



## PATIENT

Ghost Pepper Teens  
For Rescue

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

6M

## WEIGHT

3.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

David

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Kam

## INVOICE

72598

## DATE

11-12-25

## PRESENTING CLINICAL SIGNS

nasal congestion

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Head

Bilateral diffuse turbinate destruction is seen within both nasal cavities. The turbinate lysis is severe. Osseous distortion and nasal bone thinning as well as hyperostosis of the frontal sinuses are seen. Irregularity and partial interruption of the nasal septum is present. Soft tissue and fluid attenuating material is filling the nasal cavities, frontal, and presphenoidal sinuses. No discrete mass is identified. There is no evidence of foreign material.

The dental arcades and palate are intact.

Moderate symmetric bilateral submandibular, retropharyngeal, and cervical lymphadenomegaly is noted.

### Thorax

Mild diffuse bronchointerstitial pattern with increased bronchial walls and increased peribronchial markings is seen. Plate like atelectasis is present multifocally.

The mediastinal lymph nodes are moderately enlarged.

A thymic remnant is also seen in the cranial mediastinum.

The trachea and mainstem bronchi are patent.

The heart presents within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic destructive rhinosinusitis.
- Regional craniocervical and mediastinal lymphadenomegaly compatible with reactive lymphadenopathy.
- Mild bronchointerstitial lung pattern suggestive of secondary airway inflammation.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings indicate severe chronic destructive inflammatory process of the upper airways involving bilateral nasal cavities and paranasal sinuses. Differential diagnosis includes infectious rhinitis such as fungal, bacterial, or viral as well as lymphoplasmacytic rhinitis. Rhinoscopic evaluation with sampling for culture and biopsy is recommended if not performed already to confirm etiology and specifically to differentiate fungal vs other infection.

The bronchopulmonary changes are mild, however, secondary reactive inflammation or spread of infection cannot be ruled out.

The findings of the lymph nodes are compatible with reactive lymphadenitis.



## PATIENT

Ghost Pepper Teens  
For Rescue

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

6M

## WEIGHT

3.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

David

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Kam

## INVOICE

72598

## DATE

11-12-25



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](mailto:info@sonopath.com)