



PATIENT

Oliver Lebel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10Y

WEIGHT

7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelsey McCloskey, LVT

HOSPITAL NAME

Advanced Animal
Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

73867

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- Chronic UR congestion, nasal discharge (L unilateral mucopurulent discharge), and sneezing. Now acute nictitans eyelid elevated. Patient concurrently has high grade periodontal disease

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is a small focal area of hypoattenuating fluid accumulation within the left rostral nasal cavity, associated with localized loss of ventral nasal conchal detail at the level of the incisive bone. No evidence of a definitive oronasal fistula is identified at this site. No radiopaque foreign material is observed. The remaining nasal cavities are within normal limits.

Triadan 101 is absent. The remaining dentition is present. There is mild, diffuse alveolar bone resorption.

The nasopharynx and oropharynx are within normal limits.

No intracranial mass effect is identified. No midline shift, falx cerebri deviation, or ventriculomegaly is observed.

The temporomandibular joints are bilaterally congruent.

The frontal sinuses are normally aerated. The cribriform plate is intact.

Both tympanic cavities are filled with soft tissue/fluid-attenuating material. The osseous walls are thickened and sclerotic. The external auditory canals are unremarkable.

The globes are normal in size, shape, and attenuation. The retrobulbar spaces are unremarkable.

The left medial retropharyngeal lymph node is mildly enlarged. The right medial retropharyngeal and mandibular lymph nodes are within normal limits.

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

THORAX

The trachea and main bronchi are within normal limits.

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



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

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate. The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

Multifocal incomplete bridging spondylosis deformans is noted within the thoracic spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Focal hypoattenuating fluid accumulation within the left rostral nasal cavity with localized loss of ventral nasal conchal detail. Differential diagnoses include focal rhinitis (bacterial, viral, or inflammatory). However, given the ventral and localized distribution of the lesion, a tiny low-attenuation foreign material cannot be completely excluded, even though no radiopaque foreign body is identified.
- Bilateral soft tissue/fluid attenuation within the tympanic cavities with associated osseous wall thickening and sclerosis, consistent with bilateral chronic otitis media.
- Mild enlargement of the left medial retropharyngeal lymph node, most consistent with reactive lymphadenopathy.
- Mild diffuse periodontal disease.
- Normal intrathoracic structures and normal lungs.
- Incidental multifocal thoracic spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal focal hypoattenuating fluid accumulation within the left rostral nasal cavity, with localized loss of ventral nasal conchal detail. These findings are most consistent with focal inflammatory rhinitis. However, due to the ventral, rostral and localized distribution, the presence of a tiny non-radiopaque foreign body cannot be completely excluded. As an initial step, a nasal flush is recommended for possible clearance, with cytology and culture if clinical signs persist. If the patient continues to exhibit clinical signs despite initial management, rhinoscopy is recommended.

Bilateral soft tissue/fluid attenuation within the tympanic cavities, associated with osseous wall thickening and sclerosis, is consistent with chronic bilateral otitis media. Otoloscopic evaluation with consideration of middle ear sampling is recommended if clinically indicated.



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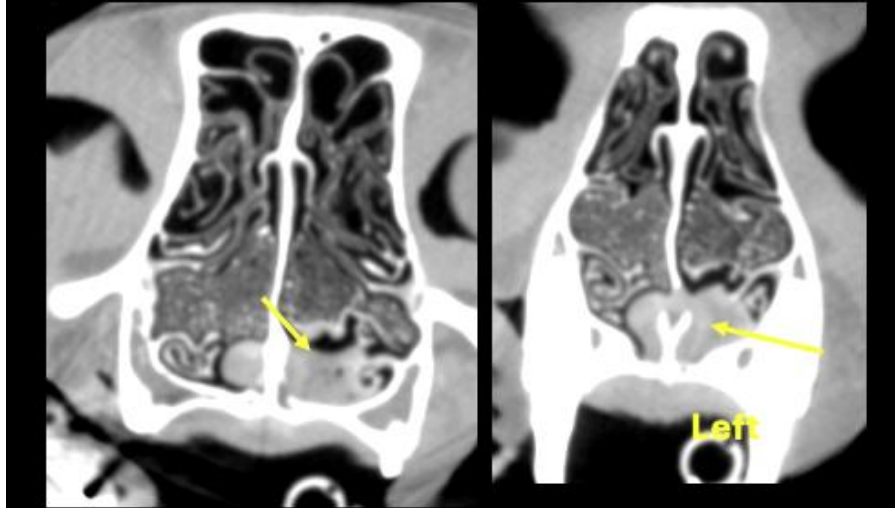
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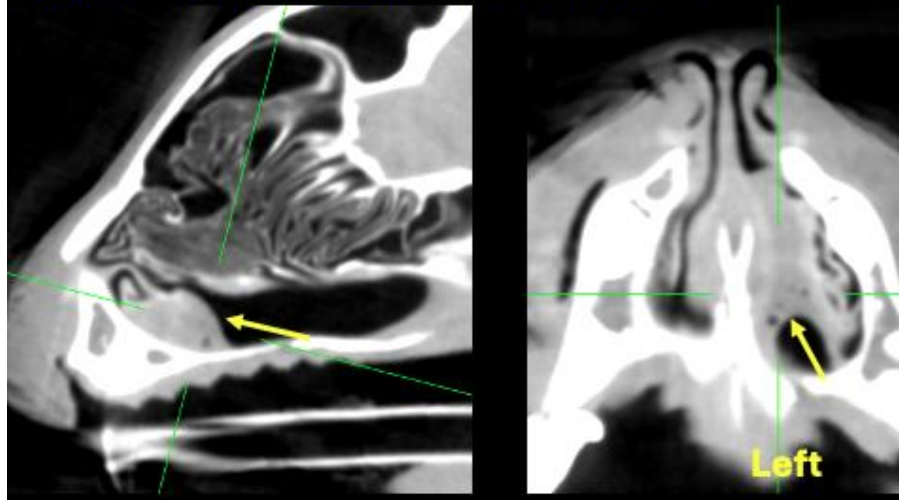
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Focal hypoattenuating fluid accumulation within the left rostral nasal cavity with localized loss of ventral nasal conchal detail



