



PATIENT

Rocket Marran

SPECIES

Canine

BREED

Canaan Dog

SEX

Male Neutered

AGE

11Y, 11M, 10D

WEIGHT

83.60lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73485

DATE

1-27-26

PRESENTING CLINICAL SIGNS

History:

- Owner reports Rocket has experienced labored nasal breathing that comes and goes for approximately nine months, with a severe episode about a month ago prompting the appointment.
- Owner states Rocket appears woozy from medications administered for the visit.
- Owner describes a bump on the left side of Rocket's nose approximately a year and a half ago, which was biopsied and found to be a benign tumor; the bump resolved after about nine months, after which sinus blockage sounds began.
- No current medications reported besides gabapentin and trazodone previously used; Rocket is not on any other medications.
- Owner reports Rocket is eating, drinking, urinating, and defecating normally.
- No coughing, sneezing, vomiting, or diarrhea reported.
- Owner notes Rocket sleeps with his nose off the edge of the sofa, possibly to relieve breathing difficulty, and sometimes has difficulty getting comfortable.
- Owner observes Rocket is older and a bit wobblier on his feet, with some slowing down in activity, but still goes for long walks daily.
- Owner mentions Rocket is prone to hot spots if his skin gets wet and uses medicated shampoo as needed.
- Onset of Symptoms: Symptoms began approximately nine months ago.
- Progression of Symptoms: Nasal breathing difficulty fluctuates in severity, with a severe episode one month ago; bump on nose resolved after nine months, after which sinus symptoms began; activity level decreased for a period but improved.

Abnormal PE/Chem/CBC/UA Results: PE: Scar present on the left side of the nose.; OU: Conjunctival swelling reported previously; no additional abnormalities described.; Very notable breathing through nose with challenged inspiratory effort. Profound inspiratory effort; patient is sucking hard to get air. Audible noises present in larynx. Pale coloration of oral mucosa. No evidence of nasal discharge or nosebleeds mentioned on exam.; Oral mucosa pale.; Very challenged inspiratory effort. Audible noises in the larynx.; Scar present on the left side of the nose.; Facial nerve deficits present bilaterally; decreased ear twitch response to stimulation; cranial nerve deficits affecting nerves from the base of the brain to the face; pale mucous membranes.; CBC: MCH 20.7; PDW 8.2; Chem: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

Bilateral mild to moderate nasal mucosal swelling accentuating the rostral aspect of the nasal cavities is seen. There is no evidence of turbinate destruction, and no discrete masses, or foreign material are detected. Soft tissue swelling or mass lesions are not visible on the dorsum of the nose.

An extensive resorptive lesion is seen at the triadan 104. Root resorption and periodontal space widening are present at 108, 109, and 110.



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The right retropharyngeal lymph node is moderately enlarged.

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry. The pituitary gland presents within normal limits.

There is no evidence of structural pathology in the position of the facial nerves.

Both lobes of the thyroid gland present within normal limits.

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Mild degenerative changes of both kidneys are seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

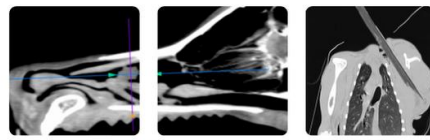
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral nasal mucosal swelling without discrete mass.
- Periodontal disease with resorptive lesions: 104, 108, 109, 110.
- Moderate right retropharyngeal lymphadenomegaly.
- Normal CT presentation of brain and facial nerve pathways.
- Normal thorax and abdomen.



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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals mild bilaterally symmetric mucosal swelling of the nasal cavities with no evidence of destructive changes, mass lesions, or foreign material. No evidence of oronasal communication is seen despite the presence of multifocal periodontal disease and resorptive dental lesions.

