



## PATIENT

Brodee Bennett

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Male Neutered

## AGE

17Y

## WEIGHT

9.78lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sativa Romero

## HOSPITAL NAME

Petroglyph Animal  
Hospital

## REFERRING VET

Alice Ku

## INVOICE

73163

## DATE

1-3-26

## PRESENTING CLINICAL SIGNS

Chronic upper respiratory complaint. Oronasal fistulas repaired day of CT (11/28/25). Culture taken that day returned negative for bacteria. Prior to dental/CT, pet was on 2 rounds of antibiotics. Post dental/CT, started on steroids, but patient had no response. Client reports persistent purulent nasal discharge, possibly including fur

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review. Study is dated 11/28/25.

## COMPUTED TOMOGRAPHIC FINDINGS

Severe alveolar bone atrophy is noted in all quadrants.

Extensive dental extractions have been performed previously except for the teeth 104, 307, and 407.

A large right sided oronasal fistula with extensive resorption of alveolar bone and tooth 104, destruction of right nasal turbinates, and regional septal destruction is seen.

Fluid accumulation is filling the bilateral nasal cavities and maxillary recesses.

A soft tissue mass cannot be identified at the point of the examination.

Left sided oronasal communication is also present due to presence of a defect in the maxillary alveolar margin.

Severe periodontal space widening and resorption of the teeth 307 and 407 is noted.

There is a 3mm sized cauliflower shaped bony proliferation on the ventral aspect of the right caudal hard palate with adjacent regional bone lysis.

Bilateral submandibular and retropharyngeal lymphadenomegaly is noted. The left retropharyngeal lymph node is moderately enlarged with central cavitation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive oronasal fistula with bilateral nasal cavity involvement and alveolar bone resorption.
- Severe destructive rhinitis of the right nasal cavity.
- Severe periodontal disease and resorption affecting remaining teeth.
- Bilateral submandibular and retropharyngeal lymphadenomegaly; left retropharyngeal lymph node cavitated – likely reactive or secondary to chronic infection.
- Bony proliferation on right caudal hard palate: differential includes chronic osteomyelitis vs emerging osseous neoplasia.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with chronic severe dental disease complicated by oronasal fistulation, regional bone destruction, destructive rhinitis as well as concomitant sinusitis. The cavitated lymph node and bony proliferation are concerning for chronic osteomyelitis and lymph node infection. However, neoplastic transformation cannot be excluded. Chronic inflammation, prior dental extractions and prior antibiotic therapy may have influenced the imaging appearance. Note the presence of bilateral nasal cavity and maxillary sinus involvement and bilateral fluid suggesting ongoing active inflammation or infection. Consider surgical review for management of oronasal fistulas. Culture



