



PATIENT

Bigfoot Riegner

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14Y

WEIGHT

14.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Vitale

INVOICE

72916

DATE

12-8-25

PRESENTING CLINICAL SIGNS

Two year history of intermittent sneezing and URI symptoms that have historically responded temporarily to antibiotics, usually recurring within a few months after symptoms resolve. Patient also has a history of hyperthyroidism, which is managed with methimazole 2.5 mg q12. He has also been on l-lysine supplements daily for several months. Current symptoms are more prevalent on the right side (nasal and ocular discharge present today only on the right). Biopsy and culture collected from right nostril during CT.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

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

COMPUTED TOMOGRAPHIC FINDINGS

The right nasal cavity is completely filled with hypoattenuating material, producing a marked mass effect with loss of turbinate and conchal architecture. There is mild expansile behavior, leftward deviation of the nasal septum, and extension of the lesion into the choana. Mild multifocal osteolysis is present in adjacent paranasal bones, including the right nasal bone and the orbital plate of the ethmoid bone (medial wall).

The left nasal cavity contains multifocal hypoattenuating material with moderate turbinate loss/atrophy.

The frontal sinuses contain variable hypoattenuating fluid; right-sided hyperostosis is also observed.

There is interruption of the right cribriform plate, although no evidence of meningeal enhancement is present.

The nasopharynx, soft palate, and tonsillar region are normal.

The medial retropharyngeal lymph nodes and the right mandibular lymph node are mildly enlarged.

Besides the lesion in the cribriform plate, the brain shows no mass effect, no falx shift, and no ventriculomegaly.

The tympanic bullae are filled with hypoattenuating material without evidence of osseous osteolysis or hyperostosis.

The external ear canals, globes and retrobulbar spaces are unremarkable.

The salivary glands (mandibular, parotid, zygomatic), and temporomandibular joints are unremarkable.

Multiple teeth are absent: Triadan 206, 307, and 407.

There is diffuse moderate alveolar bone resorption with root and crown resorption affecting Triadan 106, 107, 108, 207, and 209.

The partially visualized right thyroid gland appears enlarged and rounded.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral involvement of the nasal cavities, with a more extensive lesion on the right side.
- The right nasal cavity is completely filled with hypoattenuating material, producing a marked mass effect with loss of turbinate and conchal architecture, extension into the choana, and interruption of the right cribriform plate. Differential diagnoses include severe granulomatous and invasive fungal disease, or nasal neoplasia with concurrent infection (fungal and secondary bacterial).
- Left nasal cavity turbinate atrophy with multifocal fluid accumulation, likely secondary to contralateral disease or chronic rhinitis.
- The frontal sinuses are filled with fluid material, consistent with concurrent sinusitis.
- Mild enlargement of the medial retropharyngeal and right mandibular lymph nodes, consistent with reactive lymphadenitis, less likely metastatic involvement.
- Bilateral tympanic effusion without bony changes, consistent with otitis media or sterile effusion.
- Dental abnormalities: multiple missing teeth, moderate diffuse alveolar bone loss, and root/crown resorption, compatible with periodontal disease and/or feline odontoclastic resorptive lesions.
- Partially visualized enlargement of the right thyroid gland, compatible with possible thyroid adenoma or adenocarcinoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates a severe, destructive nasal lesion, most pronounced on the right, extending caudally into the choana and associated with paranasal osteolysis and cribriform plate disruption. These findings raise strong suspicion for invasive fungal disease or a nasal neoplasm (carcinoma, adenocarcinoma, squamous cell carcinoma, lymphoma). Concurrent bilateral sinusitis.

Bilateral tympanic effusion may represent otitis media or a sterile inflammatory effusion.

Dental findings indicate significant periodontal disease. Consider dental examination and treatment planning.

The enlarged right thyroid gland warrants clinical and ultrasonographic assessment to rule out thyroid adenoma or adenocarcinoma.



