



PATIENT

Harvey Higgins

SPECIES

Canine

BREED

Spoodle

SEX

MN

AGE

5

WEIGHT

22

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

73933

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- cryptococcus (nasal) 2022: tx fluconazole, no follow up Icat
- persistent OE (yeast) 2024 ongoing despite antifungals oral and topical

Abnormal PE/Chem/CBC/UA Results: Icat/cbc/chem/t4 pending

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Pre- and post-contrast computed tomography of the head. Bone and post-contrast series were provided for review (total of two head series). Four thoracic series were also submitted as part of the complete examination (interpretation of the thorax was not requested).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is moderate loss of turbinate detail (turbinate atrophy) within the left nasal cavity, most pronounced in the mid-portion. Multifocal mild fluid accumulation is present within the same cavity. The nasal septum is deviated toward the right; however, it remains intact. The right nasal cavity is within normal limits.

No evidence of paranasal bone osteolysis, hyperostosis, or expansile mass effect is identified.

The cribriform plate is intact.

The frontal sinuses are air-filled and unremarkable.

The oropharynx and nasopharynx are within normal limits.

The left tympanic cavity is partially filled with hypoattenuating material and contains a focal mineral opacity consistent with an otolith or dystrophic mineralization. The osseous wall of the tympanic bulla is preserved. There is mild thickening and contrast enhancement of the epithelial lining of the left external auditory canal.

The right tympanic cavity and right external auditory canal are within normal limits.

The left medial retropharyngeal lymph node is enlarged and contains internal mineralization.

The right medial retropharyngeal and mandibular lymph nodes are unremarkable.

The globes and retrobulbar spaces are unremarkable.

Intracranial structures are within normal limits. No evidence of mass effect or falx cerebri deviation.

All teeth are present.

The temporomandibular joints are bilaterally congruent.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

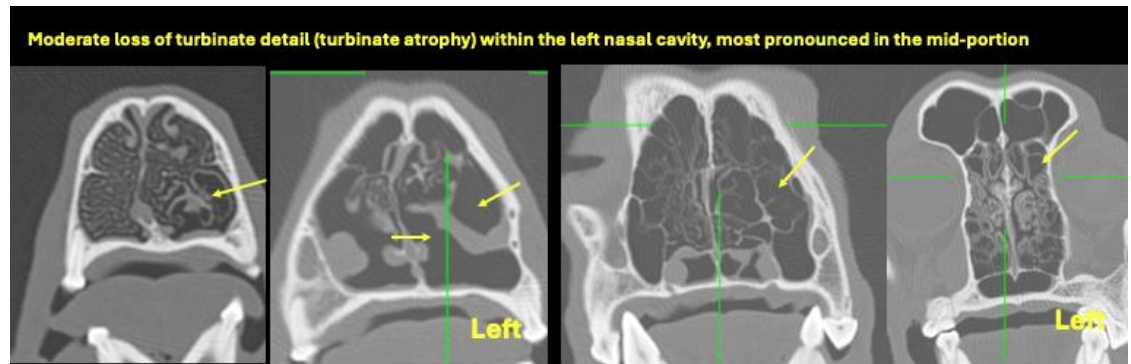
- Moderate turbinate atrophy of the left nasal cavity with mild intranasal fluid accumulation, without associated paranasal osseous lesions. Differential diagnoses include chronic post-infectious turbinate destruction, possible chronic fungal rhinitis (including persistent or recurrent cryptococcosis).
- Left otitis media with concurrent mild left otitis externa, characterized by partial tympanic cavity effusion and epithelial thickening/enhancement of the external auditory canal.
- Mild enlarged and mineralized left medial retropharyngeal lymph node. Differential diagnosis chronic granulomatous lymphadenitis, chronic reactive lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate moderate turbinate atrophy of the left nasal cavity with mild intranasal fluid accumulation, without associated paranasal bone lesions. Differential diagnoses include chronic post-infectious turbinate destruction (may reflect chronic residual structural change), possible chronic fungal rhinitis (including persistent or recurrent cryptococcosis). Consider repeat cryptococcal antigen testing (LCAT) to assess for active or recurrent infection.

The mineralized and mild enlarged left medial retropharyngeal lymph node may represent chronic granulomatous change secondary to previous fungal infection or chronic inflammatory drainage from the ipsilateral ear and nasal cavity. Over time, caseous/necrotic debris within granulomas can calcify/mineralize.

