



PATIENT

Mattie Mason

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74259

DATE

3-18-26

PRESENTING CLINICAL SIGNS

- 3 months ago started getting raspy gagging/breathing/coughing. Was seen at RDVM and started on antibiotics and there was improvement in the breathing. She still has a cough and runny eyes. Still has raspy breathing/congestion and some nasal discharge. Coughs/retches/gags about 3 times a day. RDVM radiographs 3 weeks ago appeared unremarkable.

Abnormal PE/Chem/CBC/UA Results: alt 175

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head soft tissue algorithm. One post-contrast series of the thorax soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The nasal cavities, conchae, and turbinates are within normal limits. No evidence of turbinate destruction or mass effect. The cribriform plate is intact. Frontal sinuses are unremarkable.

There is an atypical pattern of mixed gas and fluid attenuation within the cranial nasopharynx, forming a microbubble appearance. No associated mass effect or defined polypoid lesion is identified. The soft palate is within normal limits.

The larynx, thyroid cartilage, hyoid apparatus, and cervical trachea are unremarkable.

The left tympanic cavity contains a small volume of fluid material, without osseous changes. The right tympanic cavity is air-filled and normal. External auditory canals are unremarkable.

The globes and retrobulbar spaces are normal. No intracranial mass effect or midline shift is observed.

Dental findings include absence of Triadan 307 and resorptive changes affecting the crown and root of Triadan 407.

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

THORAX

The trachea and main bronchi are within normal limits.

There is mild ground-glass attenuation affecting the right cranial and right middle lung lobes, associated with minimal reduction in pulmonary volume. The remaining pulmonary parenchyma is unremarkable, with no evidence of nodules or masses.

The bronchial tree is normal in distribution and morphology, with no bronchial wall thickening.

The cardiac silhouette and pulmonary vasculature are within normal limits, with appropriate contrast opacification.



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

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A small amount of suspected free gas is noted in the caudal mediastinum, surrounding the caudal esophagus and esophageal hiatus.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild accumulation of mixed atypical gas and fluid within the cranial nasopharynx, without mass effect. Differential diagnoses include atypical mucus accumulation, less likely considering the patient history a tiny non-opaque foreign material.
- Mild left-sided tympanic bulla effusion. Differential diagnoses include fluid accumulation and/or otitis media.
- Mild focal pulmonary ground-glass opacity (right cranial and middle lung lobes). Differential diagnoses include incipient pneumonia, or aspirate pneumonia, less likely passive atelectasis.
- Diffuse esophageal gas distension. Differential diagnoses include incidental due sedation-related change, esophageal dysmotility, aerophagia.
- Suspected minimal pneumomediastinum (caudal mediastinum), possible artifact.
- Dental disease: missing Triadan 307 and resorptive lesion of Triadan 407

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings show an atypical pattern of gas and fluid accumulation, which may be incidental. However, given the patient's clinical history, the presence of a small, non-radiopaque foreign body cannot be completely excluded. Endoscopic evaluation is recommended to definitively rule out this possibility, especially if the clinical signs persist.

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Within the thorax, there is mild focal pulmonary ground-glass opacity affecting the right cranial and middle lung lobes. Differential diagnoses include early (incipient) pneumonia or aspiration pneumonia; passive atelectasis is considered less likely. Conservative management for pneumonia may be considered, depending on clinical correlation.

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There is mild left-sided tympanic bulla effusion. Differential diagnoses include simple fluid accumulation and/or otitis media.

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TECHNICAL COMMENTS

Mild respiratory motion artifact is present within the thoracic series.

