



PATIENT

Storm Dyer

SPECIES

Canine

BREED

Boston Terrier

SEX

FS

AGE

3Y, 2M

WEIGHT

17lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Baumert

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. John Wilson

INVOICE

72820

DATE

12-2-25

PRESENTING CLINICAL SIGNS

Pet developed upper airway congestion and stridorous breathing about 6 months ago. Was evaluated for a suspected elongated soft palate, which was determined to be of normal length and surgery was not pursued. The pet was referred for CT to evaluate for nasopharyngeal pathology, or other cause of the symptoms.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 10 x 10mm sized, smooth, uniformly hypoattenuating, and poorly enhancing mass is present in the nasopharynx causing obstruction of the upper airways. An adjacent osseous defect is noted dorsal to the mass in the skull base. No evidence of nasal disease, turbinate destruction, or foreign material is noted.

There is periodontal disease at teeth 109, 209, 309, and 409.

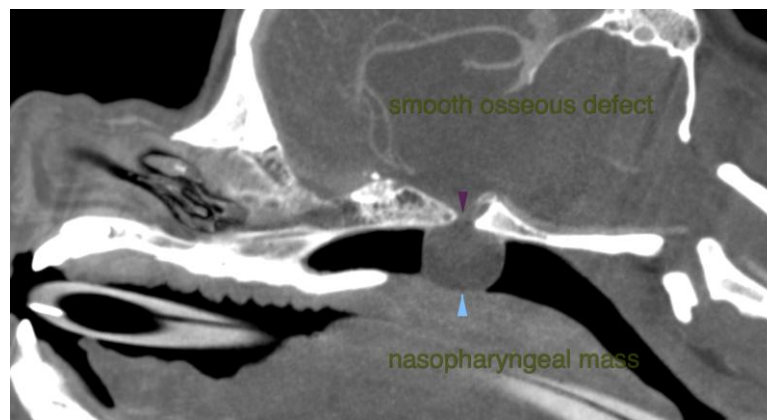
The remaining cranial structures appear unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nasopharyngeal obstruction secondary to soft tissue mass with suspect persistent hypophyseal canal.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The mass lesion at the skull base ventral to the presumed persistent hypophyseal canal is of concern due to its location and potential affect on nasopharyngeal air flow. Pituitary or other intracranial tissue prolapse should be considered a possible differential diagnosis as well as other local soft tissue mass including polyp and less likely soft tissue neoplasia. MRI is strongly recommended for further definition in order to rule out prolapse and/or other involvement of intracranial tissue prior to potential sampling or excision.





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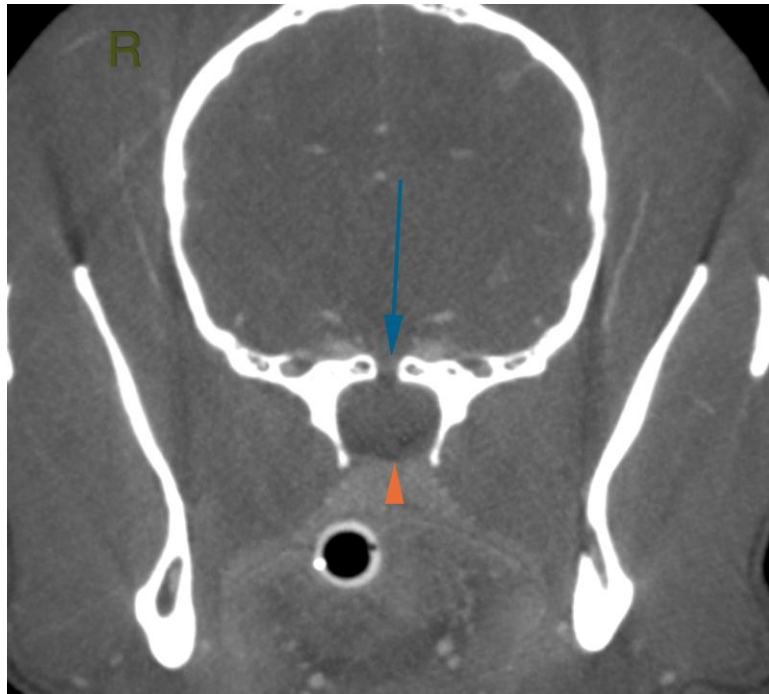
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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