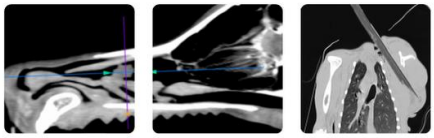

PATIENT

Noodles Palmarini

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

12Y

WEIGHT

25lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Dr. Thomas

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Mucera

INVOICE

73230

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Pt has chronic sneezing, reverse sneezing, and discharge. Coughing as well. No improvement on antibiotics.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

A pre- and post-contrast CT study of the head, neck and thorax are provided for review totaling 2 series. One pre-contrast series of the head, neck and thorax, bone algorithm. One post-contrast series of the head, neck and thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

There is multifocal and diffuse accumulation of hypoattenuating material bilaterally within the nasal cavities, associated with mild loss of turbinate definition in the affected regions. There is no evidence of focal mass effect or radiopaque foreign material.

The paranasal bones are intact, and the cribriform plate remains intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

No evidence of intracranial mass effect or falx cerebri shift is identified.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are within normal limits.

Triadan 205 is absent. A focal alveolar bone resorption lesion is identified adjacent to the roots of Triadan 208 and 410.

The temporomandibular joints are bilaterally incongruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular salivary, parotid, and zygomatic glands are unremarkable.

The hyoid apparatus, cricoid cartilage, and thyroid glands are unremarkable.

The cervical esophagus and trachea are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma shows normal attenuation, with no evidence of pulmonary micronodules, nodules, or mass lesions.

The bronchial tree demonstrates normal branching and tapering. The bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

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The cardiac silhouette and pulmonary vessels are within normal limits, with adequate post-contrast opacification.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is mildly distended with fluid and gas, likely related to anesthesia.

There are multifocal incomplete and complete bridging vertebral endplate changes consistent with spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

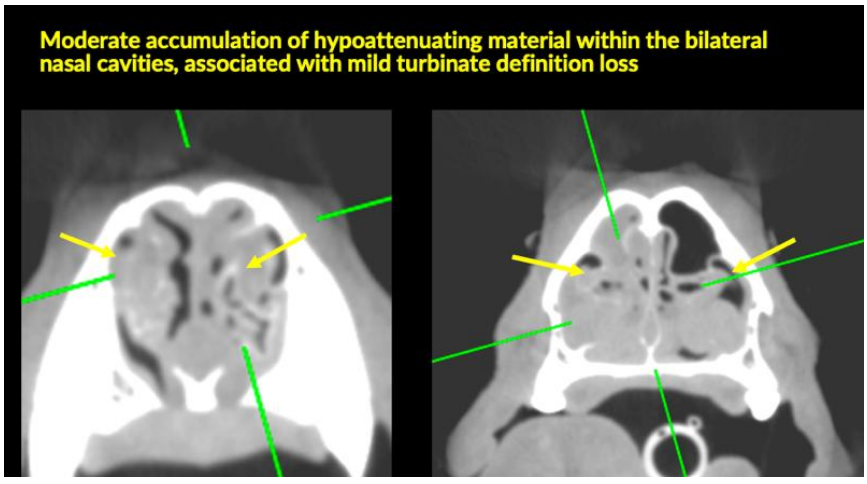
- Moderate accumulation of hypoattenuating material within the bilateral nasal cavities, associated with mild turbinate definition loss. Differential diagnoses include mild, non-erosive, nonspecific rhinitis.
- Absence of Triadan 205. Focal alveolar bone resorption adjacent to Triadan 208 and 410, consistent with focal periodontal disease.
- The temporomandibular joints are bilaterally incongruent.
- Multifocal vertebral spondylosis deformans, incidental.
- No significant tomographic abnormalities identified within the neck or thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with mild, non-erosive rhinitis, characterized by bilateral multifocal accumulation of hypoattenuating intranasal material and mild turbinate definition loss, without evidence of mass formation, or radiopaque foreign material. Differential diagnoses include nonspecific rhinitis, with possible etiologies such as lymphoplasmacytic (inflammatory) rhinitis, allergic rhinitis, viral infection, or early-stage fungal rhinitis.

There is no tomographic evidence of clinically relevant disease affecting the neck or thorax that would explain the reported respiratory signs.

Further diagnostic investigation may include rhinoscopy, nasal flush with cytology and culture.



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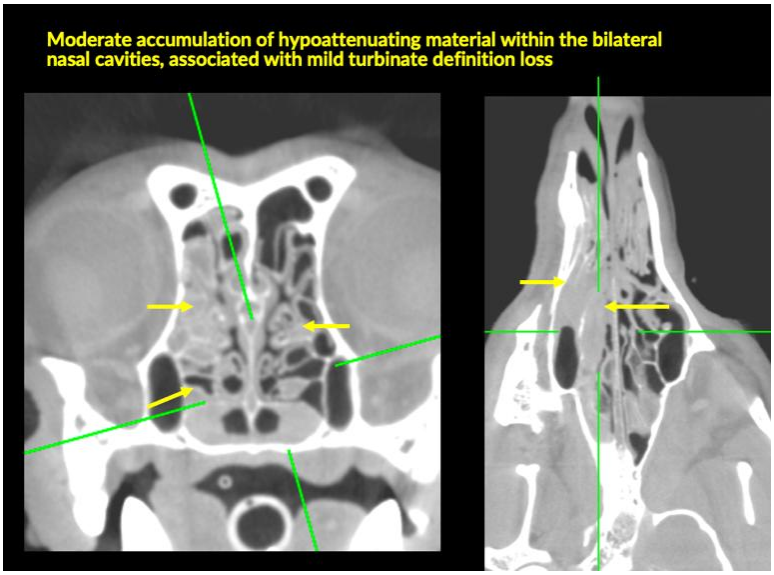

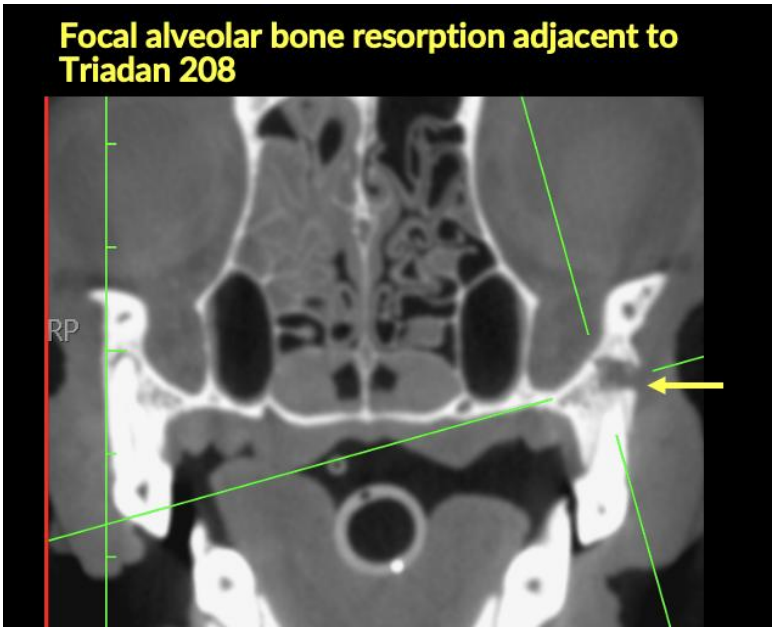

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com