



PATIENT

Daisy Cuccia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

74237

DATE

3-17-26

PRESENTING CLINICAL SIGNS

Lungs clear/eupneic, no crackles/wheezes auscultated; bilateral mucoid to hemorrhagic nasal discharge both nostrils

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A single post-contrast CT study of the head and thorax is provided for review, acquired in the transverse plane using a bone algorithm, in a delayed phase.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Predominantly affecting the left nasal cavity, there is a moderate accumulation of hypoattenuating fluid material associated with moderate loss of turbinate architectural detail and a cavitory appearance. No evidence of a defined mass effect is identified. The nasal septum and cribriform plate are intact. No paranasal bone osteolysis is observed.

Minimal gravity-dependent fluid accumulation is present within the left frontal sinus. The right frontal sinus is unremarkable.

The oropharynx and nasopharynx are within normal limits.

No intracranial mass effect or falx cerebri shift is identified.

There is diffuse maxillary and mandibular alveolar bone resorption. Possible Triadan 101, 102, and 201 are absent.

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

The globes and retrobulbar spaces are unremarkable.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal lymph nodes are within normal limits.

The mandibular lymph nodes are mildly enlarged.

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

THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma demonstrates normal attenuation, with no evidence of soft tissue nodules, or masses.

The bronchial tree is unremarkable, with normal wall thickness and tapering.

The cardiac silhouette and pulmonary vasculature are within normal limits.



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

The pleural space, diaphragm, ribs, and thoracic wall are within normal limits.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate fluid accumulation predominantly within the left nasal cavity associated with turbinate architectural loss and cavitory changes, without evidence of aggressive bone lysis or discrete mass effect. Differential diagnoses include chronic rhinitis (e.g., fungal, viral [active or residual], lymphoplasmacytic, infectious, or allergic). Early-stage neoplasia is considered less likely.
- Minimal fluid accumulation within the left frontal sinus, likely secondary to nasal disease.
- Mild mandibular lymphadenomegaly, consistent with reactive lymphadenitis.
- Diffuse periodontal disease with associated alveolar bone loss and suspected missing teeth (Triadan 101, 102, 201).
- The thoracic cavity is unremarkable.

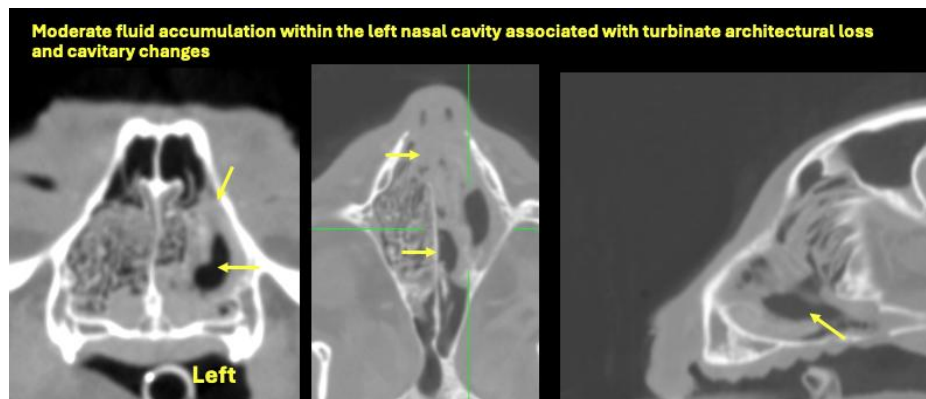
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate moderate predominantly fluid accumulation within the left nasal cavity, associated with turbinate architectural loss and cavitory changes, without evidence of aggressive bone lysis or a enhanced mass effect. Differential diagnoses include chronic rhinitis (e.g., fungal, viral [active or residual], lymphoplasmacytic, infectious, or allergic). Early-stage neoplasia is considered less likely.

Consider nasal rhinoscopy and/or nasal flush with cytology.

Mild mandibular lymph node enlargement is likely reactive to the nasal and/or dental disease.

The presence of diffuse periodontal disease may contribute to regional inflammation and should be clinically addressed. Dental evaluation and appropriate periodontal treatment are recommended.





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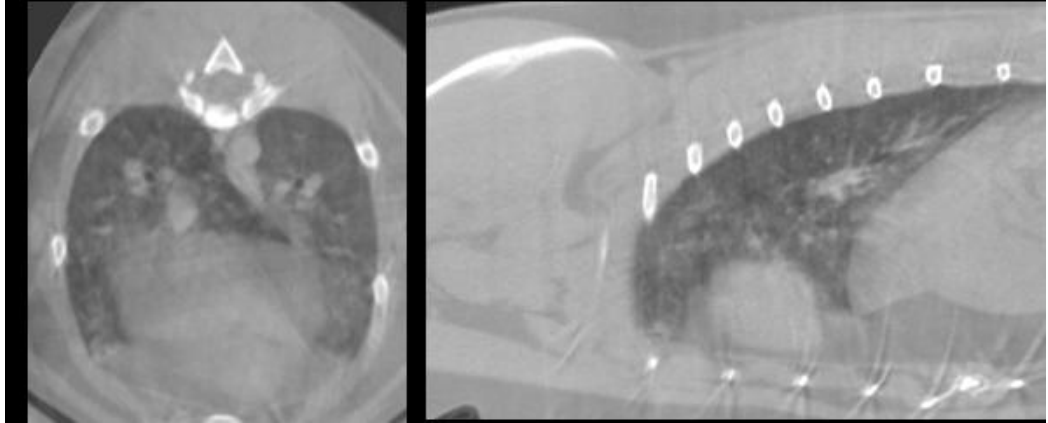
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Normal thorax



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