



PATIENT

Dash Bhatnagar

SPECIES

Canine

BREED

Husky

SEX

Male Castrated

AGE

2.5Y

WEIGHT

30.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Christine Hanney

HOSPITAL NAME

Westford Veterinary
Emergency and
Referral Center

REFERRING VET

Leah Young

INVOICE

73618

DATE

2-4-26

PRESENTING CLINICAL SIGNS

History:

- Developed acute cough, sneezing, and nasal discharge following boarding in late Nov/early Dec 2025. Initially treated with doxycycline, lack of improvement. Chest rads initially unremarkable. Started on tapering course of prednisone and hydroxyzine with lack of improvement. In January nasal discharge became mucopurulent, coughing, and lethargic. Blood work revealed leukocytosis with neutrophilia and monocytosis, cxr showed right cranial pneumonia, resp PCR positive for CHV-1; pneumonia and WBC responded to amoxi/clav, but has had continued nasal congestion, sneezing, and cough; CT scan and rhinoscopy looks most consistent with rhinitis; bronchoscopy revealed hyperemia and mucus in airways, rhinoscopy revealed hyperemia of nasal mucosa and mucus

Abnormal PE/Chem/CBC/UA Results: BAR, coughing during exam, sneezing, with serous to cloudy mucoid nasal discharge Previous CBC revealed mild neutrophilia and monocytosis and right cranial lung lobe pneumonia; on 1/27 after 1 week of amoxi/clav rads had resolved; CBC today is normal; resp PCR positive for canine herpes virus-1

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast computed tomographic examination of the head and thorax was provided for review, totaling 2 series. The study includes one pre-contrast series acquired using a bone algorithm and one post-contrast series of the head and thorax using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A moderate, diffuse to multifocal accumulation of hypoattenuating material is present within the nasal cavities, associated with minimal loss of turbinate architectural detail. There is no evidence of a focal mass effect or radiopaque foreign material. The paranasal bones are intact, and the cribriform plate remains preserved.

The oropharynx, soft palate, and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

No intracranial mass effect is identified. There is no evidence of falx cerebri shift or ventriculomegaly.

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

The globes and retrobulbar spaces are unremarkable.

The following teeth are absent: Triadan 105, 205, 305, 311, and 411.

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.



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THORAX

The trachea and main bronchi are within normal limits.

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

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.

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

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate, diffuse to multifocal accumulation of hypoattenuating material within the nasal cavities, associated with minimal turbinate architectural change and without evidence of destructive osseous disease, mass effect, or foreign material. Findings are most consistent with nonspecific, non-destructive rhinitis, such as chronic inflammatory rhinitis (e.g., lymphoplasmacytic, allergic, infectious or post-infectious rhinitis).
- Absence of multiple teeth (Triadan 105, 205, 305, 311, and 411).
- Normal thoracic structures.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings of the nasal cavities demonstrate a moderate, diffuse accumulation of fluid-attenuating material with only minimal turbinate architectural alteration and no evidence of aggressive bone lysis, focal mass effect, or cribriform plate involvement. These features are most consistent with chronic, non-destructive inflammatory rhinitis, likely nonspecific in nature. The primary differential diagnoses include nonspecific rhinitis, with possible etiologies lymphoplasmacytic (inflammatory) rhinitis, allergic rhinitis, viral infection or early fungal rhinitis.

No CT evidence of active pneumonia, bronchial disease, or thoracic pathology is identified, indicating resolution of the previously reported right cranial lung lobe pneumonia.

Correlation with prior rhinoscopic findings supports an inflammatory etiology. Continued medical management for chronic rhinitis may be warranted based on clinical response.