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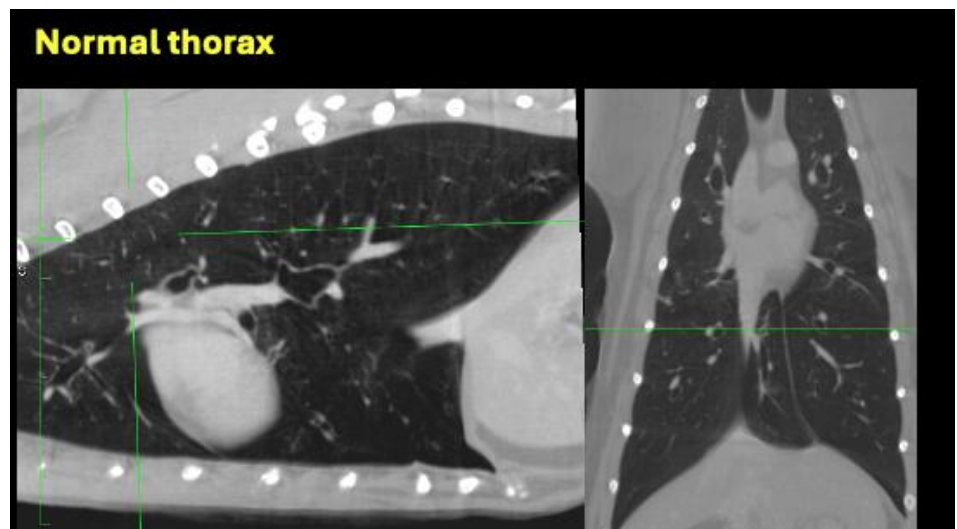
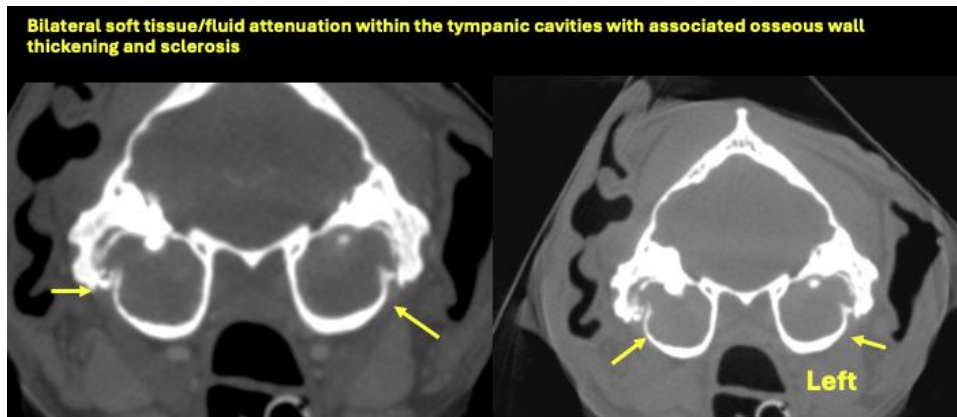
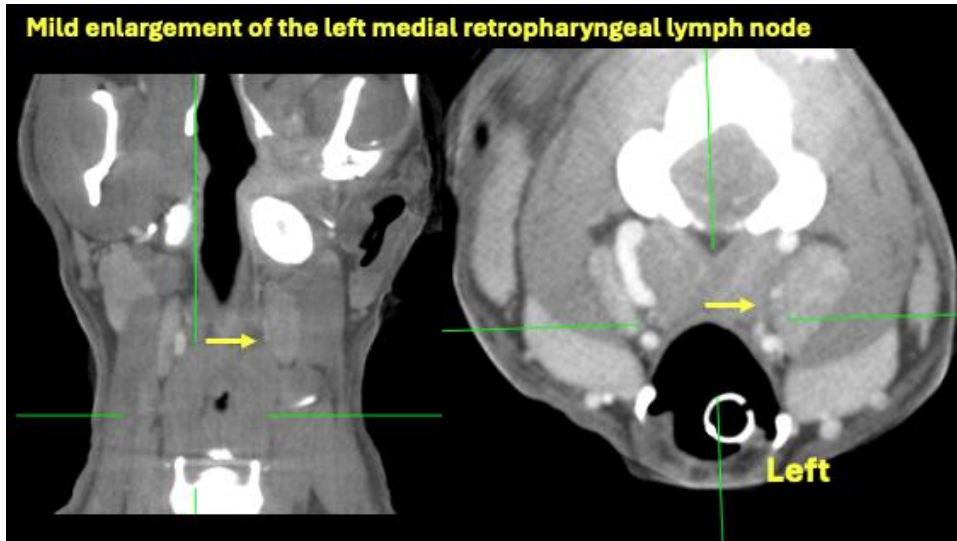
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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