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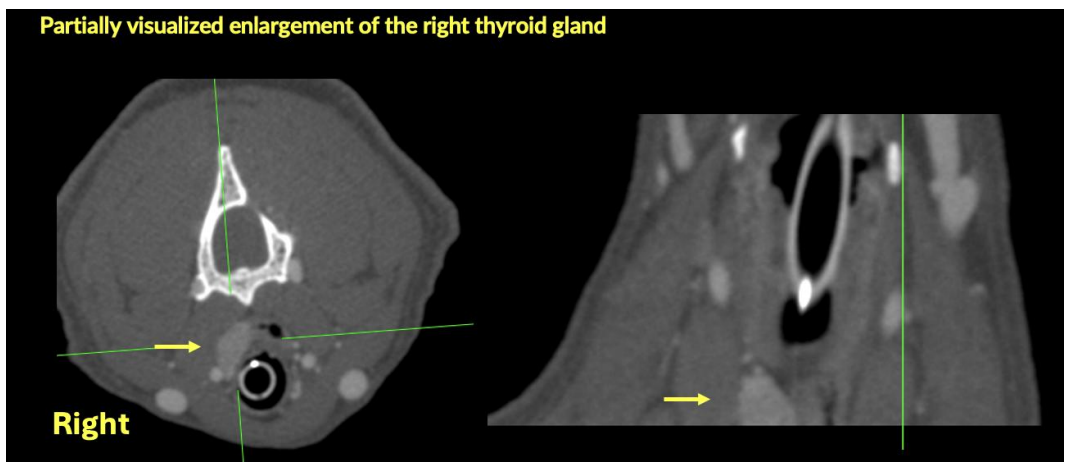
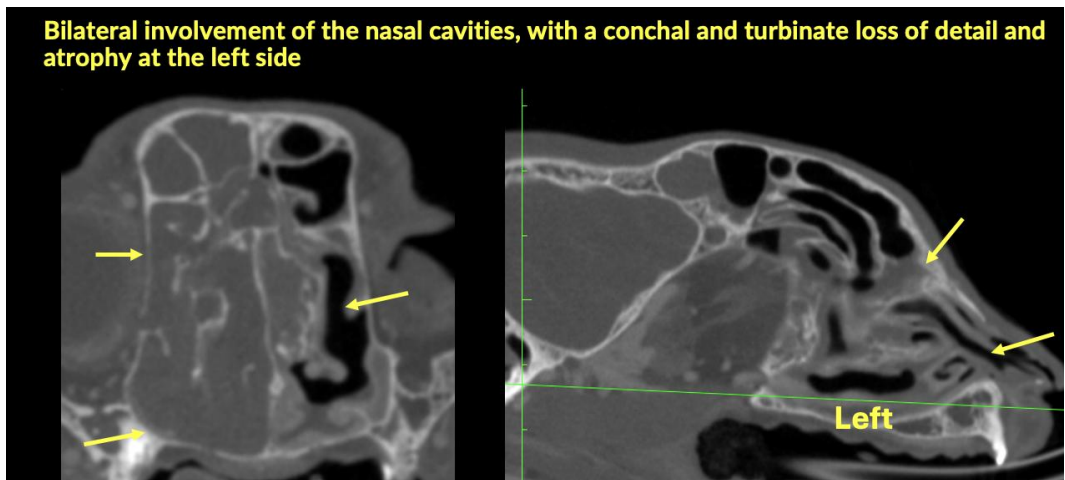
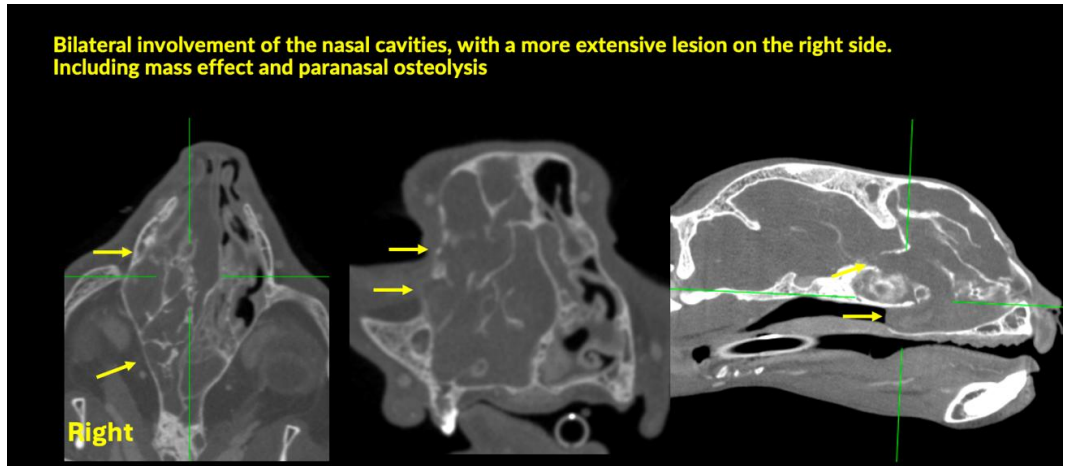
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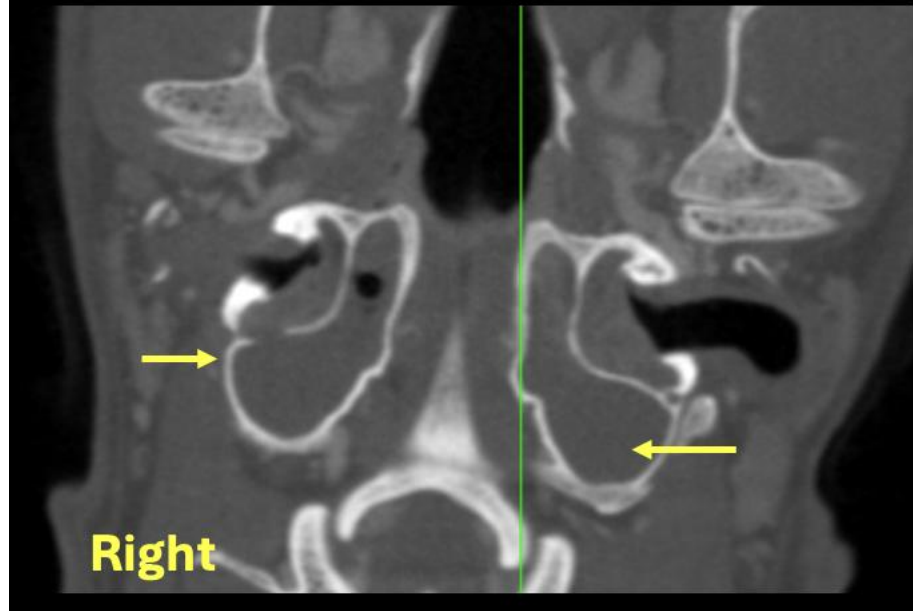
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Bilateral tympanic effusion without bony changes



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