

PATIENT

Cleo Rozeboon

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years 2 Months

WEIGHT

8.625 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Sara Rotthaus, DVM

INVOICE

36451

DATE

3/31/26

PRESENTING CLINICAL SIGNS

Chronic URI issues

Poor response to non-targeted Ab and steroid therapy

In for complete dental therapy and added CT imaging with contrast to assess

Abnormal PE/Chem/CBC/UA Results: Pre anesthesia labs with no overt abnormalities

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head are provided for review totaling 2 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Within the right ventral nasal cavity, there is an elongated hypoattenuating soft tissue/fluid-attenuating lesion with mild peripheral contrast enhancement, extending from the level of Triadan 104 caudoventrally to the choana. At the level of the choana, the lesion becomes more expansile and causes partial choanal luminal obstruction. This lesion measures approximately 1.8 × 0.57 x 0.87 cm.

Adjacent to the rostral aspect of this lesion, there is mild focal osteolysis of the right maxilla at the level of Triadan 104, with a small oronasal communication centered near the maxilloincisive suture. Mild focal loss of adjacent turbinate detail is also present.

Additionally, there is mild multifocal fluid/soft tissue attenuation material scattered within the remaining nasal cavities. In these portions, the nasal turbinates are predominantly preserved.

Triadan 103 and 203 are absent, with suspected retained root fragments. Triadan 106, 109, 401, and 407 are absent. Triadan 108, 208, and 409 show changes consistent with tooth resorption.

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

The frontal sinuses are unremarkable.

No intracranial mass effect or deviation of the falx cerebri is identified.

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

The globes and retrobulbar spaces are within normal limits.

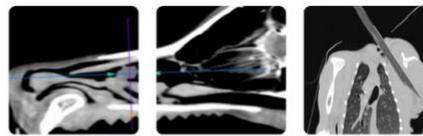
The temporomandibular joints are bilaterally congruent.

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

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

Right ventral nasal cavity and choanal soft tissue/fluid-attenuating lesion, with mild peripheral contrast enhancement, focal turbinate loss, and adjacent mild maxillary osteolysis with a small oronasal communication at the level of Triadan 104. Differential diagnoses include locally invasive inflammatory/infectious lesion secondary to severe dental disease and oronasal fistula, granulomatous



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inflammatory lesion, nasal neoplasia (including lymphoma or carcinoma with regional osteolysis), fungal rhinitis/granuloma, considered less likely.

Mild multifocal non-destructive nasal cavity fluid/soft tissue accumulation, compatible with concurrent rhinitis.

Dental disease, including:

Missing Triadan 103 and 203 with suspected retained root fragments

Missing Triadan 106, 109, 401, and 407

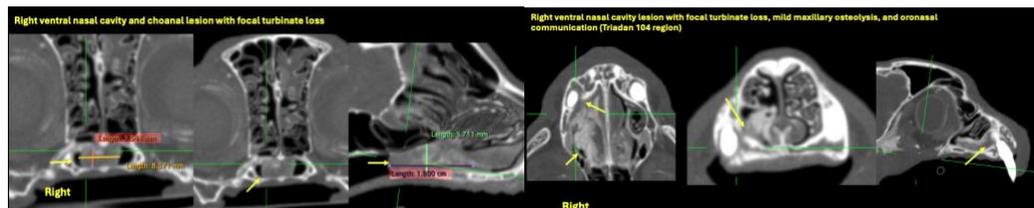
Tooth resorptive lesions affecting Triadan 108, 208, and 409

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal a right-sided ventral nasal/choanal lesion associated with mild focal turbinate destruction and focal osseous lysis adjacent to the right maxillary canine region, where a small oronasal communication is present (Triadan 104). Given the close anatomic relationship to the diseased dentoalveolar region, this may represent an inflammatory or infectious process extending from dental disease, including chronic focal rhinitis/rhinosinusitis or a granulomatous lesion. However, nasal neoplasia causing the adjacent osseous lysis, with concurrent dental disease, cannot be excluded.

A definitive diagnosis cannot be established based on CT findings alone, particularly given the overlap in imaging features among these disease processes (especially nasal lymphoma). Nasal flush cytology and/or rhinoscopic evaluation with biopsy are recommended for histopathological confirmation.

Comprehensive dental assessment and treatment are suggested.



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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