



PATIENT

Ravioli Koenig

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year 10 Months

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Dr. Jessica Austin

INVOICE

14038

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- chronic UR noise
- O has had since he was 8 wks, has been present the entire time that she has had him.
- No polyps were seen in nasal cavity
- Slightly elongated soft palette seen during sedated oral exam

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review, totaling six series. Images were acquired in the transverse plane with different slice thicknesses using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A moderate, multifocal accumulation of hypoattenuating fluid material is present throughout the nasal cavities, associated with moderate loss of turbinate architectural detail.

There is no evidence of a contrast-enhancing nasal mass effect, radiopaque foreign material. The paranasal bones are intact. No evidence of osteolysis or hyperostosis is identified. The cribriform plate is intact.

No nasopharyngeal polypoid lesion is detected. The soft palate is within normal limits on this examination. Mild fluid retention in the floor and left wall choana. The rostral and mid-portions of the nasopharynx appear mildly overdistended. The laryngeal vestibule shows mild asymmetry of the air contrast pattern.

The left frontal sinus is fluid-filled. The right frontal sinus is air-filled. No frontal bone sclerosis or osteolysis is observed.

The tympanic bullae and external auditory canals are unremarkable.

The temporomandibular joints are bilaterally congruent.

No intracranial mass effect, falx cerebri shift, or ventriculomegaly is identified.

The globes and retrobulbar spaces are within normal limits.

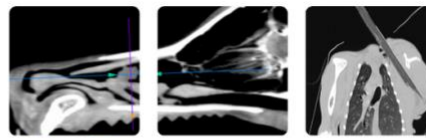
The medial retropharyngeal and mandibular lymph nodes are unremarkable.

All teeth are present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

Moderate, multifocal fluid accumulation within the nasal cavities with associated mild turbinate detail loss. Differential diagnoses include non-specific chronic rhinitis, possible as consequence, or residual loss of turbinate architecture due to previous (or active) viral rhinitis, or inflammatory or lymphoplasmacytic rhinitis, early fungal is less likely.

Left frontal sinus fluid accumulation, likely secondary to sinonasal inflammatory disease.



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There is no evidence of a nasal or nasopharyngeal polyp. However, the laryngeal vestibule demonstrates mild asymmetry of the air contrast pattern. Differential considerations include laryngitis or an atypical caudal nasopharyngeal membrane with secondary stenosis, particularly given the chronicity of clinical signs and the patient's young age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

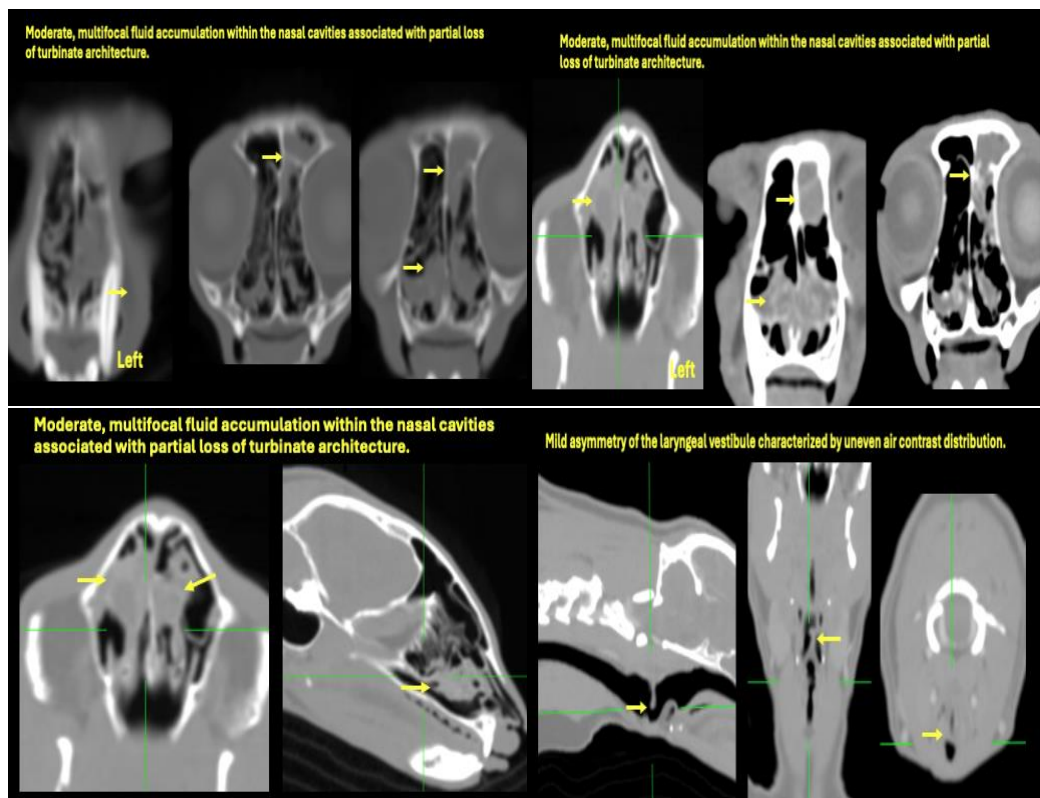
The tomographic findings support a chronic inflammatory sinonasal process.

Given the early onset of clinical signs (since 8 weeks of age), chronic inflammatory rhinitis—potentially post-viral in origin—is considered most likely, with possible concurrent secondary bacterial infection.

There is no evidence of a nasal or nasopharyngeal polyp. However, the laryngeal vestibule demonstrates mild asymmetry of the air contrast pattern. Differential considerations include laryngitis or an atypical caudal nasopharyngeal membrane (with possible secondary stenosis), particularly given the chronicity of clinical signs and the patient's young age and the present clinical signs.

A nasopharyngeal membrane may be difficult to definitively confirm on CT.

Upper airway endoscopy is suggested as the next diagnostic step to allow direct evaluation of the caudal nasopharynx and larynx and to definitively exclude the differential of caudal nasopharynx membrane or structural - functional lesion.



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.



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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