Concurrent left otitis media and externa are present and may explain the persistent clinical signs.





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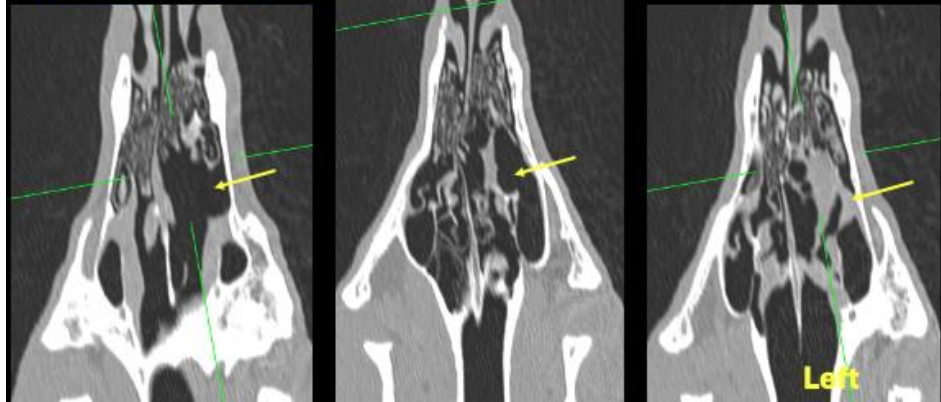
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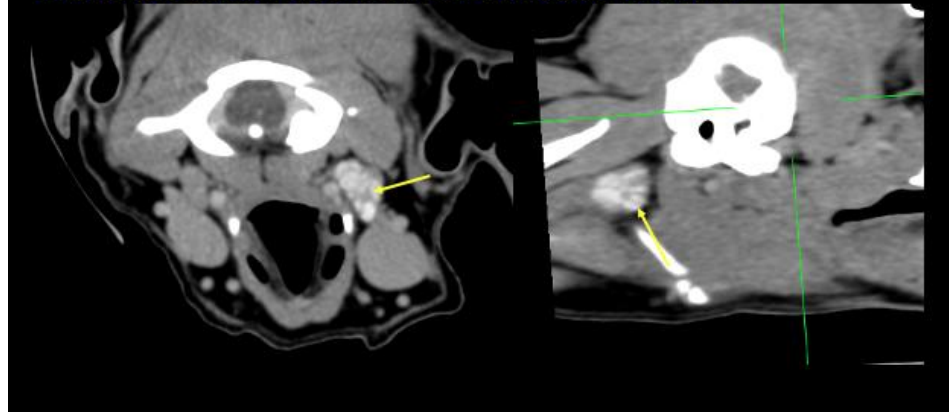
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2-24-26

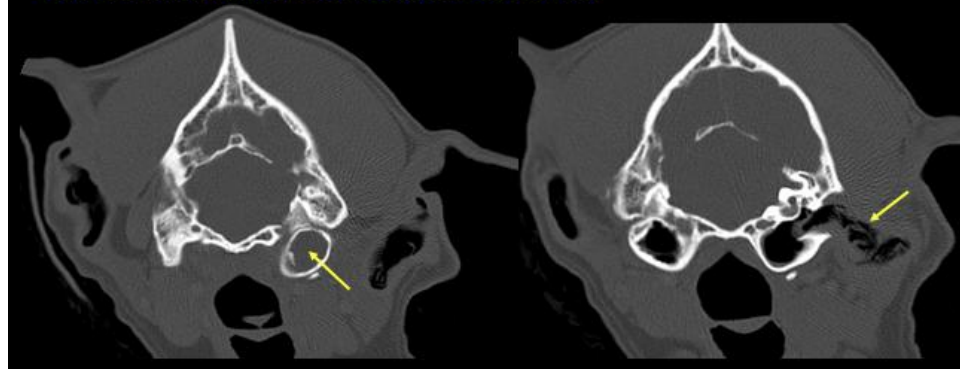
Moderate loss of turbinate detail (turbinate atrophy) within the left nasal cavity, most pronounced in the mid-portion



Mild enlarged and mineralized left medial retropharyngeal lymph node



Left otitis media with concurrent mild left otitis externa





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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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