

## PATIENT

Roger Sanders

## SPECIES

Canine

## BREED

Jack Russell

## SEX

M

## AGE

7Y

## WEIGHT

11.3kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

J Allan

## HOSPITAL NAME

Adelaide Plains  
Veterinary Surgery

## REFERRING VET

Dr Rimon Ekladyous

## INVOICE

74396

## DATE

3-30-26

## PRESENTING CLINICAL SIGNS

- History from Referring Clinic
- 18/3/26
- On going issues with sneezing since 14/11/2025
- Significant sneezing episode 17/3/26, seems more irritated by R nostril but no discharge
- Able to get good visualisation up both nostrils - right was subjectively redder, but no obvious inflammation or infection, also no visible foreign bodies present
- Very irritated when cone was passed into the right nostril
- Discussed with owner that CT is performed to establish what is happening in the nose

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies in bone and soft tissue windows 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.

Moderate loss of turbinates is seen within the mid third of the right nasal cavity combined with mucosal swelling and mild fluid accumulation. There is no evidence of foreign material or soft tissue mass. No frontal sinus involvement is noted. The left nasal cavity and left paranasal sinuses appear within normal limits.

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

The right tympanic bulla shows hyperostosis without evidence of active inflammation. The external auditory meatuses present within normal limits.

Mild enlargement of the right retropharyngeal lymph node is noted.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

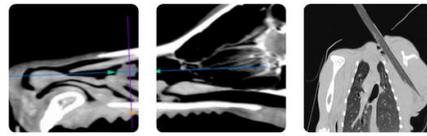
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic rhinitis of the right nasal cavity.
- Right bulla hyperostosis without signs of active infection or otitis media.
- Mild reactive right retropharyngeal lymphadenopathy.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with chronic rhinitis affecting the right nasal cavity only which correlates with the history of persistent sneezing and right nostril irritation. The turbinate changes are mild. No aggressive lesions or foreign bodies are identified.

The bulla hyperostosis is likely a chronic change, not currently active inflammation. Mild lymph node enlargement is very likely reactive.



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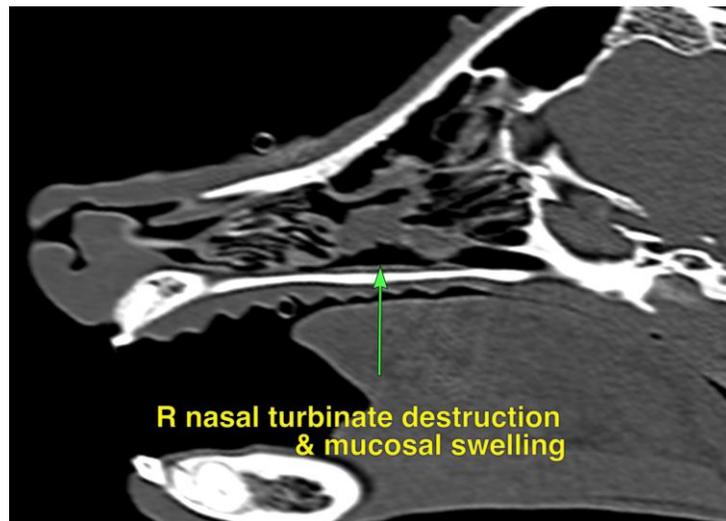
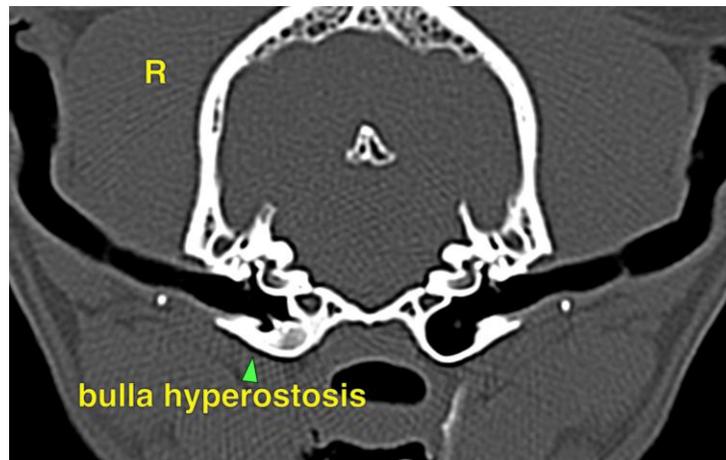
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Differential considerations include chronic inflammatory rhinitis such as allergic, idiopathic, or secondary to prior infection. Early fungal infection cannot be ruled out entirely but is considered less likely. Consider rhinoscopy with sampling for biopsy, culture, and pcr to confirm etiology and rule out early neoplasia or fungal rhinitis and to allow for targeted management along with anti-inflammatory or supportive therapy for chronic irritation.



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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