

PATIENT

Madonna Guercio

SPECIES

Canine

BREED

English Bulldog

SEX

FS

AGE

4

WEIGHT

25.3

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

73959

DATE

2-26-26

PRESENTING CLINICAL SIGNS

- BOAS, stenotic nares
- Increased respiratory efforts

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

A pre- and post-contrast CT study of the head and neck is provided for review, totaling two series: one pre-contrast series (bone algorithm) and one delayed post-contrast series (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The nasal cavities, nasal conchae, and turbinates are within normal limits.

The cribriform plate is intact.

The frontal sinuses are rudimentary, consistent with brachycephalic conformation.

The soft palate is diffusely thickened and mildly elongated, resulting in narrowing of the nasopharyngeal lumen. No contrast-enhancing mass lesion is identified in this region.

The laryngeal cartilages (thyroid and cricoid) are normal in size and mineral attenuation. However, the laryngeal lumen is subjectively reduced in diameter at the level of the arytenoid cartilages. No discrete intraluminal mass or mineralized obstruction is identified.

An incidental aberrant turbinate is present within the left choana.

The cervical trachea is unremarkable.

No intracranial mass effect, midline shift, or ventriculomegaly is observed.

The tympanic bullae are air-filled, with normal wall thickness and contour. The external auditory canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

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

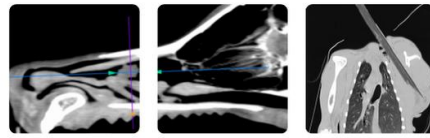
The mandibular, parotid, and zygomatic salivary glands are unremarkable.

Triadan 305, 311, and 411 are absent. Mandibular prognathism is present, consistent with breed conformation.

Within the Collimated Thorax

There is widening of the cranial mediastinum due to marked mediastinal fat accumulation.

There is subjective narrowing in height of the main bronchi. No discrete intraluminal mass is identified.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild diffuse thickening and elongation of the soft palate resulting in nasopharyngeal lumen narrowing. Findings are consistent with brachycephalic conformation and compatible with brachycephalic obstructive airway syndrome (BOAS). Concurrent pharyngitis is also considered.
- Subjectively reduced laryngeal lumen at the level of the arytenoid cartilages, likely associated with brachycephalic airway conformation. No evidence of obstructive mass lesion.
- Incidental aberrant turbinate within the left choana.
- Widened cranial mediastinum secondary to marked mediastinal fat accumulation.
- Subjective narrowing of the main bronchi, which may represent conformational variation, dynamic airway change, or bronchial collapse.
- Mandibular prognathism and absence of Triadan 305, 311, and 411.

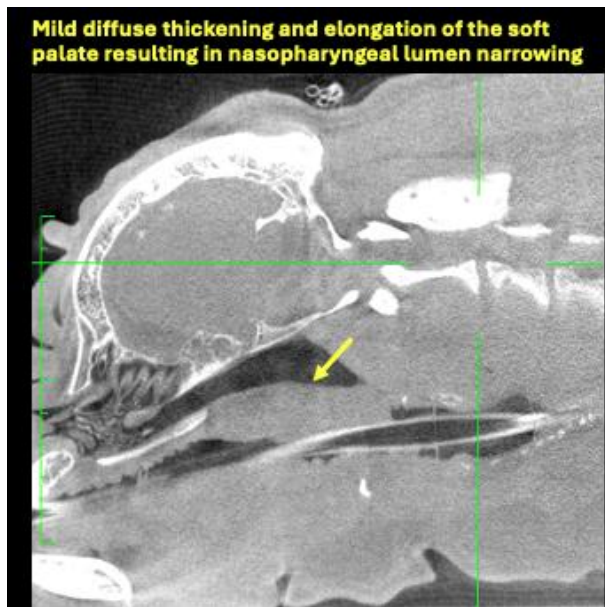
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

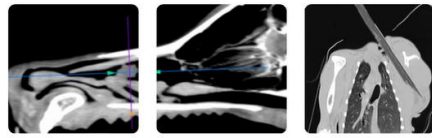
The tomographic findings are consistent with upper airway conformational changes typical of brachycephalic obstructive airway syndrome (BOAS), including soft palate elongation and thickening with secondary nasopharyngeal narrowing, and subjective reduction of the laryngeal lumen at the level of the arytenoids. Consider concurrent pharyngitis.

No additional clinically significant abnormalities are identified within the examined regions.

TECHNICAL COMMENTS

Only non-contrast series were provided, limiting the evaluation of soft tissue structures. There is moderate motion artifact and beam-hardening artifact, which mildly limit image interpretation, particularly in the soft tissue regions.





Teleradiology

Educational Teleconsultation Services™

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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