



PATIENT

Reggie Mullens

SPECIES

Canine

BREED

Welsh Springer Spaniel

SEX

M

AGE

15Y, 2M

WEIGHT

30.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72537

DATE

11-10-25

PRESENTING CLINICAL SIGNS

Retching like he's choking on and off for a few months?? but o says the last few weeks he's doing worse hx of rhinitis no v+, small amount of diarrhoea the past few days no loss of appetite Multiple suspected lipomas all over body

Abnormal PE/Chem/CBC/UA Results: MCV 57.6 fL (61.6-73.5) MCH 20.0 pg (21.2-25.9) WBC 41.25x10⁹/L (5.05-16.76) Neutrophils 34.82x10⁹/L (2.95-11.64) Monocytes 2.44 x10⁹/L (0.16-1.12) Eosinophils 1.47x10⁹/L (0.06-1.23) Globulin 52 g/L (25-45)

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is moderate multifocal fluid accumulation within the nasal cavities, associated with moderate turbinate loss and atrophy, most prominent in the mid-rostral portions. Mild hyperostosis is noted along the ventral floor of the frontal bones, more evident on the left side.

Mild fluid accumulation is present within the left frontal sinus, while the right frontal sinus is unremarkable.

The cribriform plate is intact.

A small, semicircular, broad-based heterogeneous soft tissue structure is observed in the ventral floor of the cervical trachea, measuring approximately 1.6 cm in length.

The soft palate appears unremarkable; however, mild fluid accumulation is present within the caudal nasopharynx.

The right tympanic cavity is filled with hypoattenuating fluid and exhibits mild bony wall hyperostosis. The left tympanic cavity is air-filled. Thickening and/or a small focal mass effect is noted along the tympanic membrane topographic region bilaterally, with mild irregularity of the epithelial lining of the external auditory canal.

No evidence of intracranial mass effect or falx cerebri shift.

The globes and retrobulbar spaces are within normal limits.

There is dental resorption affecting tooth/crown of Triadan 105. Triadan 108, 205, and 408 are absent.

The temporomandibular joints are bilaterally congruent.

The mandibular and medial retropharyngeal lymph nodes are within normal limits.

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

THORAX



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The thoracic trachea and main bronchi are within normal limits.

There is mild reduction in pulmonary volume expansion, with parenchymal bands and peripheral consolidations, particularly within the cranial lung lobes. A few subpleural hyperattenuating foci are observed. The remaining pulmonary parenchyma exhibits normal attenuation.

The cardiac silhouette and pulmonary vessels are normal within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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

The thoracic esophagus is mildly distended with intraluminal gas, incidental.

There is multifocal incomplete thoracic vertebral endplate spondylosis deformans and multiple ventral, homogeneous, fat-attenuating masses consistent with subcutaneous lipomas.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate, multifocal fluid accumulation within the nasal cavities associated with turbinate loss and atrophy, and hyperostosis of the ventral floor of the frontal bone. Differential diagnoses include chronic fungal rhinitis, or chronic nonspecific rhinitis.
- Mild fluid accumulation within the left frontal sinus, concurrent sinusitis.
- Right-sided chronic otitis media.
- Bilateral in the topographic region of the tympanic membrane there is irregularity or thickening. Differential diagnosis polypoid lesion.
- Multiple missing Triadan and mild dental resorption of the Triadan 105.
- Small, semicircular, heterogeneous soft tissue structure in the ventral cervical trachea—possible mucus plug, or focal inflammatory lesion, or less likely tracheal polyp.
- Mild peripheral pulmonary atelectasis and small consolidations, likely incidental.
- Few incidental pulmonary osteomas.
- Multiple subcutaneous lipomas (thoracic region).
- Multifocal thoracic spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal chronic rhinitis with concurrent left-sided sinusitis. Primary differential diagnoses include chronic fungal rhinosinusitis; however, other differentials such as lymphocytic-plasmacytic inflammation, allergic, or viral etiologies are also considered. The small tracheal lesion may represent a mucus plug or focal inflammatory lesion, and a tracheal polyp is considered less likely.

A nasal flush biopsy and/or rhinoscopy, as well as tracheoscopy, are advised for further assessment.

Concurrent right-sided chronic otitis media with tympanic membrane thickening or possible polypoid lesions is identified. Correlation with otoscopic examination is recommended.

