



PATIENT

Cookie Manderico
Cruz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17Y

WEIGHT

6.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. Pepen

INVOICE

73787

DATE

2-17-26

PRESENTING CLINICAL SIGNS

History (Subjective): Presented for difficulty breathing due to URI symptoms. started 4w ago with mild resp infection symptoms, two weeks later it worsened with discharge from the nostril and eye then progressed to both sides. On famciclovir and doxycycline, last given two days ago since pt not tolerating taking meds. Meds seemed to be helping but O's having difficulty administering. dec appetite and drinking, lethargic, normal u/d. no v/d/c/s. pt losing weight.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD AND THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Both nasal cavities are completely filled with hypoattenuating fluid-attenuating material. There is marked loss of definition of the nasal turbinates, more pronounced on the right side, associated with an expansile mass effect at this side. The described mass effect protrudes into the choana.

There is mild thinning and subtle osteolysis of the right orbital plate of the ethmoid bone.

The frontal sinuses and right ethmoid sinus are filled with hypoattenuating content.

The cribriform plate is intact.

The nasopharynx and oropharynx are within normal limits.

The right tympanic cavity is filled with hypoattenuating material. No associated osseous changes are identified. The left tympanic cavity is air-filled and unremarkable. The external auditory canals are within normal limits.

The brain parenchyma is normal in attenuation and symmetric. No intra-axial or extra-axial mass effect is identified. No midline shift or falx cerebri deviation.

The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

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

The mandibular, parotid, and zygomatic salivary glands, as well as the thyroid glands, are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

A solitary, small tree-in-bud lesion is identified within the right cranial lung lobe. Incidental broncholith is present. The remaining bronchial tree demonstrates normal branching and tapering.



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The remaining pulmonary parenchyma exhibits normal attenuation. No pulmonary nodules, masses, or diffuse interstitial patterns are identified.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The cardiac silhouette and pulmonary vasculature are within normal limits.

The thoracic esophagus is distended by intraluminal air, likely incidental.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral nasal cavities are occupied by hypoattenuating fluid material, with marked right side turbinate destruction and a mass effect. There is associated extension of the mass effect into the choana and mild thinning of the right orbital plate of the ethmoid bone. Primary differential diagnoses include nasal neoplasia (e.g., lymphoma or carcinoma). Fungal rhinitis or granulomatous rhinitis are considered less likely.
- Right-sided otitis media (fluid-filled tympanic cavity without osseous remodeling).
- Solitary small tree-in-bud lesion in the right cranial lung lobe and focal bronchiolitis, likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT nasal findings are characterized by bilateral nasal cavity filling with significant turbinate destruction, more pronounced on the right side and mass effect with extension into the choana. The primary differential diagnosis is nasal neoplasia (particularly lymphoma or carcinoma). Fungal rhinitis and granulomatous rhinitis remain differential considerations, given the imaging overlap between fungal rhinitis and nasal lymphoma.

A nasal flush or rhinoscopy with biopsy is recommended for definitive diagnosis.





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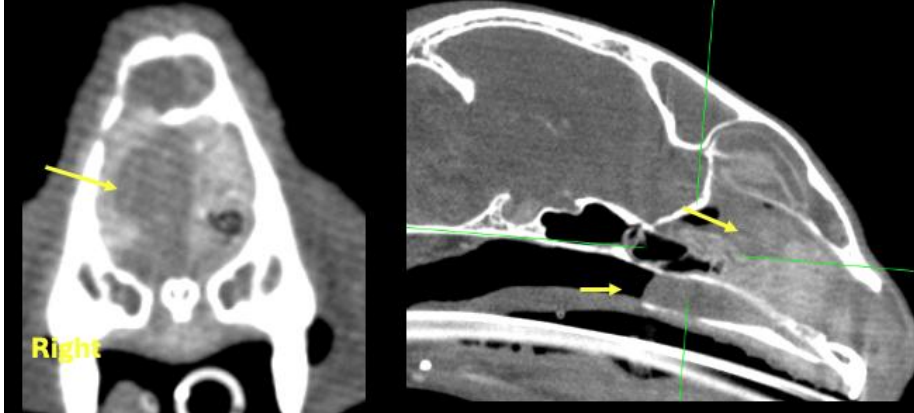
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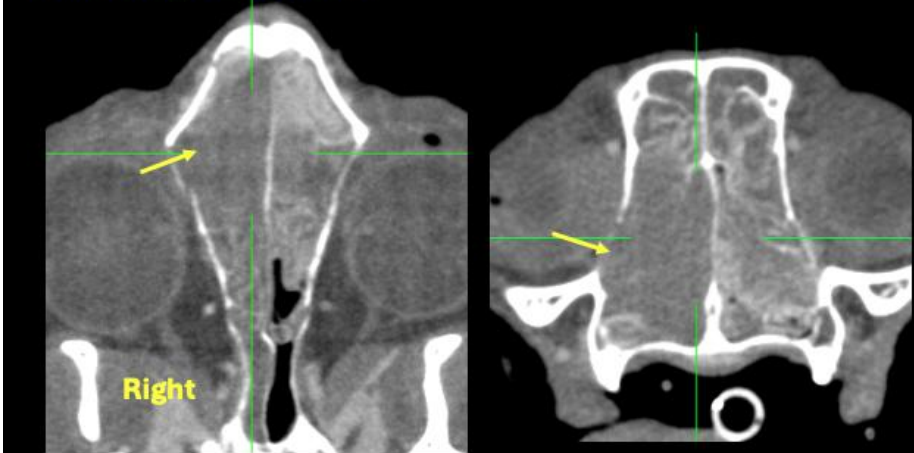
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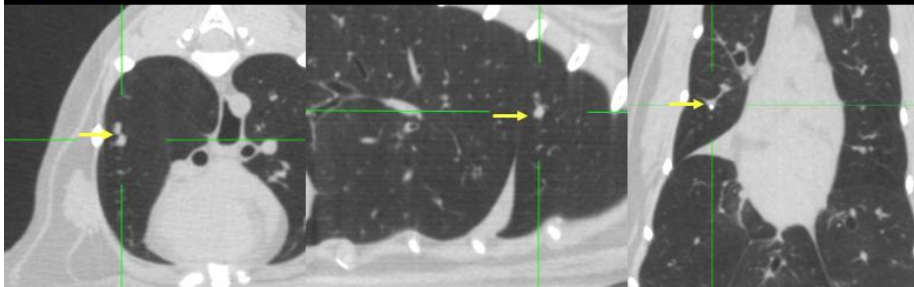
Bilateral Nasal Cavity Occupation with Marked Right-Sided Turbinate Destruction and Predominant Right-Sided Mass Effect



Bilateral Nasal Cavity Occupation with Marked Right-Sided Turbinate Destruction and Predominant Right-Sided Mass Effect



Solitary small tree-in-bud lesion in the right cranial lung lobe and focal bronchiolitis, likely incidental.





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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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com