



## PATIENT

Absinthe Brown

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

7

## WEIGHT

9.8lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ritu Mohan, Christopher  
Bethel

## HOSPITAL NAME

Queen Creek Veterinary  
Clinic

## REFERRING VET

Dr. Marissa Gibbs

## INVOICE

73971

## DATE

2-26-26

## PRESENTING CLINICAL SIGNS

- Chronic (5+ years) nasal congestion, sneezing and serous to mucoid clear discharge
- Hx coughing, presumed feline asthma
- Short-lived positive responses to Depo Medrol and Convenia injections
- Owner cannot give oral medications

Abnormal PE/Chem/CBC/UA Results: Chest and abdominal rads performed Feb 2025 showed normal thorax and abdomen. 2/25/26 CBC WNL 2/25/26 Chem - glucose 204 (stress), all other values WNL PE 2/25/26 minimal clear nasal discharge, increased BV sounds in all quadrants with referred upper airway noise and mild dyspnea

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The tip of the nose and caudal tips of the lung lobes are not included in the collimated field of view, respectively.

### Head

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.

Bilateral moderate mucosal thickening and fluid accumulation is affecting the mid third of the nasal cavities. Regional turbinate destruction is noted also accentuating the mid third. The nasal septum is intact. Surrounding bones are intact. Cribriform plate is intact. There is no evidence of foreign material, soft tissue, or oronasal communication. Nasopharyngeal fluid accumulation is noted. The right frontal sinus presents mild hyperostosis and moderate mucosal swelling with mild fluid accumulation.

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

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

Mild bilateral retropharyngeal lymphadenomegaly is noted.

The salivary glands present within normal limits.

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.



## PATIENT

Absinthe Brown

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

7

## WEIGHT

9.8lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ritu Mohan, Christopher  
Bethel

## HOSPITAL NAME

Queen Creek Veterinary  
Clinic

## REFERRING VET

Dr. Marissa Gibbs

## INVOICE

73971

## DATE

2-26-26

A mild generalized bronchial pattern is noted throughout the lung. There is no evidence of interstitial pulmonary nodules, masses, or consolidations.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate chronic bilateral destructive rhinosinusitis.
- Mild bilateral retropharyngeal lymphadenomegaly.
- Mild generalized bronchial lung pattern.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with moderate chronic inflammatory rhinosinusitis with destructive component. There is no evidence of neoplasia or foreign material related pathology. Differential diagnosis includes chronic lymphoplasmacytic rhinitis or infectious rhinitis such as bacterial or fungal infection. Noninfectious disease is considered more likely based on the CT presentation, however, infection remains a possibility, especially superinfection cannot be ruled out.

The findings of the lung are nonspecific. Chronic inflammatory lower airway disease is considered most likely. Infectious bronchitis cannot be ruled out entirely. There is no evidence of neoplastic infiltration of the lung.

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

Rhinospcopy with targeted biopsies is recommended for further definition if not performed already. Samples for histopathology, fungal culture, PCR, and bacterial culture could be obtained.



## PATIENT

Absinthe Brown

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

7

## WEIGHT

9.8lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ritu Mohan, Christopher  
Bethel

## HOSPITAL NAME

Queen Creek Veterinary  
Clinic

## REFERRING VET

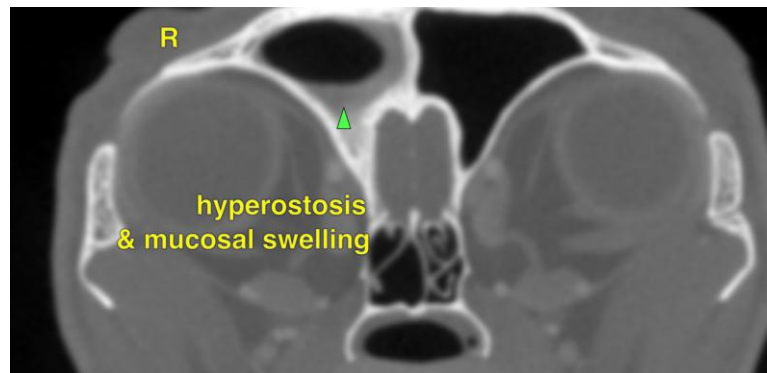
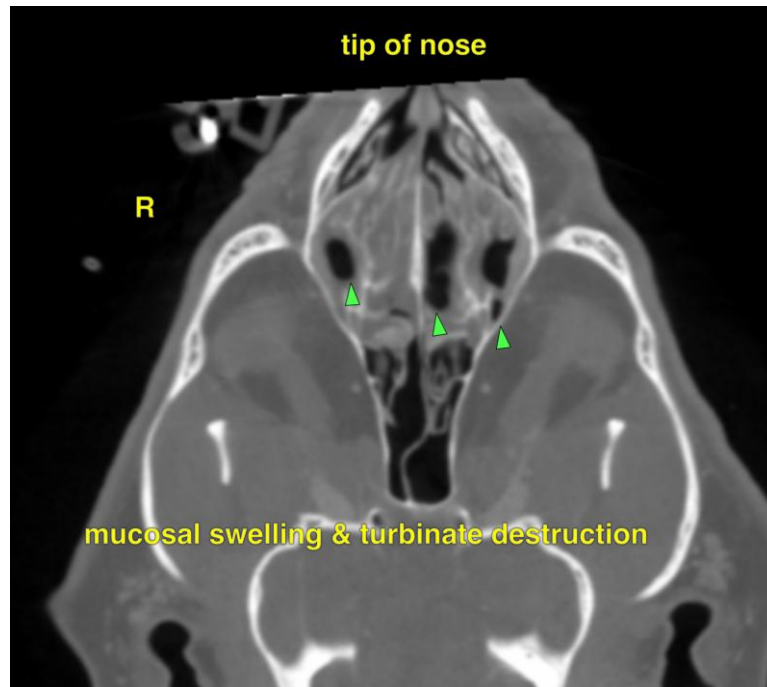
Dr. Marissa Gibbs

## INVOICE

73971

## DATE

2-26-26



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)