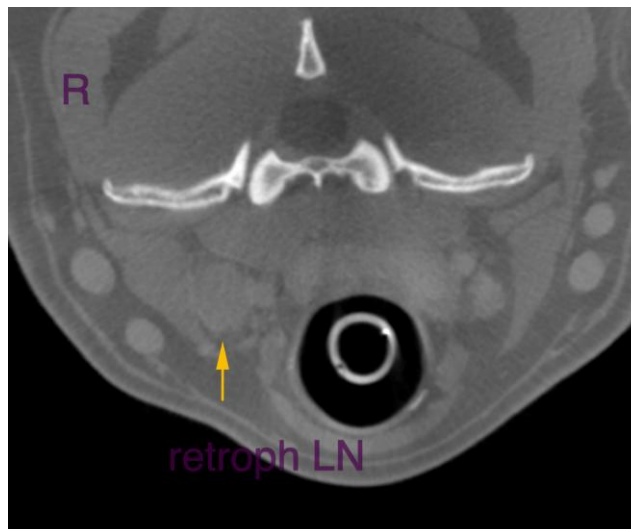
The findings of the nasal cavities support inflammatory/infectious rhinitis. There is no evidence of destructive/fungal rhinitis, nasal neoplasia, or granuloma.

The right retropharyngeal lymph node changes are compatible with reactive change. Neoplastic infiltrate can never be excluded completely. FNA can be considered for further definition.

Rhinoscopy with culture and biopsy could be considered if clinical signs persist or worsen to rule out chronic infection.

Neurologic monitoring of cranial nerve function is recommended.

Consider dental care.





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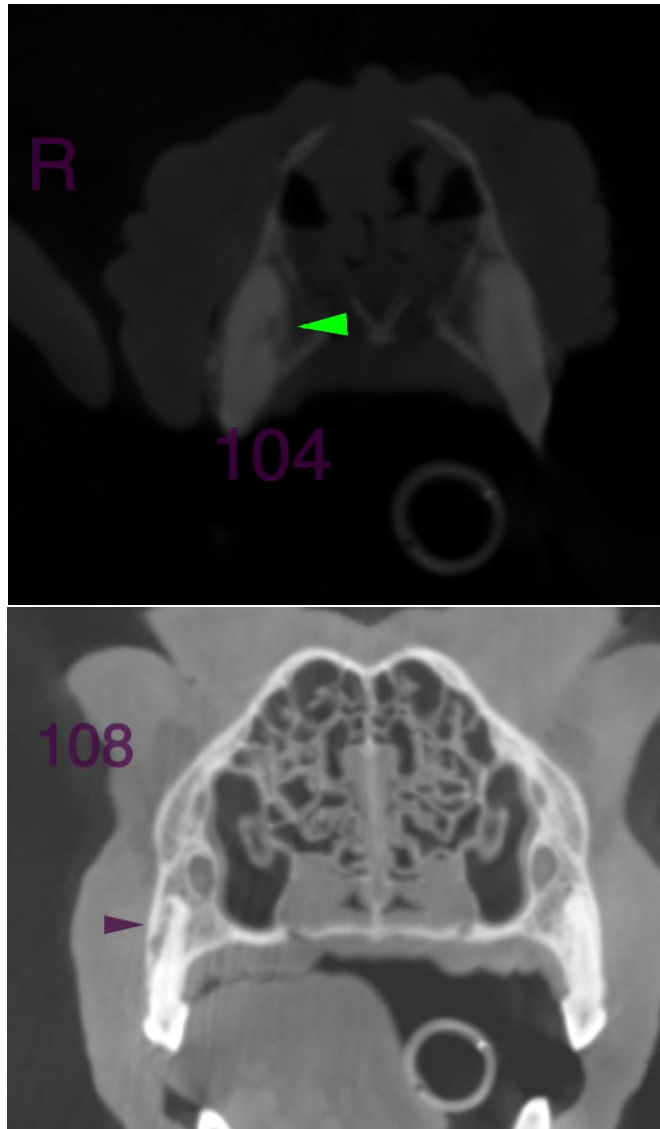
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com