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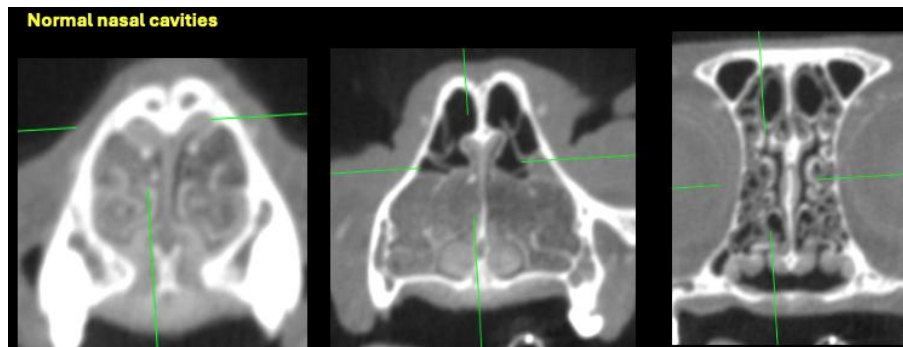
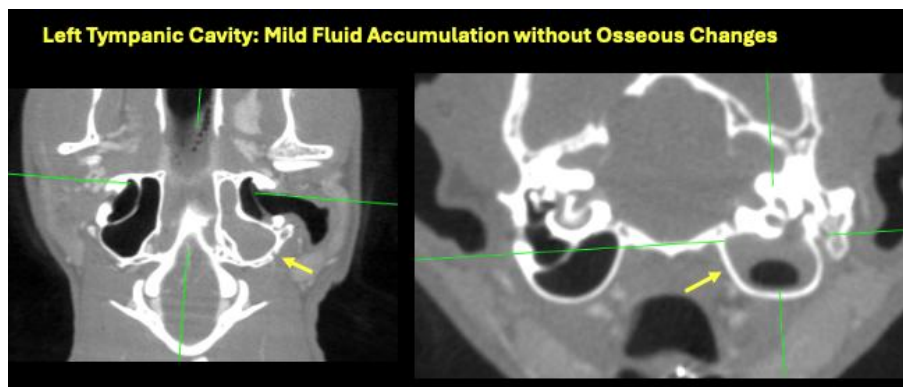
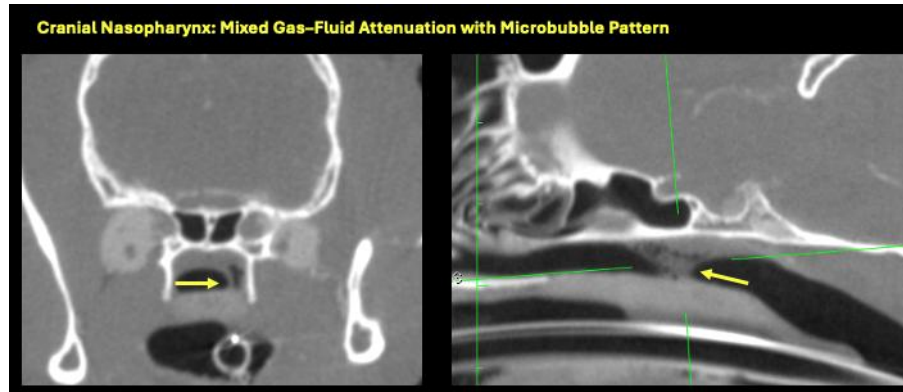
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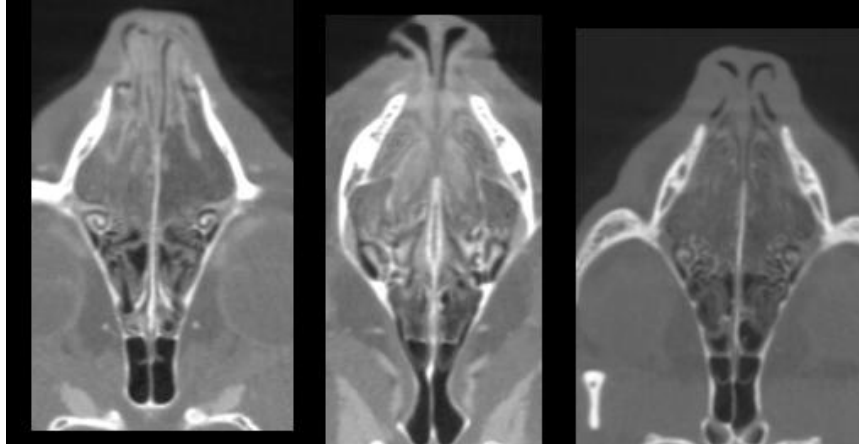
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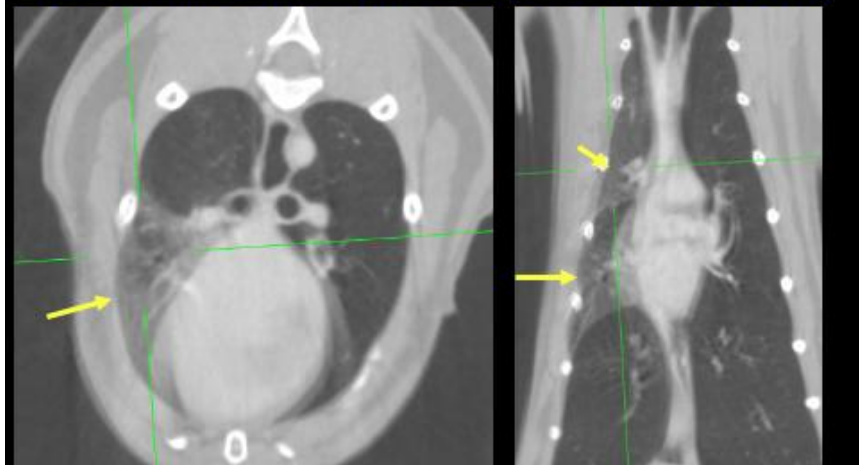
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Normal nasal cavities



Right Cranial and Middle Lung Lobes: Mild Focal Ground-Glass Opacity



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