



PATIENT

Pave Raffe

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11Y, 1M

WEIGHT

74lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

73729

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- The patient is coughing for several months and it's progressively getting worse. The patient presented on February 5th, 2026 for a recheck evaluation due to ear disease and coughing. The owner reported that the patient is panting more at night and is "unable to say I love you". Chest radiographs were obtained and therapy with fluconazole was instituted. Based on the radiology report, a CT scan was recommended.

Abnormal PE/Chem/CBC/UA Results: PE: T 102.4 F, HR 112, RR 36, MM Pink, CRT <2 seg, Nuclear sclerosis OU, Dental calculus (4/4), Thorax and Abdomen unremarkable. Bloodwork (2/12/26): CBCV: WNL Chem. ALP 226 U/L (ALP was 249 U/L on 4/30/25) Radiology Report (2/5/26): Unchanged bronchial pattern, possibly normal for this patient or associated with lower airway disease of inflammatory or infectious origin. The nasopharyngeal nodule may arise from nasopharyngeal wall or soft palate and may be of inflammatory or neoplastic origin.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK

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

COMPUTED TOMOGRAPHIC FINDINGS

The caudal nasal cavities are bilaterally symmetrical and unremarkable.

The cribriform plate is intact.

The nasopharyngeal lumen is patent. No evidence soft tissue mass is identified within the nasopharyngeal walls. The soft palate is normal in thickness and contour.

The tympanic bullae are bilaterally symmetric, air-filled, and demonstrate normal wall thickness and smooth cortical margins. The osseous structures of the external auditory canals are intact. The petrous temporal bones are normal in attenuation and morphology.

The external auditory canals are within normal limits.

The medial retropharyngeal and mandibular lymph nodes are within normal limits in size, shape, and attenuation.

The parotid and mandibular salivary glands are bilaterally symmetrical, with normal size, shape, and homogeneous attenuation.

The thyroid glands are bilaterally markedly reduced in size.

The proximal cervical trachea is normal in diameter and contour.

The regional musculature of the neck is symmetrical, with normal volume and attenuation.

Subcutaneous tissues are unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unremarkable CT examination of the caudal nasal cavities, nasopharynx, soft palate, tympanic bullae, and cervical lymph nodes.
- Bilaterally thin and markedly reduced thyroid glands. Differential diagnoses include thyroid atrophy, potentially consistent with primary hypothyroidism.

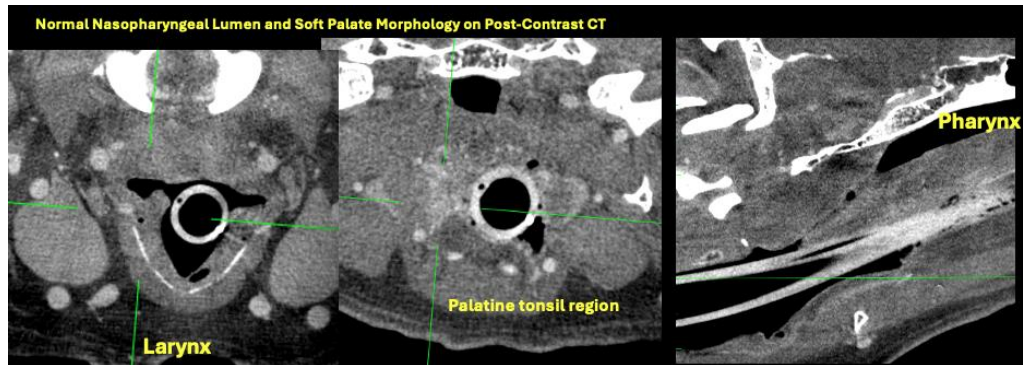
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic examination of the neck and caudal nasal cavity does not identify a structural abnormality that would account for the reported chronic coughing or the previously described nasopharyngeal nodule.

If clinical suspicion for nasopharyngeal disease persists, direct visualization via nasopharyngoscopy is recommended, as small mucosal lesions may not be detectable on CT.

Given the history of chronic cough and prior radiographic bronchial pattern, further lower airway evaluation with bronchoalveolar lavage is suggested to investigate inflammatory, infectious, or fungal etiologies.

The thyroid glands are bilaterally small. While CT is not the primary modality for functional thyroid assessment, this morphology may be compatible with thyroid atrophy. Correlation with serum thyroid hormone levels (total T4, free T4, TSH) is recommended if clinically indicated.





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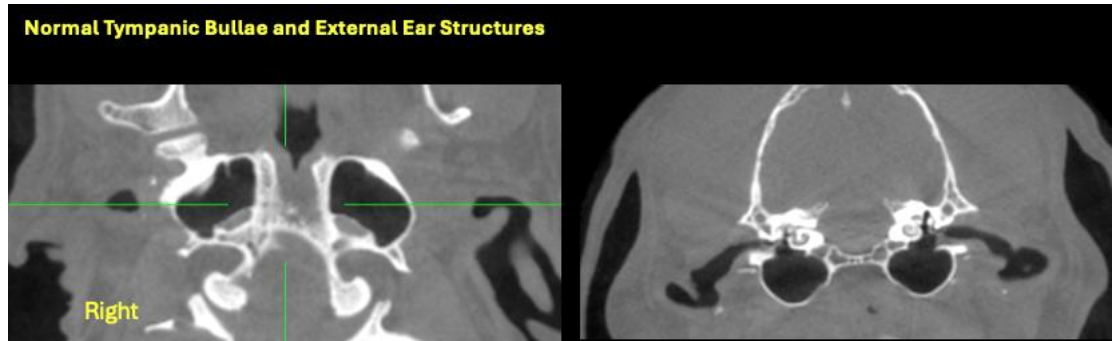
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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