



PATIENT

Zeus Cowley

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

12Y, 9M

WEIGHT

5.5kg

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

72566

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Been hiding and sleeping more for 1 week. Ongoing hx with dental issues - had a dental and never properly recovered - ongoing issues with dropping food, seems like wants to eat but chomping jaw and dropping food. Eating chicken. Physical Examination/Findings: CE: BAR, hissing +++ on examination so minimal. Teeth visibly in fine condition with some mild gingivitis. H NAD but hissing. Chest clear, abdo palp NAD. Diagnosis: Open - FORL lesion of roots? ST/mass affecting throat? Sneezing and retching this week noted by O

Abnormal PE/Chem/CBC/UA Results: All WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

A pre- and post-contrast CT study of the head and thorax was performed, totaling four 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 head (bone algorithm), and one post-contrast series of the thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is moderate, diffuse hypoattenuating fluid accumulation within the nasal cavities. The nasal turbinates and conchae detail are preserved. No evidence of nasal mass effect, paranasal bone lysis, or hyperostosis is identified.

A discrete amount of hypoattenuating fluid is noted within the left frontal and sphenoidal sinuses, while the right frontal sinus is air-filled.

All teeth are present and intact, with no evidence of alveolar bone resorption, root, or crown resorptive lesions. The cribriform plate remains intact.

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

The globes and retrobulbar spaces are unremarkable.

The oropharynx and nasopharynx are normal.

There is no evidence of intracranial mass effect, ventriculomegaly, or falx cerebri shift.

The temporomandibular joints are mildly incongruent, without periarticular ossification.

The right medial retropharyngeal lymph node is mildly enlarged compared to the contralateral side.

The mandibular lymph nodes are unremarkable.

The mandibular, parotid, zygomatic, and thyroid glands appear within normal limits.

There is incomplete bridging spondylosis deformans and dorsal mineral foci at the C4-5 and C5-6 vertebral bodies.

THORAX



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The trachea and main bronchi are within normal limits.

A few subtle parenchymal bands are noted in the cranial lung lobes; the remaining pulmonary parenchyma shows normal attenuation.

The bronchial tree exhibits regular branching and normal tapering toward the periphery.

The heart and pulmonary vasculature appear normal.

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

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

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate hypoattenuating fluid accumulation within the nasal cavities, with mild fluid retention in the left frontal and sphenoidal sinuses. No evidence of nasal mass, paranasal bone lysis, or turbinate destruction. Differential diagnoses include nonspecific rhinitis.
- Mild enlargement of the right medial retropharyngeal lymph node – reactive lymphadenitis.
- The temporomandibular joints are mildly incongruent, without periarticular ossification.
- Incomplete bridging spondylosis deformans and dorsal mineralization at C4-5 and C5-6 vertebral bodies.
- Few subtle parenchymal bands in cranial lung lobes. Differential diagnoses include incidental likely correlated to passive pulmonary atelectasis, less likely incipient pneumonia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings indicate mild, nonspecific, non-erosive rhinitis, characterized by diffuse nasal fluid accumulation and minor sinus involvement, without evidence of mass effect or bone destruction. Differential diagnoses include mild allergic, lymphoplasmacytic, viral, less likely early fungal or bacterial rhinitis.

The temporomandibular joints are mildly incongruent, without periarticular ossification. This finding may or may not correlate with the patient's clinical signs of difficulty grasping food. No dental abnormalities were identified that could account for this clinical feature.

If clinical signs persist, nasal cytology or culture via nasal flush is recommended to determine the underlying etiology.



