



PATIENT

Ellie Mae Chambers

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

4Y, 8M

WEIGHT

18lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Baumert

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Sara Manzo

INVOICE

73935

DATE

2-25-26

PRESENTING CLINICAL SIGNS

Pet initially presented in early february for evaluation of an increase in reverse sneezing frequency and severity, and bilateral white foamy nasal discharge. In aauugust 2025, Pet was diagnosed with sterile granuloma & pyogranuloma syndrome, which is managed with long term cyclosporin and intermittant prednisonone. Pet was on pred at the time the symptoms developed. Owners also noted a diffuse but somewhat firm swelling on the ventral chin, at the base of the tongue. On palpation inside the mouth while sedated, it appears to be associated with the tongue. Pet had a saccullectomy in 2023.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. Transverse, soft tissue and bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is mild soft tissue thickening within the ventral cervical facial region, centered in the intermandibular space. This results in mild loss of definition of adjacent musculature and fascial planes, including the buccopharyngeal fascia, geniohyoid, and hyoglossus muscles.

The tongue and tongue base maintain normal internal architecture. Adjacent vascular structures are normal in course and caliber. No focal mass effect or abnormal contrast enhancement is identified in this region.

A small, well-defined, hypoattenuating, non-contrast-enhancing nodular lesion is identified within the right choana, measuring approximately 6.8 × 8.9 mm. The lesion partially obstructs the choana airway.

There is mild diffuse fluid accumulation within the right nasal cavity.

The left nasal cavity, turbinate architecture, and paranasal bones are unremarkable.

The cribriform plate is intact.

The frontal sinuses are rudimentary (consistent with breed conformation).

The left tympanic cavity is filled with hypoattenuating material. The bulla wall is mildly sclerotic compared to the contralateral side.

The right tympanic cavity is air-filled with normal osseous contour.

The external auditory canals are unremarkable.

The maxillary and mandibular cortical bones are unremarkable.

There is mild focal alveolar bone resorption adjacent to the root of Triadan 109.

Triadan 105, 205, 305, 311, 405, and 411 are absent.

The temporomandibular joints are bilaterally congruent.



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The tonsils, nasopharynx, and oropharynx are within normal limits, aside from partial obstruction by the right choanal lesion.

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The right medial retropharyngeal lymph node is mildly enlarged.

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

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The globes and retrobulbar spaces are unremarkable.

The brain parenchyma is normal in attenuation and symmetric. No midline shift, falx deviation, or ventriculomegaly is identified.

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

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- Small, well-defined, non-enhancing nodular lesion within the right choana (6.8 × 8.9 mm), resulting in partial nasopharyngeal obstruction. Differential diagnoses include respiratory epithelial hamartoma (REAH-like lesion), benign inflammatory polyp, focal granulomatous lesion, or less likely early neoplasia.

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- Mild right-sided nasal cavity fluid accumulation.
- Left side otitis media and/or fluid retention (non-contrast-enhancing soft tissue/fluid attenuation material within the tympanic bulla with mild osseous sclerosis).
- Mild soft tissue thickening in the intermandibular region without evidence of more internal, tongue involvement.
- Mild right medial retropharyngeal lymphadenomegaly (reactive).
- Mild focal periodontal disease at Triadan 109. Absent Triadan 105, 205, 305, 311, 405, and 411.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a small, well-circumscribed, non-contrast-enhancing nodular lesion within the right choana, resulting in partial choana- nasopharyngeal obstruction. Primary differential diagnoses include a benign proliferative lesion such as a respiratory epithelial hamartoma, inflammatory polyp, focal granulomatous lesion (particularly given the history of sterile granuloma and pyogranuloma syndrome; or early-stage neoplasia is considered less likely. Rhinoscopic evaluation with directed biopsy is recommended to obtain a definitive diagnosis and to guide appropriate therapeutic management.

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The mild fluid accumulation within the right nasal cavity is likely secondary to partial airflow obstruction and/or concurrent rhinitis.

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The mild intermandibular soft tissue thickening does not form a visible mass and lacks abnormal contrast enhancement, favoring inflammatory or reactive change, appears not involving the tongue internally. Given the patient's underlying immune-mediated condition and immunosuppressive therapy, continued clinical monitoring is advised.

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Findings within the left tympanic bulla are consistent with otitis media and/or fluid retention.



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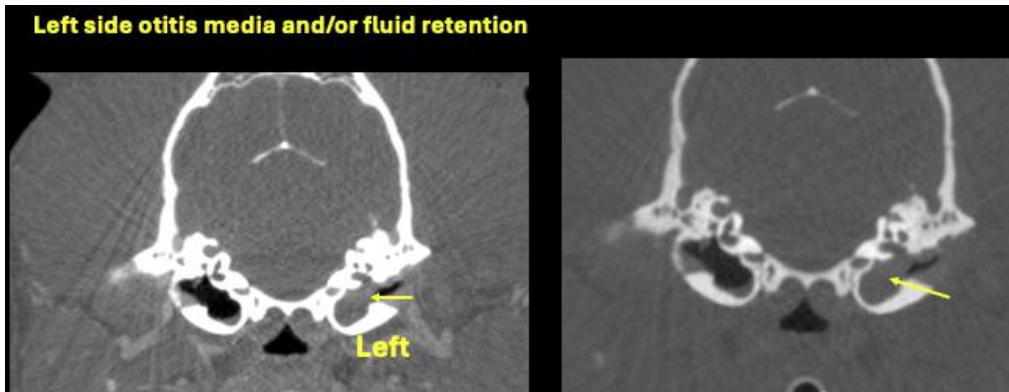
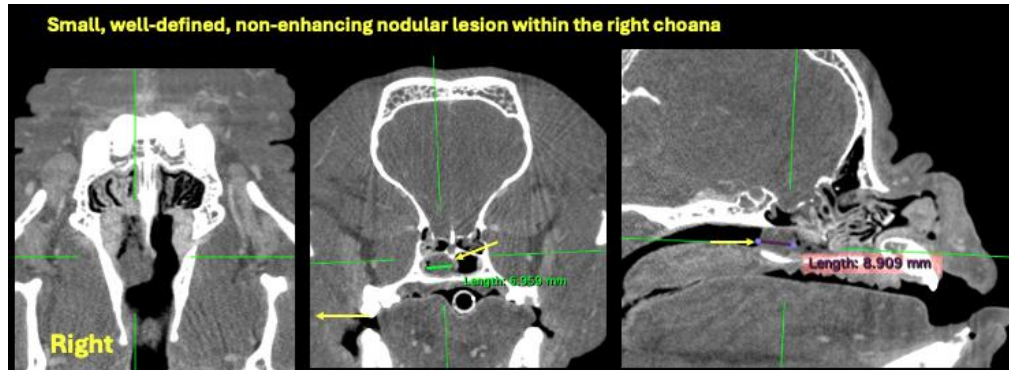
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com