



PATIENT

Nugget Martin

SPECIES

Canine

BREED

Multipoo

SEX

Male Neutered

AGE

13Y

WEIGHT

4.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74065

DATE

3-5-26

PRESENTING CLINICAL SIGNS

- Since two month ago Nugget has presented with coughing, that persist up today besides the treatments applied with Cerenia, Cough tablets and Doxycycline. Owner states that those symptoms started afer Virginia trip in Dec 2025. Respiratory PCR (1/20/26) sent out which was negative. On 1/26/26 Patient presented back to the hospital for kennel cough not improving. Owner noticed improvement the first week, but coughing and sneezing came back. Patient prescribed with Hydrocodone. Bloodwork showed elevated liver and renal values. BUN 53.3, Crea 1.8, Phos 5.9, Calcium 15.1, Alb 4.1, Chol 382, ALT 763, AST 102, ALP 651, GGT 20. Improved on Doxycycline , but got worse after finished. Radiographs performed (2/7/26) which showed tracheal narrowing, mild bronchial pattern, and laryngeal mineralization. Patient started on Omeprazole and Diphenoxylate. On 2/26/2026 Pet presented for recheck and cough and nasal discharge and congestion persisted. CT scan was requested to evaluated the nasal passage and throat.

Abnormal PE/Chem/CBC/UA Results: PE: T 101.2 F, HR 156, RR 32, MM Pink, CRT <2 seg, H/L WNL. Nuclear Sclerosis OU, Dental Calculus 4/4, Cough elicited after tracheal palpation, Clear nasal discharge and congestion. Chem (3/5/26): BUN 87.8, Creatinine 1.9, ALP 232.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a brachycephalic skull conformation otherwise unremarkable cranial bone structures.

Mild to moderate bilateral lateral ventriculomegaly of the brain. No mass effect or abnormal enhancement identified in the neuroparenchyma.

The regional lymph nodes are normal in size and attenuation.

Moderate bilateral fluid accumulation and mucosal swelling of the nasal passages is seen. No turbinate destruction or discrete mass and no foreign material is identified. The frontal sinuses are unremarkable. The cribriform plate is intact.

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.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral nondestructive rhinitis without evidence of mass lesion or destructive disease, inflammatory or chronic infectious likely.
- Breed/age related ventriculomegaly of the brain with no evidence of acute intracranial pathology.



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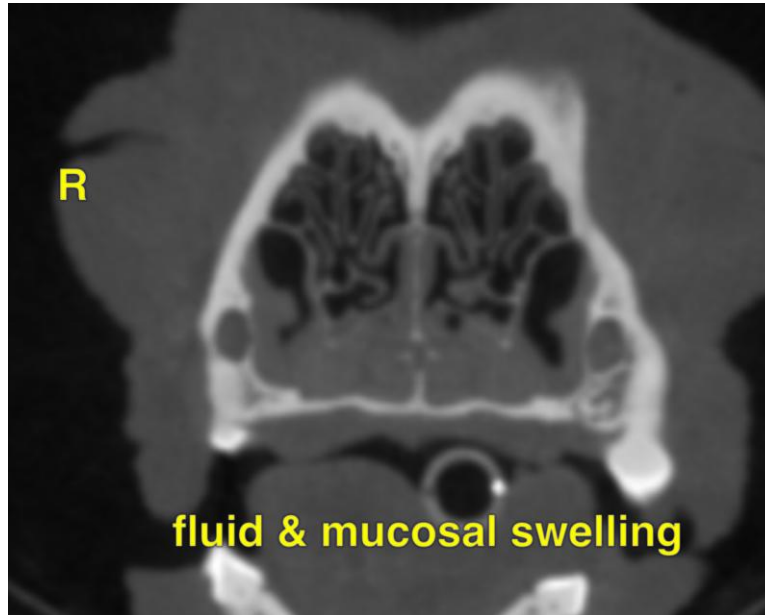
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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals moderate bilateral rhinitis and nasal mucosal edema without evidence of destructive disease or mass lesion. The changes are likely inflammatory or chronic infectious in nature such as allergic infectious or irritant. Continue medical management and address chronic rhinitis. Further diagnostics if persistent or worsening can be considered such as nasal swab or rhinoscopy for culture and cytology. Consider biopsy if clinical signs fail to resolve.



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