



**PATIENT**

Roper Chapman

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Male Neutered

**AGE**

7Y

**WEIGHT**

18.0kgs

**INTERPRETED BY**

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

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**HOSPITAL NAME**

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**REFERRING VET**

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**DATE**

2-17-26

**PRESENTING CLINICAL SIGNS**

- Patient has a history of a chronic bronchitis with pneumonia and also coughs up blood on occasion. Worse in Winter months.
- Please list any current medications
- Theophylline 300mg - 1 every 24 hours
- Fluticazone 110mcg Inhaler - 1 puff every 12 hours

Abnormal PE/Chem/CBC/UA Results: CBC and Chemistry normal Physical Exam Unremarkable

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX**

Pre- and post-contrast computed tomography of the head and thorax are provided for review. Four series were reviewed: pre-contrast head (bone algorithm), post-contrast head (soft tissue algorithm), pre-contrast head (bone algorithm), and post-contrast thorax (soft tissue algorithm).

**COMPUTED TOMOGRAPHIC FINDINGS**

**HEAD**

There is diffuse fluid accumulation within both nasal cavities, associated with generalized patchy mucosal thickening and mild, diffuse loss of turbinate architectural detail.

No evidence of contrast-enhancing mass effect, foreign material, or paranasal bone osteolysis is identified.

The cribriform plate is intact.

The soft palate is subjectively thickened. The oropharynx and nasopharynx are otherwise within normal limits.

The frontal sinuses are unremarkable.

No evidence of intracranial mass effect or ventriculomegaly is observed.

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

The globes and retrobulbar spaces are unremarkable.

All teeth are present and unremarkable.

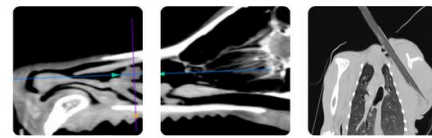
The temporomandibular joints are bilaterally congruent.

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

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

**THORAX**

The trachea and principal bronchi are within normal limits.



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There is diffuse bronchial wall thickening throughout the pulmonary parenchyma. The bronchus-to-artery ratio remains within normal limits.

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The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary nodules, masses, or micronodules.

## BREED

Corgi

The tracheobronchial lymph nodes are moderately enlarged, more pronounced on the right side (approximately 1.4 × 1.3 cm), maintaining normal shape and homogeneous attenuation.

## SEX

Male Neutered

The sternal and cranial mediastinal lymph nodes are unremarkable. The cardiac silhouette and pulmonary vessels are within normal limits, with adequate post-contrast opacification.

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

The thoracic esophagus is within normal limits.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse bronchial wall thickening, consistent with chronic bronchial disease (chronic bronchitis inflammatory or infectious).
- Moderate tracheobronchial lymphadenomegaly, likely reactive in nature, possibly secondary to chronic lower airway inflammation.
- Diffuse bilateral nasal fluid accumulation with mild turbinate architectural loss, without evidence of aggressive bone lysis or mass effect. Findings are most consistent with mild nonspecific chronic rhinitis
- Subjectively thickened soft palate, pharyngitis.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT thoracic findings are most consistent with chronic bronchial disease, correlating with the patient's history of chronic bronchitis (inflammatory or infectious in origin). The moderate enlargement of the tracheobronchial lymph nodes is most likely reactive to chronic inflammatory airway disease.

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Bronchoalveolar lavage (BAL) for cytology and culture is recommended to further characterize lower airway inflammation and to rule out infectious components.

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Continuation of medical management for chronic bronchitis is advised.

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The nasal findings support concurrent nonspecific chronic inflammatory rhinitis (potentially related to allergic, immune-mediated lymphocytic-plasmacytic inflammation, viral etiology, or, less commonly, the early stages of fungal infection). A diffuse nasal neoplasia, such as lymphoma, is not completely excluded, but is also less likely. There are no imaging characteristics of a mass effect or aggressive lesion to indicate nasal neoplasia.

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If nasal discharge continuing, rhinoscopy with biopsy may be considered for definitive characterization.

If hemoptysis persists or worsens, a coagulation profile may be considered.



