



PATIENT

Jaxel Faubert

SPECIES

Canine

BREED

Corgi

SEX

MI

AGE

1

WEIGHT

13kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

72655

DATE

11-18-25

PRESENTING CLINICAL SIGNS

Presented for a chronic left sided nasal discharge from time of adoption. Sneezes all the time. No epistaxis noted.

Abnormal PE/Chem/CBC/UA Results: WBC 18.53, otherwise normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND ABDOMEN

A pre- and post-contrast CT study of head, thorax and abdomen are provided for review totaling 6 series. Three pre-contrast series of the head, bone algorithm. One post-contrast of the head, soft tissue algorithm. One post-contrast of the thorax, soft tissue algorithm. One post-contrast of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is moderate, multifocal hypoattenuating fluid accumulation within both nasal cavities, more pronounced on the left side, accompanied by left side moderate turbinate loss and atrophy, most evident in the mid- to rostral portions. There is loss of definition of the rostral nasal septum/cartilage.

Moderate hyperostosis is present along the left nasal bone.

The frontal sinuses are unremarkable.

The cribriform plate is intact.

The oropharynx, nasopharynx and tonsils are within normal limits.

No mass effect is seen in the brain, normal attenuation.

No evidence of intracranial mass effect or falx cerebri shift.

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

The globes and retrobulbar spaces are within normal limits.

All teeth are within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are mildly enlarged, more pronounced on the left side.

The mandibular, parotid, and zygomatic salivary glands appear normal.

THORAX

The trachea and main bronchi are within normal limits.

A triangular soft tissue structure is present in the cranial mediastinum, consistent with a remnant thymus, considered incidental for age.



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The pulmonary parenchyma exhibits normal attenuation. No pulmonary micronodules, nodules, or masses are observed.

The bronchial tree exhibits regular branching and uniformly tapers towards the periphery as expected. The bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within normal limits.

The cardiac silhouette and pulmonary vessels appear normal. The contrast medium adequately opacifies the cardiac chambers and vessels on the post-contrast series.

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 content, likely related to anesthesia.

ABDOMEN

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder, cystic duct and common bile duct are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately filled by homogeneously hypoattenuating fluid material admixed with hyperattenuating contrast material. Normal wall thickness.

The gastrointestinal tract is normal distribution, distention and no evidence of mural mass effect.

The duodenum and small intestine are nondilated and contain a small amount of fluid attenuating material and gas. Normal wall thickness.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. Normal wall thickness.

The pancreas, abdominal lymph nodes and adrenal glands are within normal limits.

The serosal fat presents normal attenuation behavior.

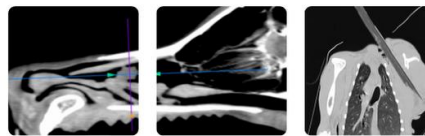
The prostate is normal in size, shape and attenuation.

The testicles are not collimated.

The musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate, multifocal nasal fluid accumulation, with turbinate atrophy and rostral nasal septal/cartilaginous blurring, more pronounced on the left side. Differential diagnoses include chronic fungal rhinitis, or less likely, chronic nonspecific rhinitis (lymphoplasmacytic, allergic, idiopathic, viral)
- Moderate hyperostosis of the left nasal bone, compatible with chronic inflammatory remodeling, and more common in fungal rhinitis



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- Mild bilateral (left > right) retropharyngeal and mandibular lymphadenomegaly, likely reactive lymphadenitis.
- Normal thoracic and abdominal structures

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal moderate, multifocal nasal fluid accumulation, with turbinate atrophy and rostral nasal septal/cartilaginous blurring, more pronounced on the left side and concurrent hyperostosis of the left nasal bone. The primary differential diagnoses include chronic fungal rhinitis.

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A nasal flush biopsy and/or rhinoscopy are advised for definitive diagnosis. Consider fungal cytology and culture.

