

**Onderstepoort Veterinary Academic Hospital  
Diagnostic Imaging Section**



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**Patient Name:** CALDWELL, RICARDO  
Accession number: 224078  
PATIENT ID: 6731118  
Gender: O  
DOB: 2003/07/10  
Exam date: 11072018  
Report date: 7/17/2018 2:23:48 PM  
Clinic/Company: GERHARD STEENKAMP

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**Onderstepoort Veterinary Academic Hospital  
Computed tomography report**

**History:** Nasal discharge. Lengthy GA prior to CT.

**Area scanned:** Head and thorax

**Series:** Helical CT performed in a lung window (thorax) at 5 mm ST and bone window (head) at 3 mm ST, and both reconstructed at 50% intervals.

**Contrast administered:** None

**CT findings:**

**Head:** No evidence of nasal/frontal sinus/sphenopalantine sinus debris or masses, All passages are patent, with incidental septal deviation.  
Age-appropriate dental changes (crown fracture 201 and absent 306) and

**mild DJD of the TMJs (more severe left).**

**The left eye is absent - in its place is a lobulated small fluid opacity structure with a separate hyperattenuating discoid structure, which appears lens-like. The retrobulbar space contains normal fat opacity tissue and shows no evidence of reaction. At the level of the root of 203, there is a well defined soft to fat tissue attenuating expansion of the maxilla, which correlates to a small ductile structure on the right (nasolacrimal canal). The left maxillary fossa/angle and infraorbital canal is empty and contains fat, whilst the right side contains a large oval soft tissue attenuating structure (maxillary nerve?).**

**Thorax: There is moderate diffuse increased attenuation of the left lung fields, mainly subpleurally and peripherally, with associated decreased volume and mediastinal shift towards the left. Similar changes affect a small portion of the peripheral tips of the right lobes. There is an oval soft tissue attenuating nodule in the middle of the right caudal lobe, along the periphery and in the left dorsal caudal lobe adjacent to the diaphragm. The liver contains multiple variably sized and shaped fluid attenuating structures (HU 4). There are multiple pin point mineralised attenuating speckles within the marrow of the vertebral bodies, believed to be age related changes?**

**Conclusion/Diagnosis:**

- 1. Unilateral left ocular pathology - consider previous trauma with globe rupture or complete/incomplete enucleation. Possibly maxillary nerve atrophy - neurogenic? Findings believed to be incidental.**
- 2. Cystic dilation of the left lacrimal duct but no evidence of nasal discharge.**
- 3. Anaesthesia and gravity dependent atelectasis most likely, due to the unilateral appearance.**
- 4. Two pulmonary soft tissue nodules - may be granulomas, scarring, cysts, or unlikely metastatic disease.**
- 5. Cystic hepatic disease - may be incidental biliary cysts, or parasitic cysts.**

**Comments/additional tests: Abdominal US recommended to rule out concurrent disease or neoplasia. Positive contrast left sided dacriocystorhinography?**

**Radiologist:**

Dr C Le Roux