



PATIENT

Merlin Stewart

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73539

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- Years of chronic upper respiratory symptoms. Always nasal discharge from the left nostril and sounds congested. Eating normally and no weight loss. CBC/CHEM pending

Abnormal PE/Chem/CBC/UA Results: Normal PE, Vitals BAR. CBC:elevated eos 3,400 . Chem-Panel WNL.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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. Prominent pituitary gland with no overt mass effect is noted.

Turbinate destruction, mucosal swelling, and fluid are noted within the nasal cavities predominantly left sided but involving both nasal cavities. Left sided nasal fluid with associated mucosal swelling is seen. No discrete mass is identified. There is no evidence of foreign material. The cribriform plate is intact.

There is fluid in the nasopharynx with nasopharyngeal mucosal swelling.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Fluid attenuating material is present in the epitympanic region of the right tympanic bulla. The left tympanic bulla presents within normal limits. The external auditory meatuses present within normal limits.

Mild bilateral submandibular and retropharyngeal lymphadenomegaly is seen.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic bilateral destructive rhinosinusitis predominantly left sided.
- Right sided otitis media.
- Mild bilateral submandibular and retropharyngeal lymphadenomegaly likely reactive.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals signs of bilateral chronic upper respiratory tract infection with destructive changes predominantly in the left nasal cavity. Differential diagnosis includes viral, bacterial, lymphoplasmacytic, allergic, and less likely fungal etiologies. The left side predominance corresponds with the chronic unilateral nasal discharge reported.



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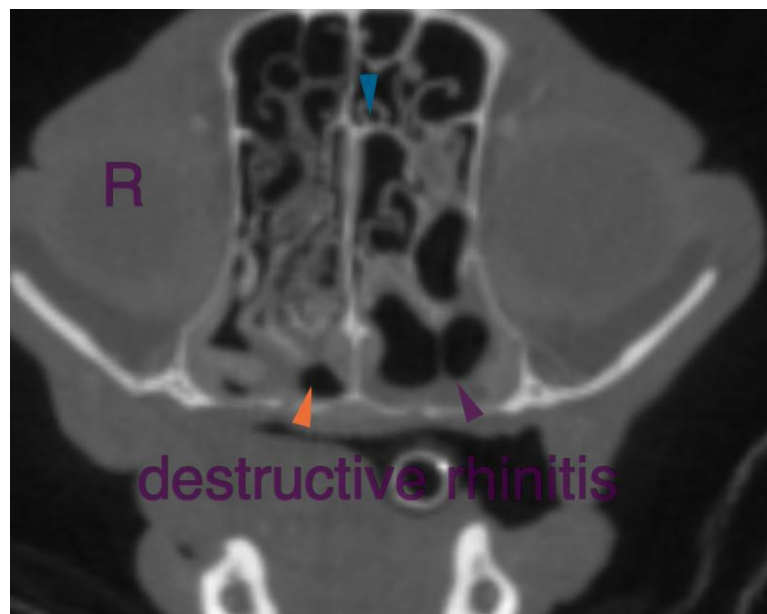
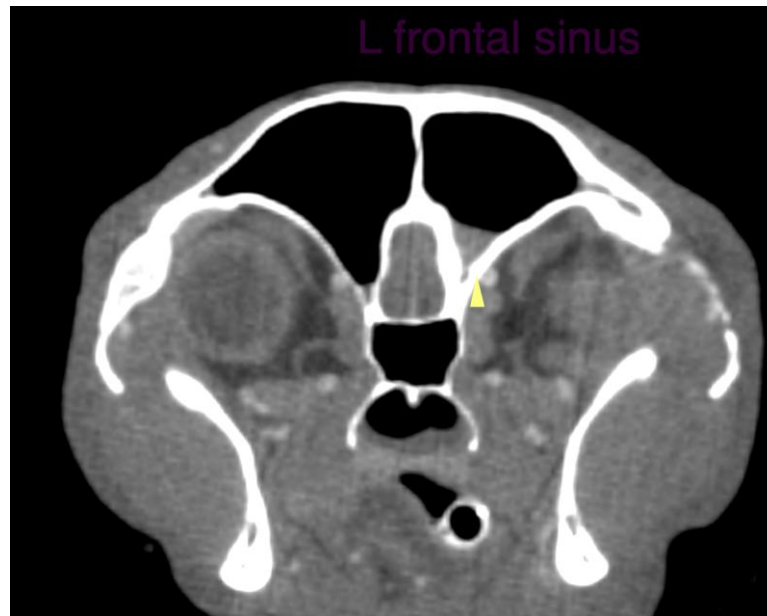
1-29-26

Note the presence of mild right sided otitis media. Further otoscopic workup could be considered.

The lymph node changes are mild and compatible with reactive lymph node hyperplasia.

The prominent pituitary gland is likely incidental. However, if clinical signs suggest endocrinopathy, correlation with laboratory testing or follow-up imaging may be considered.

Consider rhinoscopy with biopsy to evaluate for chronic inflammation or infection.





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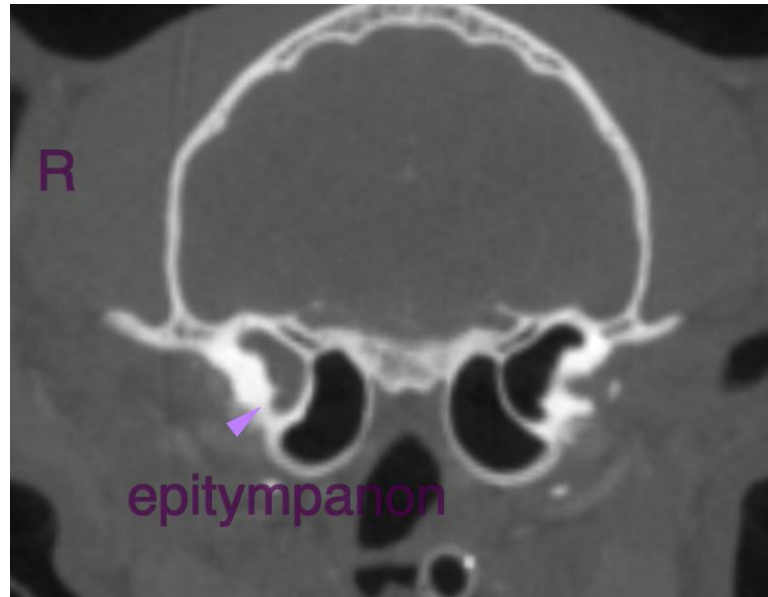
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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