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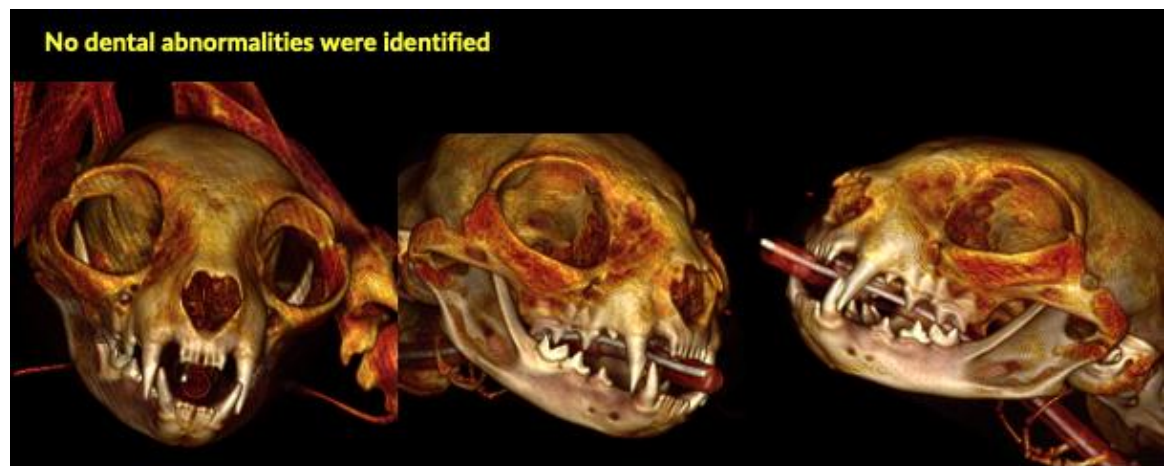
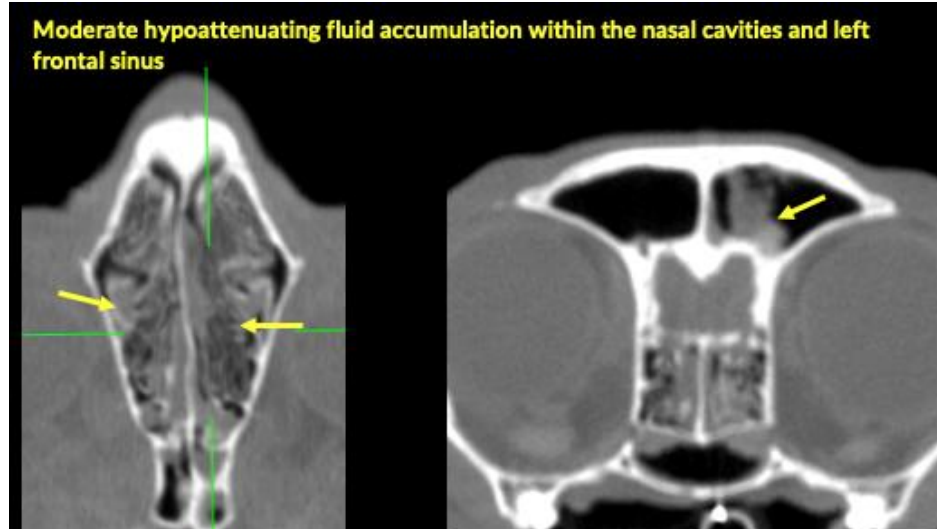
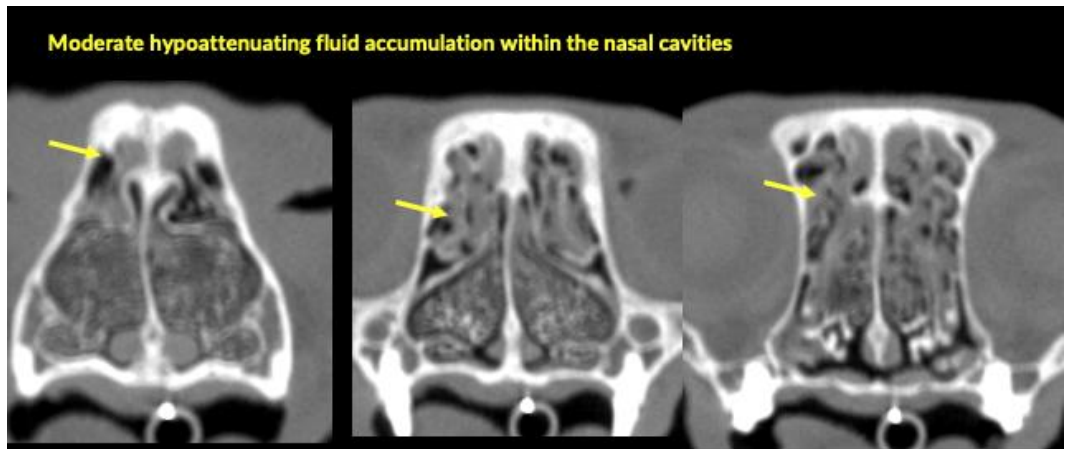
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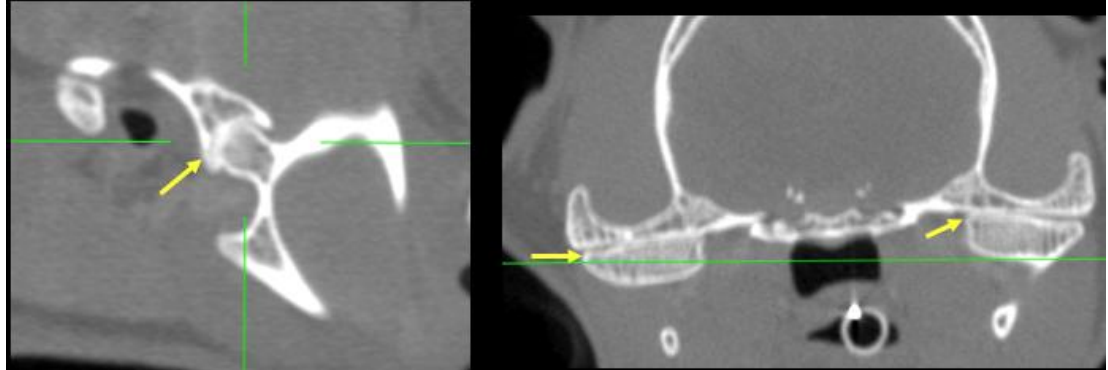
