



## PATIENT

Rain Kippenberger

## SPECIES

Canine

## BREED

American Bully

## SEX

FS

## AGE

1Y

## WEIGHT

18.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Tabi

## HOSPITAL NAME

Pet Emergency &  
Referral Center - NVA

## REFERRING VET

Kara Fiore

## INVOICE

74607

## DATE

4-13-26

## PRESENTING CLINICAL SIGNS

Chronic vomit, regurgitation and reflux behavior since 8 weeks old. Pt has been being managed on antacids with little improvement. Pt will occasionally choke on meals, drool excessively, neck stretch and hard swallow resulting in reflux behavior. upon airway exam today soft palate was elongated and the opening of the nasal pharynx caudle and subjectively close to the larynx. Tonsils were enlarged but otherwise normal. No contrast given on closed mouth scan. Contrast given with open mouth. Contrast broke IVC resulting in an unknown amount admin to Pt. Additional was not given due to unknown amount previously delivered.

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A single non-contrast CT study of the head is provided for review, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

There is mild retention of heterogeneous soft tissue/fluid material within the choanae and cranial nasopharynx, resulting in an abnormal gas pattern and reduction of the normal air-pathway. The soft palate is subjectively thickened and mildly elongated.

A small amount of fluid is present within the caudodorsal aspect of the left nasal cavity and within the frontal sinus, more pronounced on the right sinus. No evidence of turbinate destruction, intranasal mass effect, or paranasal bone lysis is identified.

The cribriform plate is intact.

No evidence of intracranial mass effect is identified; however, evaluation is limited due to the absence of a dedicated post-contrast soft tissue series.

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

The globes and retrobulbar spaces are unremarkable.

Triadan 308 is absent.

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, evaluation is limited due to the absence of a dedicated post-contrast soft tissue series.

There are moderate gas retention and mild dilation of the cervical esophagus, possible incidental.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild accumulation of fluid/soft tissue material within the choanae, associated with a subjectively thickened and mildly elongated soft palate. Differential diagnosis discrete choanal foreign material, abnormal food retention (considering the patient's history) and pharyngitis.
- Mild fluid accumulation within the left nasal cavity and frontal sinus, compatible with mild, non-specific rhinosinusitis.
- The Triadan 308 is absent.



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- Moderate gas dilation of the cervical esophagus, possible incidental, related to the anesthesia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate mild accumulation of fluid/soft tissue material within the choanae, associated with a subjectively thickened and mildly elongated soft palate, resulting in partial reduction of the nasopharyngeal airway. Differential diagnosis pharyngitis and the possibility of subtle non-radiopaque foreign material within the choanal region cannot be entirely excluded.

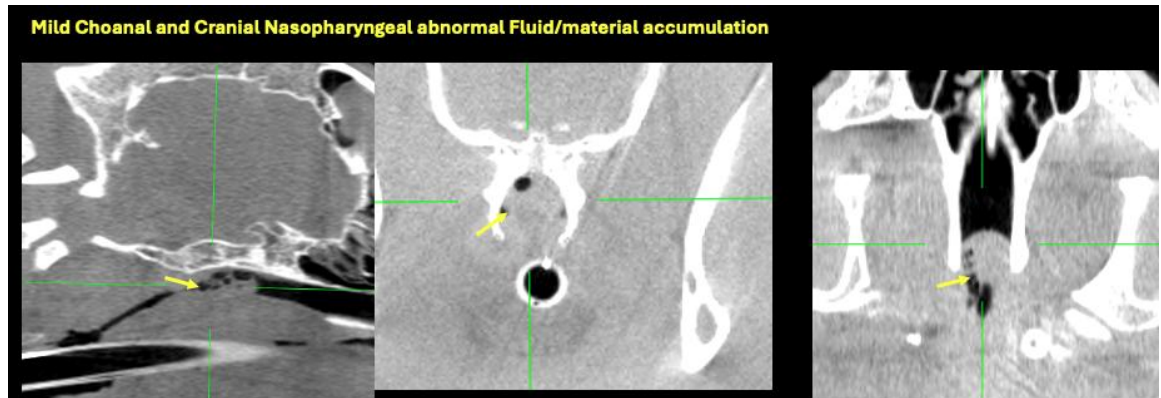
Direct upper airway evaluation (oropharyngoscopy/laryngoscopy) is recommended to further assess the soft palate length, and to exclude occult foreign material or dynamic airway obstruction.

Mild fluid accumulation within the left nasal cavity and frontal sinus, in the absence of turbinate destruction or osseous changes, is most consistent with mild, non-specific rhinosinusitis, likely inflammatory in origin.

Moderate gas dilation of the cervical esophagus may be incidental and anesthesia related. However, given the chronic history of regurgitation and reflux, an underlying esophageal disorder (e.g., esophageal dysmotility, gastroesophageal reflux disease, or early megaesophagus) should be considered. A fluoroscopic swallow study or contrast esophagram is also recommended to evaluate esophageal motility and further investigate the cause of chronic regurgitation.

## TECHNICAL COMMENTS

Only non-contrast series were provided, limiting evaluation of soft tissue structures and reducing optimal characterization of the choanal region findings.





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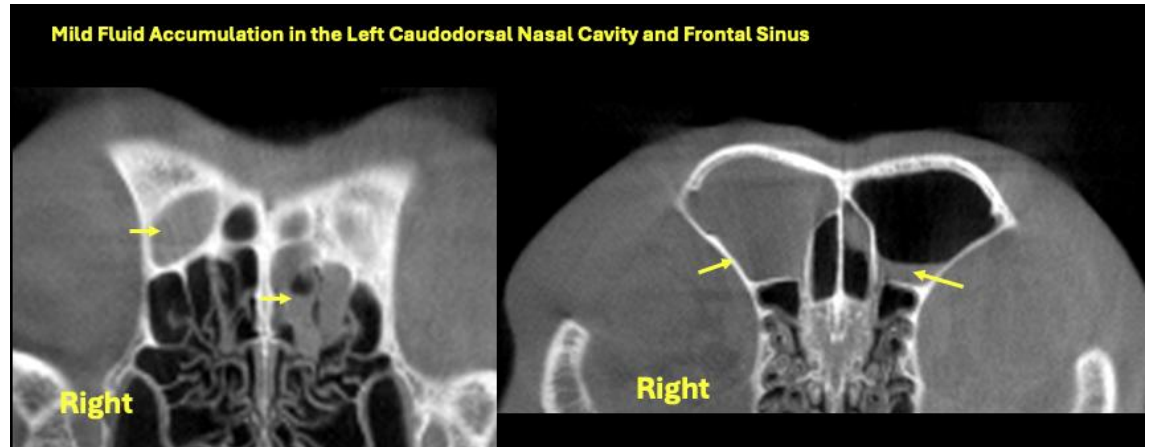
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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