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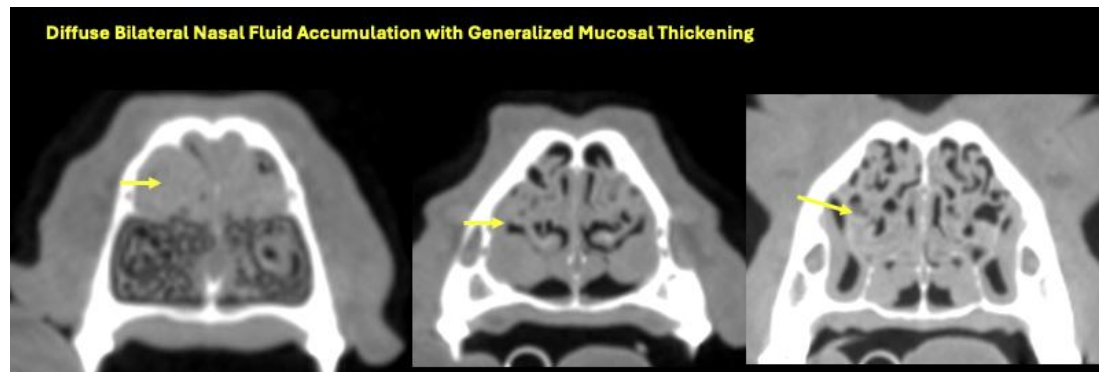
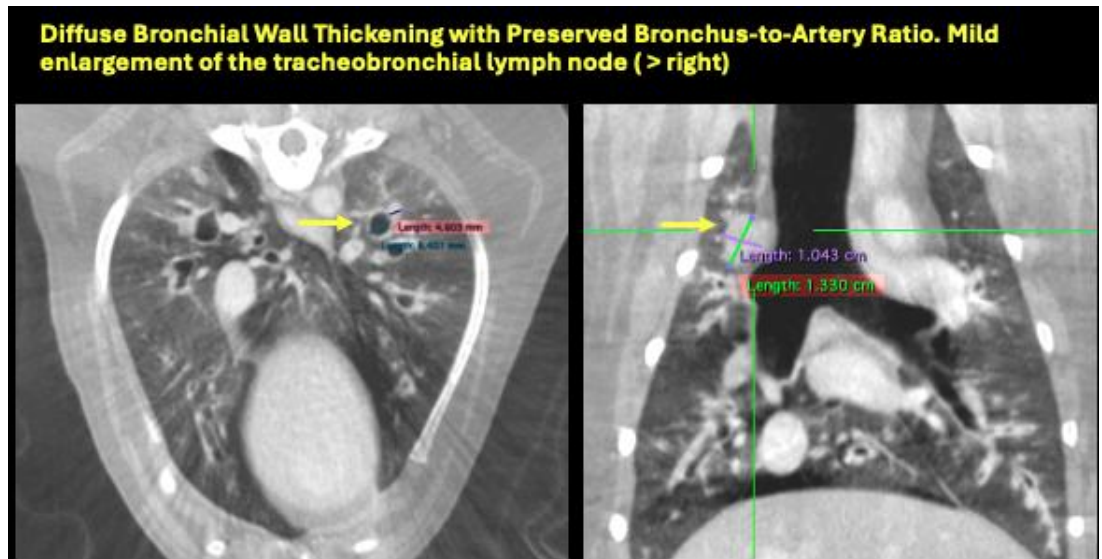
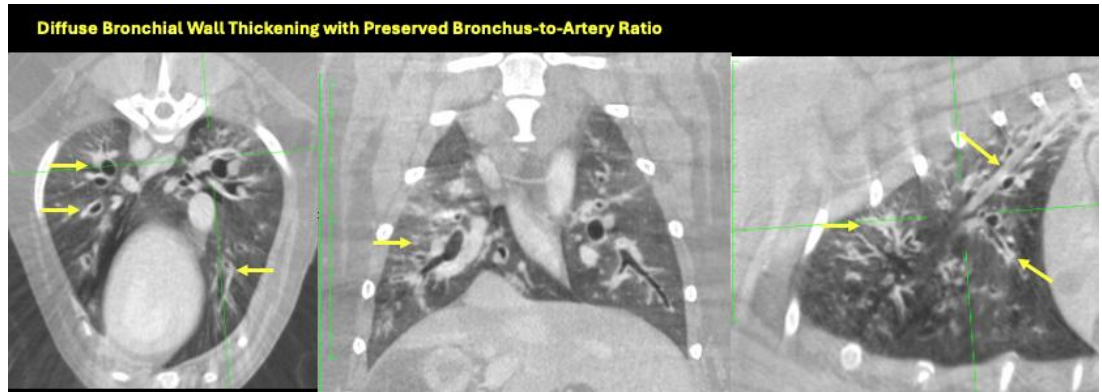
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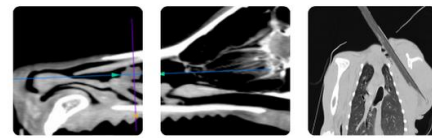
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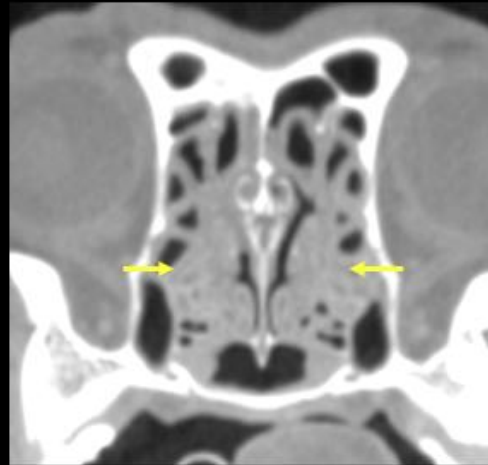
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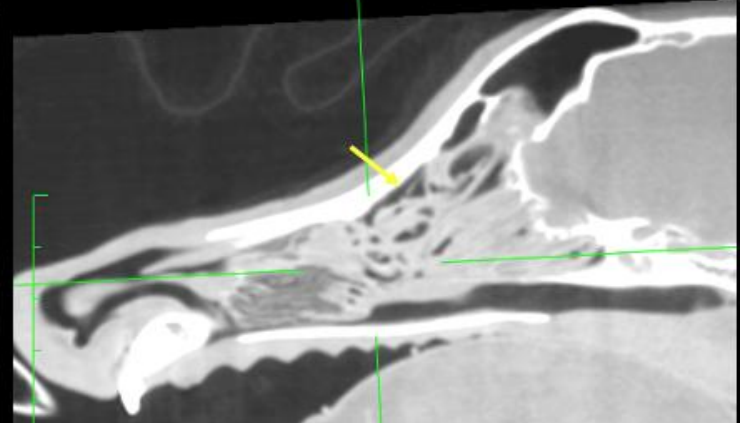
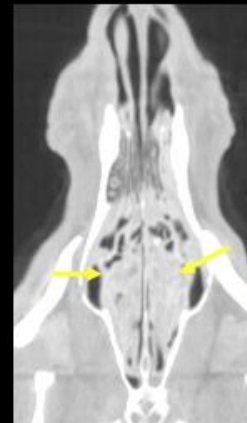
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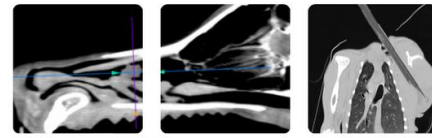
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**Diffuse Bilateral Nasal Fluid Accumulation with Generalized Mucosal Thickening**