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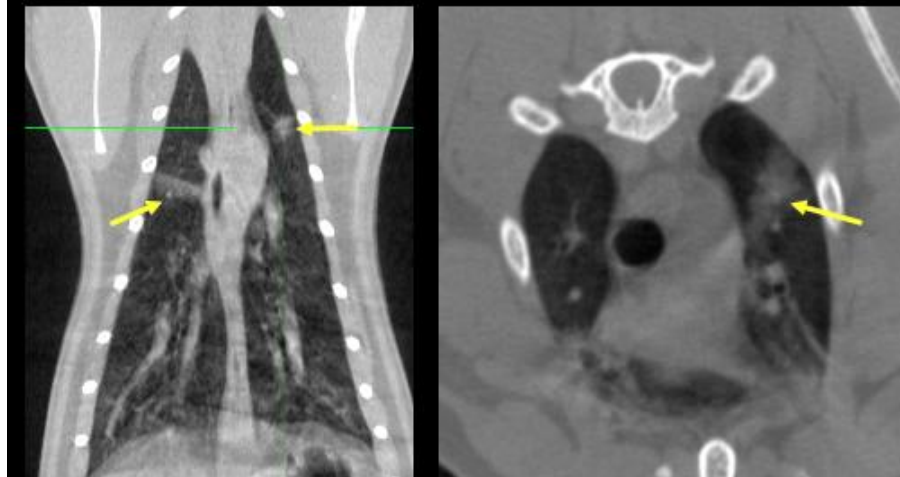
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The temporomandibular joints are mildly incongruent



Few subtle parenchymal bands in cranial lung lobes



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