



## PATIENT

Chance Mandarano

## SPECIES

Canine

## BREED

Chihuahua X

## SEX

Male Neutered

## AGE

3Y

## WEIGHT

7.0kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

AS

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Michael Geist

## INVOICE

75232

## DATE

6-1-26

## PRESENTING CLINICAL SIGNS

Sneezing present. Large amount of nasal discharge from left nostril. Material in nose partially expelled on Sunday, but more remains. Client reports audible breathing changes since dental surgery.

### Dental History:

Recent dental extractions performed at Green Dog Dental Veterinary Center in late February.

Currently has only 4 teeth remaining.

### Past Medical Hx::

Heart murmur (grade 2/6, echocardiogram within normal limits). Recent ear infection. Dental extractions February 2026 (no teeth extracted from left cranial quadrant).

History of recent ear infection noted as potentially relevant

Abnormal PE/Chem/CBC/UA Results: EENT: Left blepharospasm. Dry cornea with corneal defect on left eye. Nasal discharge from left nostril. Heart: Grade 1/6 systolic murmur

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The temporomandibular joints present within normal limits.

Mild bilateral nasal mucosal thickening and fluid attenuating material are present within the nasal cavities and paranasal recesses. There appears to be slightly more fluid on the left side. No overt turbinate destruction is seen on the left side. Mild regional turbinate destruction is present in the rostral third of the right nasal cavity. There is no discrete intranasal mass or aggressive lesion. No radiopaque foreign material is identified.

The left tympanic bulla is partially filled with fluid attenuating material. Mild associated bulla wall sclerosis is seen. The right tympanic bulla presents within normal limits.

Severe generalized alveolar bone loss and atrophy are present consistent with advanced chronic periodontal disease and the history of extensive dental extractions. Teeth 203, 304, 404, and 405 remain. At the site of the previously extracted tooth 104, there is focal osseous defect along the alveolar margin covered by soft tissue. No definitive oronasal fistula is identified although a small soft tissue covered communication cannot be completely excluded.

Mild enlargement of the regional submandibular and retropharyngeal lymph nodes is seen.

There is mild ventral deviation of the rostral left mandibular body at the level of the mandibular symphysis. No complete symphyseal separation is identified.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bilateral rhinitis and sinusitis.
- Left sided otitis media.
- Severe generalized alveolar bone atrophy and advanced chronic periodontal disease with extensive previous dental extractions.
- Residual osseous defect at the site of the extracted right maxillary canine tooth covered by soft tissue.
- No definitive CT evidence of an oronasal fistula.
- Mild regional reactive lymphadenopathy.



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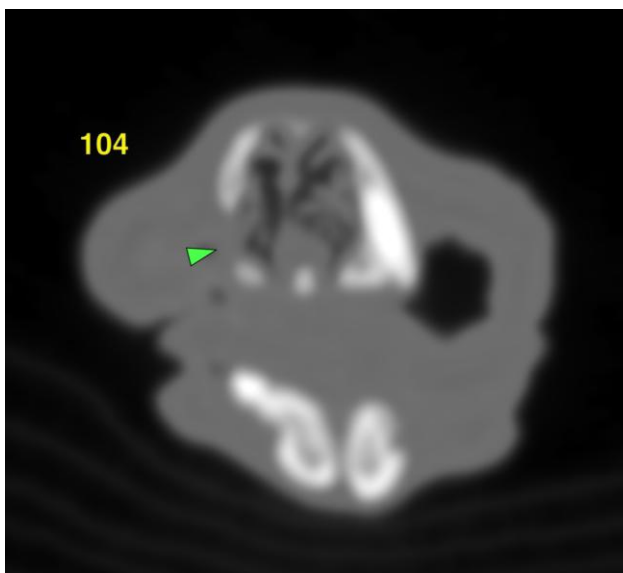
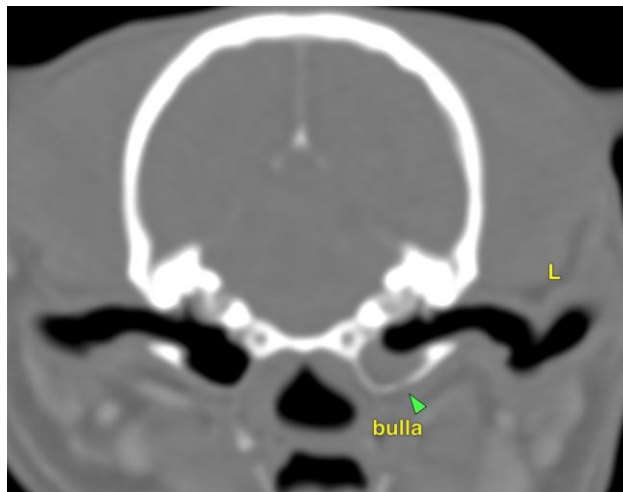
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- Mild ventral deviation of the left rostral mandible without evidence of complete symphyseal separation.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The cause of the marked unilateral nasal discharge remains incompletely defined on CT. Mild to moderate bilateral rhinitis and sinusitis are present and may contribute to the clinical signs. However, the amount of fluid and discharge appears somewhat disproportionate to the degree of structure change identified on imaging. The small oronasal communication at the previous extraction site of tooth 104 remains a differential consideration however does not parallel the laterality of the reported clinical signs of left sided nasal discharge. There is no evidence of nasopharyngeal stenosis. Inflammatory rhinitis, occult foreign material, secondary bacterial infection, and less likely early fungal disease remain additional differential diagnoses. Consider nasal flushing and/or rhinoscopy if not performed already with culture and sensitivity testing of the nasal discharge.





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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

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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