



## PATIENT

Frodo Demain

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

12

## WEIGHT

5.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patricia Sanchez  
Sanchez

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Patricia Sanchez  
Sanchez

## INVOICE

74112

## DATE

3-10-26

## PRESENTING CLINICAL SIGNS

- Chronic rhinitis, no improving.
- Lethargic
- Dental diseases noticed in physical examination

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Pre- and post-contrast computed tomography of the head and thorax are provided for review. Two series were acquired in the transverse plane using bone and soft tissue algorithms.

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

There is mild multifocal accumulation of hypoattenuating fluid material within the nasal cavities, more prominent in the mid-rostral region and predominantly affecting the right nasal cavity. Mild loss of turbinate architectural definition is observed. No contrast-enhancing nasal mass or radiopaque foreign body is identified.

Adjacent to the region of greatest fluid accumulation in the right nasal cavity, a suspected oronasal communication associated with the right maxillary canine tooth (Triadan 104) is noted.

The paranasal bones are unremarkable. Minimal fluid accumulation is present within the frontal sinuses. The cribriform plate remains intact.

Multiple teeth are absent, including Triadan 102, 106, 204, 206, 301, and 302. Multifocal feline tooth resorption is identified involving Triadan 104, 107, 109, 207, 307, 309, and 407, characterized by varying degrees of root resorption, associated crown resorptive lesions, and discrete regional alveolar bone loss.

The right tympanic cavity is filled with hypoattenuating fluid material while maintaining normal wall thickness and contour. The left tympanic cavity is air-filled and normal. The external auditory canals are unremarkable.

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

The brain parenchyma shows normal attenuation and symmetry. No intracranial mass effect is identified. No midline shift is present.

The temporomandibular joints are bilaterally congruent.

The nasopharynx and oropharynx are within normal limits, although a small amount of fluid is present within the nasopharynx.

The medial retropharyngeal and mandibular lymph nodes are mildly enlarged.

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

### THORAX



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The pulmonary parenchyma demonstrates a marked mixed pulmonary pattern characterized by diffuse bronchiolar wall thickening, multifocal tree-in-bud pattern, and regions of linear ground-glass attenuation resulting in an overall increase in pulmonary attenuation.

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Additionally, patchy alveolar consolidations are present within the ventral lung fields, most evident in the left lung lobes and the accessory lung lobe.

The trachea and main bronchi are within normal limits.

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The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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The cardiac silhouette and pulmonary vessels appear normal, with adequate post-contrast opacification.

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

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The thoracic esophagus is unremarkable.

Within the partially included cranial abdomen, the spleen is mildly enlarged with smooth margins and homogeneous attenuation.

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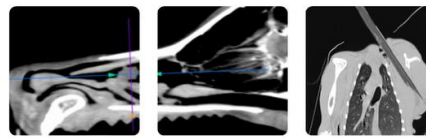
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild multifocal fluid accumulation is present within the nasal cavities, associated with mild loss of turbinate architectural detail. Differential diagnoses include mild chronic nonspecific rhinitis. Dental disease should be considered as a possible contributing factor.
- Suspected oronasal fistula associated with the right maxillary canine tooth (Triadan 104).
- Dental disease characterized by multiple missing teeth, multifocal tooth resorption, and discrete regional alveolar bone loss. Concurrent differential diagnoses include feline tooth resorption.
- Right-sided otitis media characterized by fluid accumulation within the tympanic cavity.
- Mild enlargement of the mandibular and medial retropharyngeal lymph nodes, most consistent with reactive lymphadenitis.
- Diffuse and marked pulmonary disease characterized by bronchiolar thickening, a tree-in-bud pattern, ground-glass attenuation, and patchy ventral alveolar consolidation. Differential diagnoses include severe feline lower airway disease (feline asthma), inflammatory or infectious bronchitis, and less commonly fungal infection. The presence of patchy alveolar consolidation may represent superimposed inflammatory or infectious pneumonia.
- Mild splenomegaly. Differential diagnoses include incidental enlargement related to anesthesia, lymphoid hyperplasia, or extramedullary hematopoiesis; infiltrative disease is considered less likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal cavity findings are most consistent with mild chronic nonspecific rhinitis. Dental disease should be considered as a possible contributing factor. Potential etiologies associated with nonspecific rhinitis include viral infection, lymphoplasmacytic inflammation, and fungal rhinitis. An incipient nasal lymphoma is considered less likely given the patient's age and the overlap of imaging findings with inflammatory conditions. Consider a nasal flush exam.

The suspected communication between the right nasal cavity and the region of Triadan 104 raises concern for an oronasal fistula secondary to advanced dental disease, which may contribute to



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persistent rhinitis. Concurrent findings are compatible with feline odontoclastic tooth resorption and periodontal disease. A comprehensive dental examination and appropriate dental treatment are recommended.