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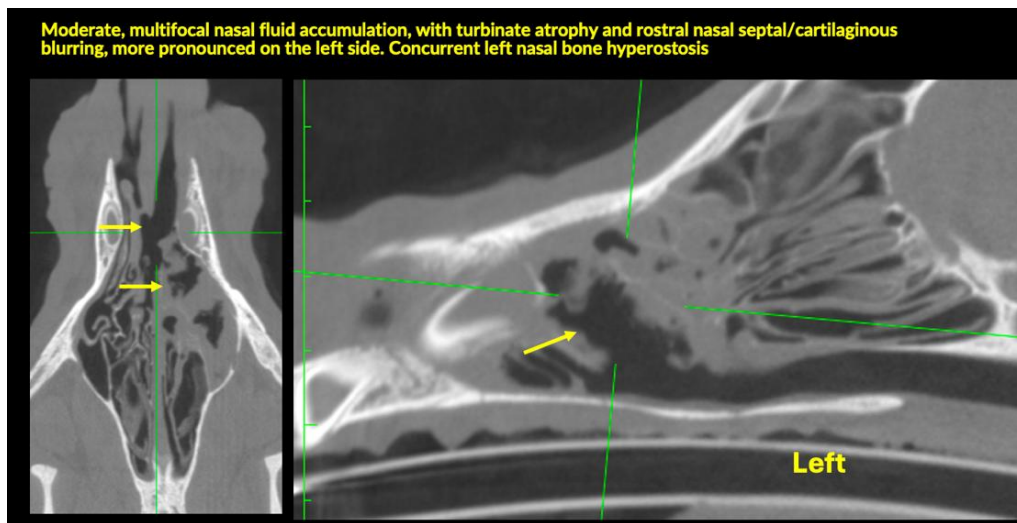
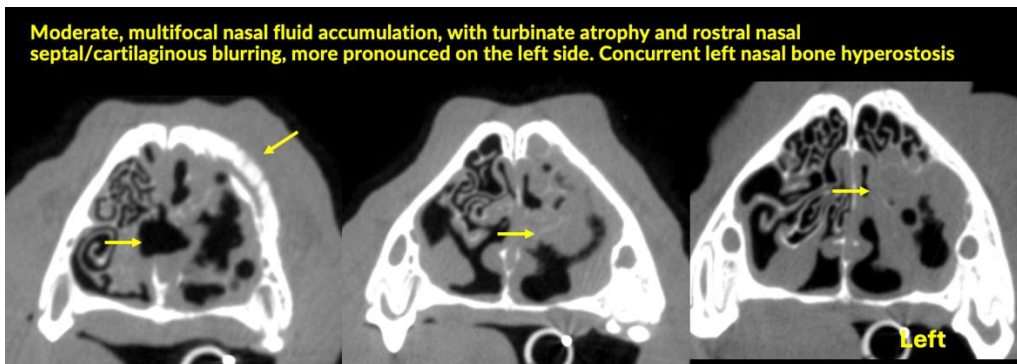
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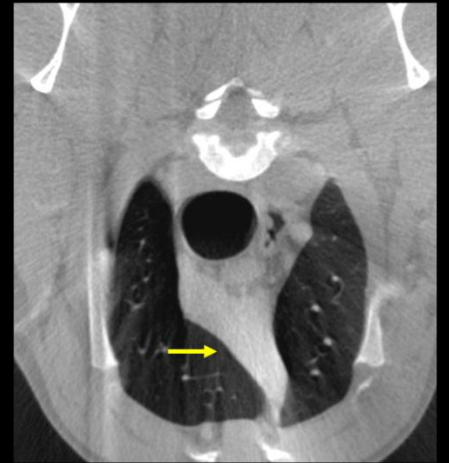
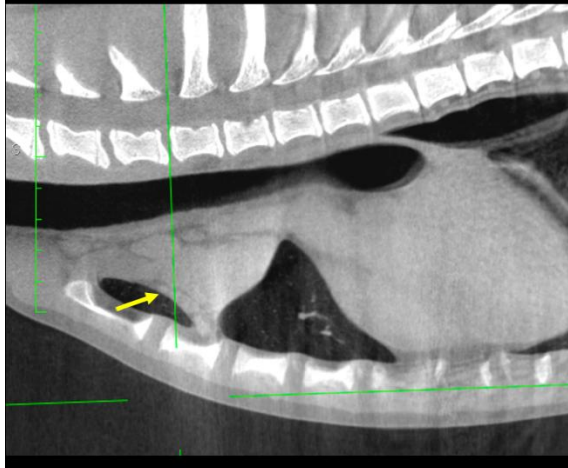
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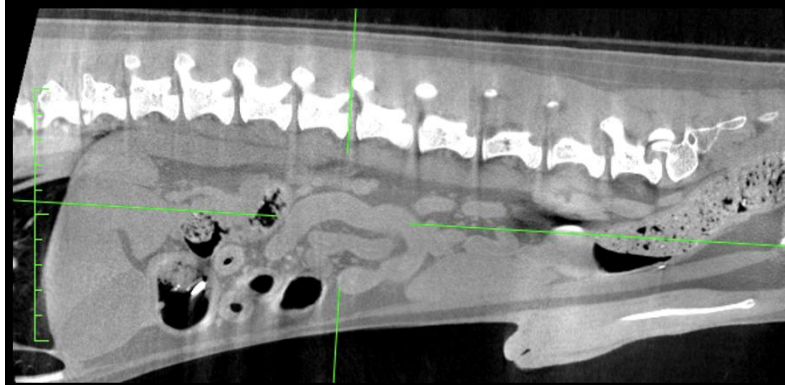
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A triangular soft tissue structure is present in the cranial mediastinum, consistent with a remnant thymus



Normal abdomen



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