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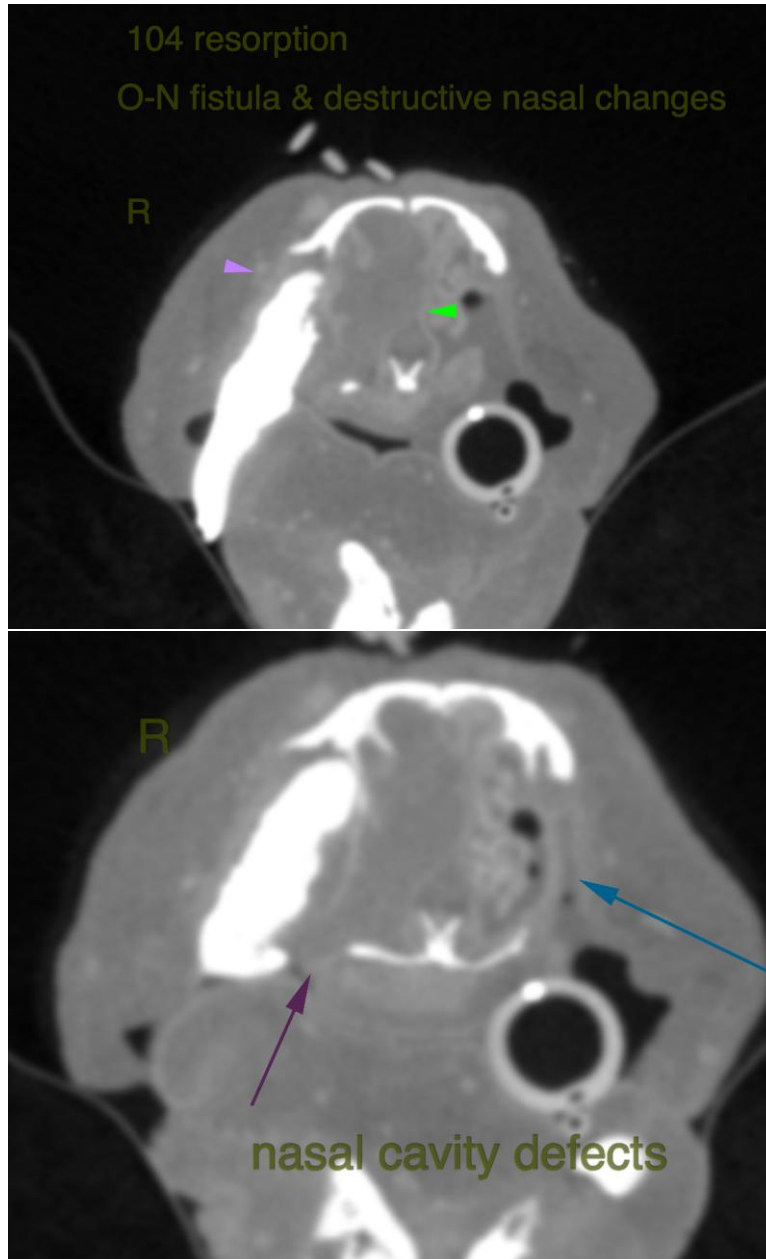
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and sensitivity including of the cavitated lymph node could be sampled. Biopsy of the right caudal hard palate can be considered to differentiate chronic osteomyelitis from neoplasia.





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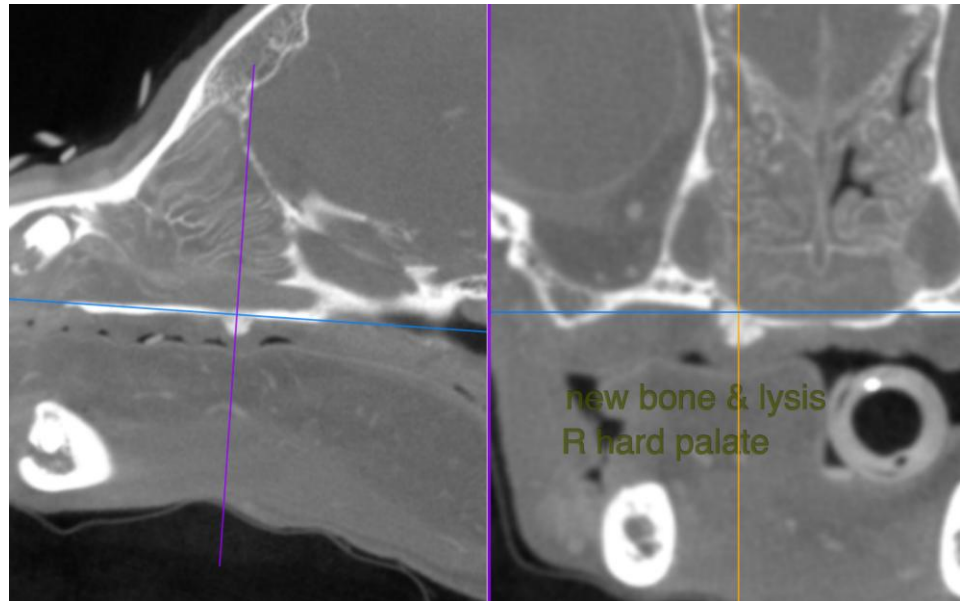
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.  
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