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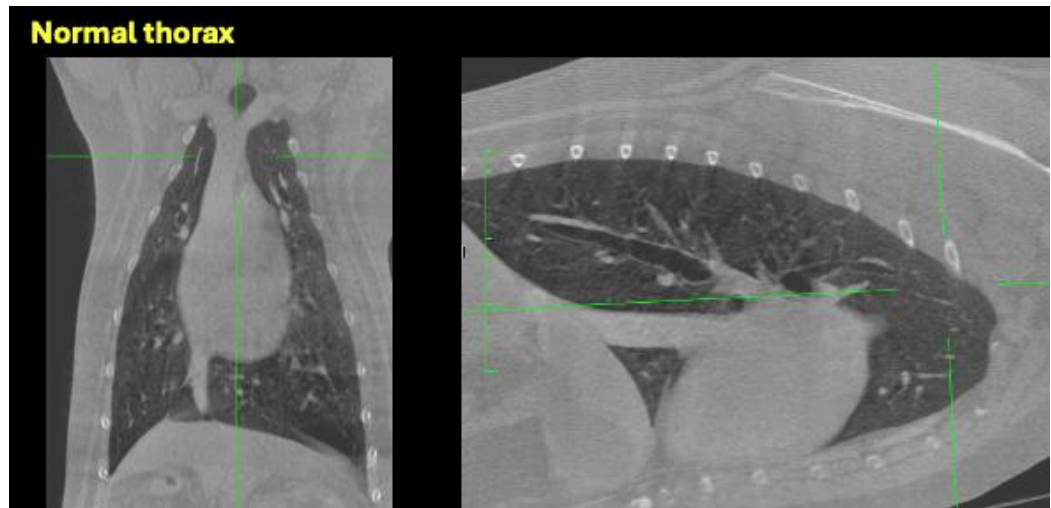
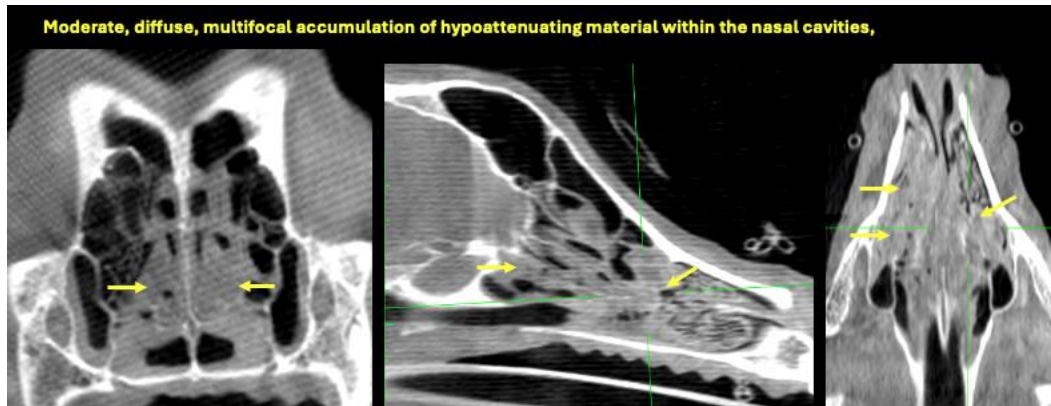
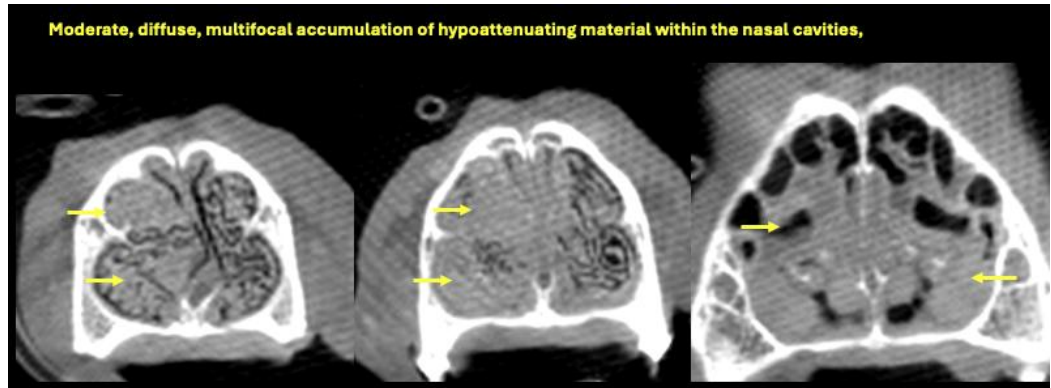
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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