Periodontal evaluation for dental resorption is also advised.



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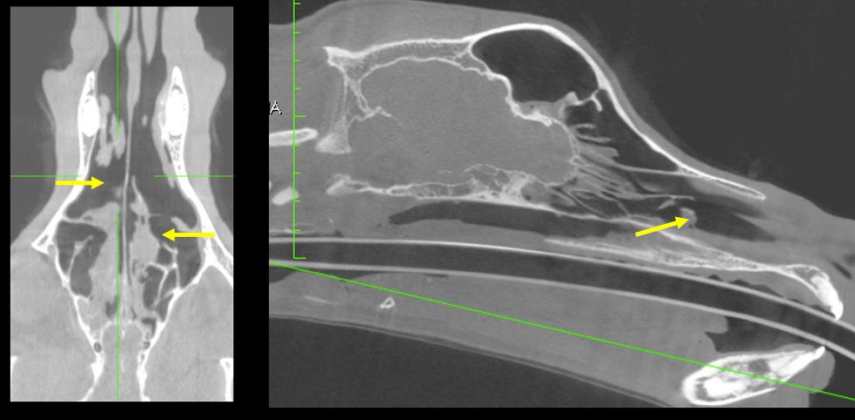
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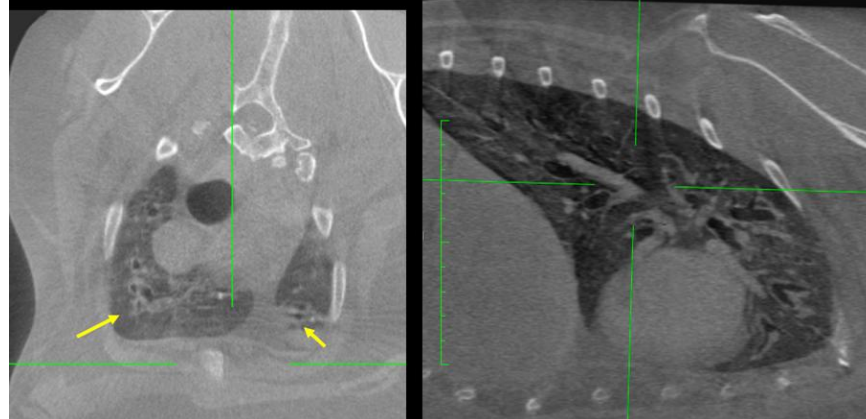
Moderate, multifocal fluid accumulation within the nasal cavities associated with turbinate loss and atrophy.



Moderate, multifocal fluid accumulation within the nasal cavities associated with turbinate loss and atrophy



Mild peripheral pulmonary atelectasis and small consolidations





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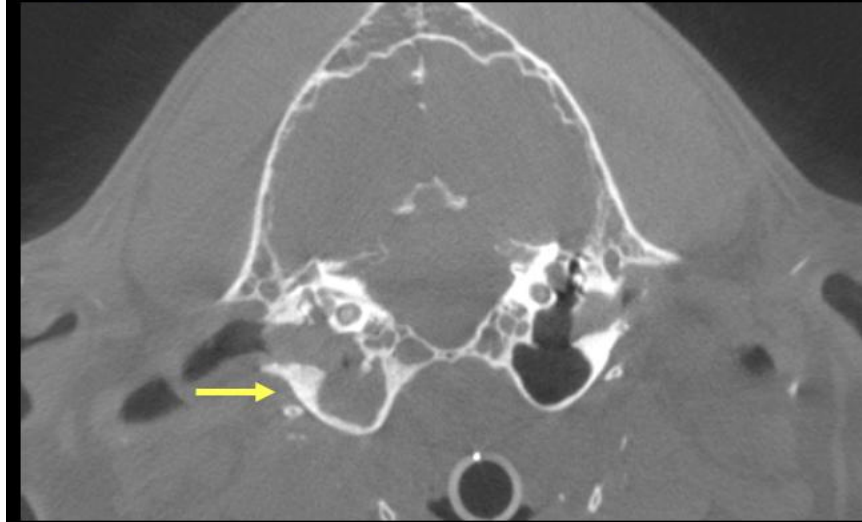
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Right-sided chronic otitis media



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