cribriform plate or brain involvement was seen although the soft tissue attenuating material extended to the level of the cribriform plate. Mild thickening on the ventral aspect of the left frontal bone (within the frontal sinus) was seen.

Aspergillus rhinitis

IMAGING DIAGNOSIS

Aggressive unilateral rhinopathy with severe turbinate destruction and no mass effect: Nasal Aspergillosis.

FINAL DIAGNOSIS

Aspergillus rhinitis.

DISCUSSION POINT

The Vimago™ veterinary CT scanner has excellent spatial resolution and provides superlative resolution of the nasal turbinates and bones of the nasal vault. Note the detail of the nasal turbinates on the normal side (FIG 2). In all images, note the detail of the dental structures and periodontal ligament. Although not the point of the imaging in this case, the ***Vimago™ HD CT Scanner provides unparalleled 3-D detail of the entire dental archade with a single image acquisition.*** Management of this case involved local infusion of anti-fungal medication in the left frontal sinus and the patient recovered well.