**Diffuse Bilateral Nasal Fluid Accumulation with Generalized Mucosal Thickening**





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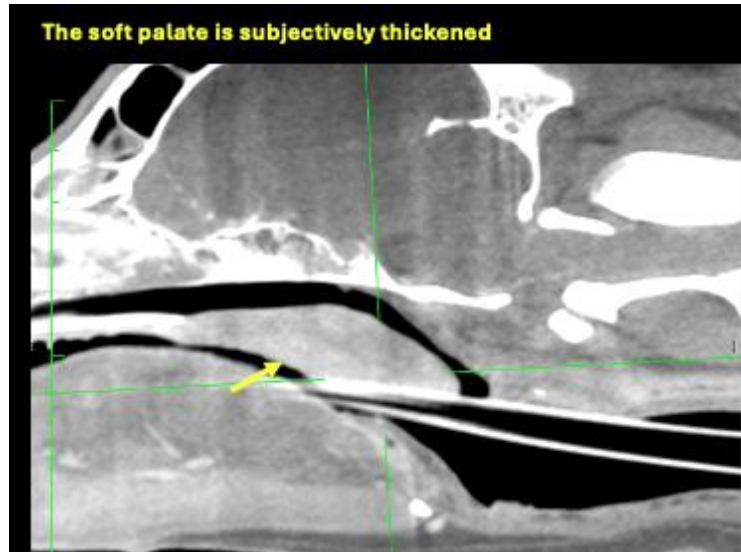
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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