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Pulmonary findings indicate a diffuse lower airway and bronchiolar disease pattern. Differential diagnoses include feline lower airway disease (feline asthma), inflammatory or infectious bronchitis (including fungal disease), and less commonly fungal pneumonia. The presence of patchy alveolar consolidation may represent superimposed inflammatory or infectious pneumonia.

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Bronchoalveolar lavage (BAL) with cytology and culture is recommended for further characterization of the pulmonary disease if clinically indicated.

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Computed tomographic evidence of feline lower airway disease (FLAD) is commonly reported in cats with inflammatory upper airway disease, particularly in cases where rhinitis and otitis media occur concurrently. The combination of these findings strongly suggests the presence of Feline United Airway Disease.

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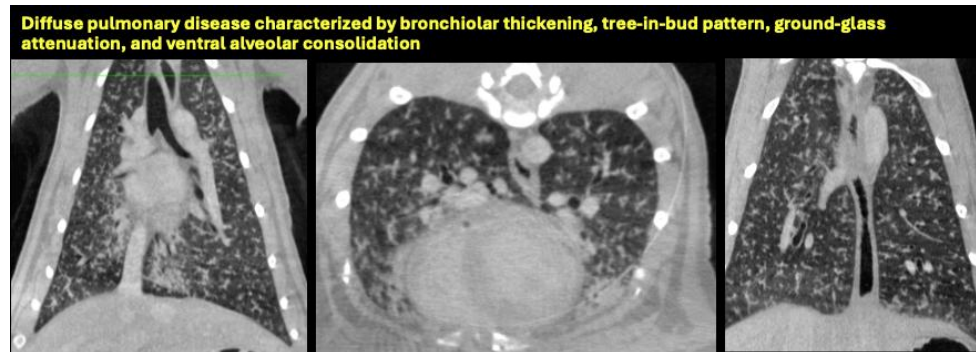
Reference: Wetzels B, Ter Haar G, Hertog ED, Boroffka S. Computed Tomographic Evidence for United Airway Disease in Cats: Concurrent Middle Ear, Upper and Lower Airway Disease. *Vet Radiol Ultrasound*. 2025 May;66(3):e70032. doi: 10.1111/vru.70032. PMID: 40344315.

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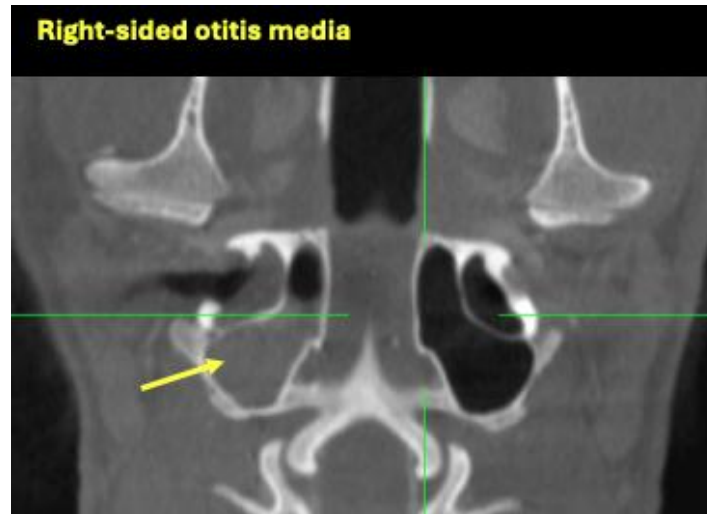
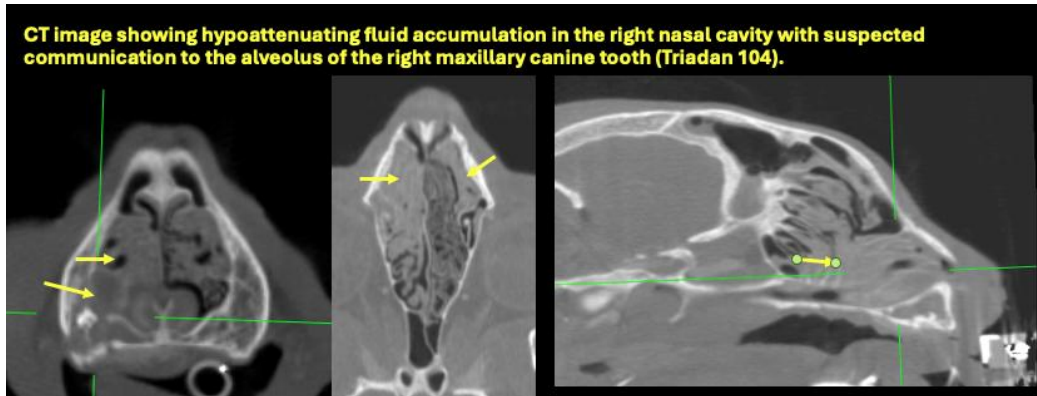
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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