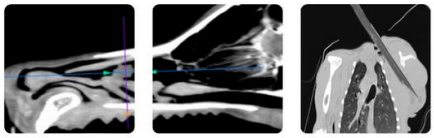


PATIENT

Sheila Stump

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

11Y

WEIGHT

6.69kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Johnson

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Olivia Stone

INVOICE

74757

DATE

4-22-26

PRESENTING CLINICAL SIGNS

approximate 5 yr history of chronic nasal discharge
mass vs polyp vs congenital deformity vs other
Grade 2-3/6 murmur
lack of response to multiple extensive medical therapies
previous negative Cryptococcus titer

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 9 series. Four pre-contrast series of the head and thorax (bone and soft tissue algorithm). Five post-contrast series of the head and thorax (bone and soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There are multiple missing teeth: Triadan 102 (with retained root), 104, 108, 109, 201, 203, 204, 205, 206, 207, 209, 301, 303, 307, and 409.

There is diffuse decreased attenuation of the alveolar bone involving the maxilla and mandible, consistent with generalized alveolar bone loss.

At the level of the missing Triadan 204, there is a focal alveolar bone defect measuring approximately 2 mm, forming a small oronasal communication (oronasal fistula). Adjacent to this region, there is mild focal loss of turbinate definition.

The remaining nasal cavities are well aerated with preserved turbinate and nasal conchal architecture. No radiopaque foreign material, mass effect, aggressive turbinate destruction, or paranasal bone lysis is identified.

The soft palate, choanae, tympanic bullae, and external auditory canals are within normal limits.

The brain and intracranial structures are unremarkable, with no evidence of mass effect or ventriculomegaly.

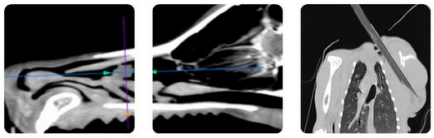
Salivary glands, globes, and retrobulbar spaces are within normal limits.

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

The temporomandibular joints are bilaterally congruent.

THORAX

A small soft tissue attenuating pulmonary micronodule (3.6 mm) is present in the ventral subpleural region of the left caudal lung lobe, adjacent to the level of the seventh rib. An additional ground-glass attenuating micronodule (2.3 mm) is identified in the subpleural region of the left cranial lung lobe at the level of the third intercostal space.



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No additional pulmonary nodules, masses, or diffuse pulmonary disease are identified. The remaining pulmonary parenchyma displays normal attenuation.

The trachea and main bronchi are within normal limits, with preserved bronchial architecture.

The cardiac silhouette and large vessels are within normal limits. The pulmonary vessels are within normal limits.

The mediastinal, sternal, and tracheobronchial lymph nodes are within normal limits.

The pleural space and thoracic wall are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized active or chronic residual dental/periodontal disease with multiple missing teeth and retained root (Triadan 102), associated with diffuse alveolar bone loss. Differential diagnoses include possible osteomyelitis.
- Focal alveolar defect at Triadan 204 with associated oronasal fistula with focal turbinate alteration adjacent to the fistula, most consistent with secondary inflammatory change.
- Two small pulmonary micronodules in the left lung (soft tissue and ground-glass attenuation), Differential diagnosis includes pulmonary tiny granuloma, early neoplasia or metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings demonstrate active or chronic residual dental/periodontal disease, with formation of a small oronasal fistula at the level of the absent Triadan 204, which is a likely contributor to the patient's chronic nasal discharge. The small focal turbinate change adjacent to the fistula is most consistent with localized secondary inflammation.

There is no CT evidence of a nasal mass, polyp, or aggressive/destructive rhinitis.

Comprehensive dental evaluation and treatment are recommended.

The pulmonary micronodules are currently nonspecific and may represent granulomatous or inflammatory changes; however, early neoplasia or metastatic disease cannot be completely excluded. Follow-up thoracic imaging is recommended to assess stability.

There is no evidence of significant cardiomegaly. Correlation of the cardiac murmur with echocardiography may be considered.

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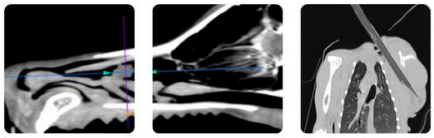

Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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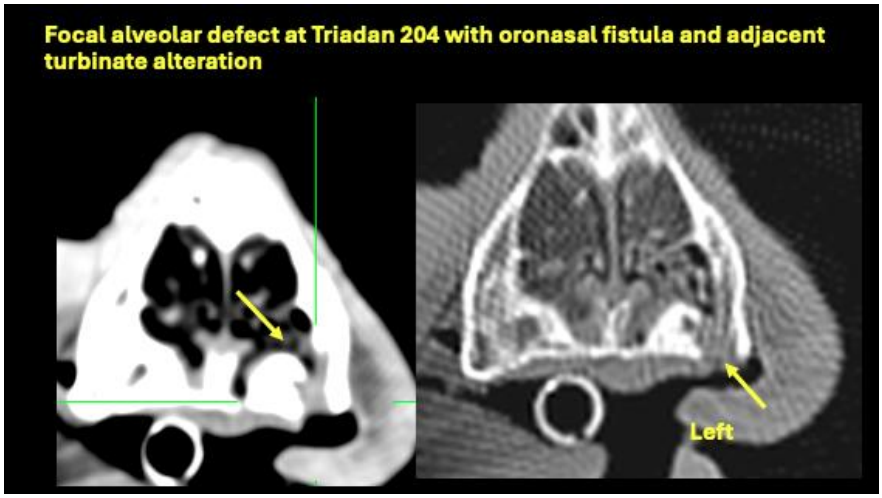

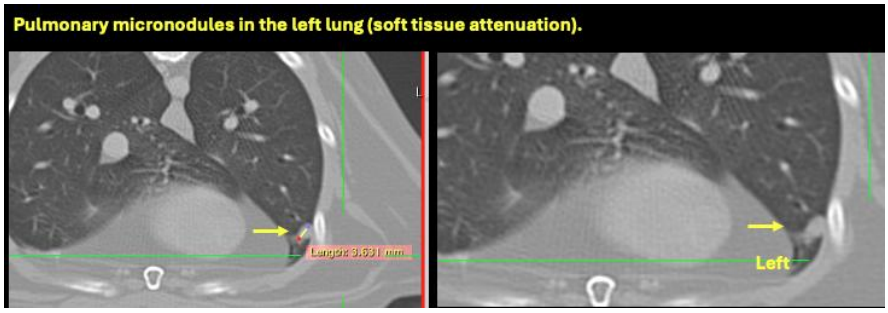

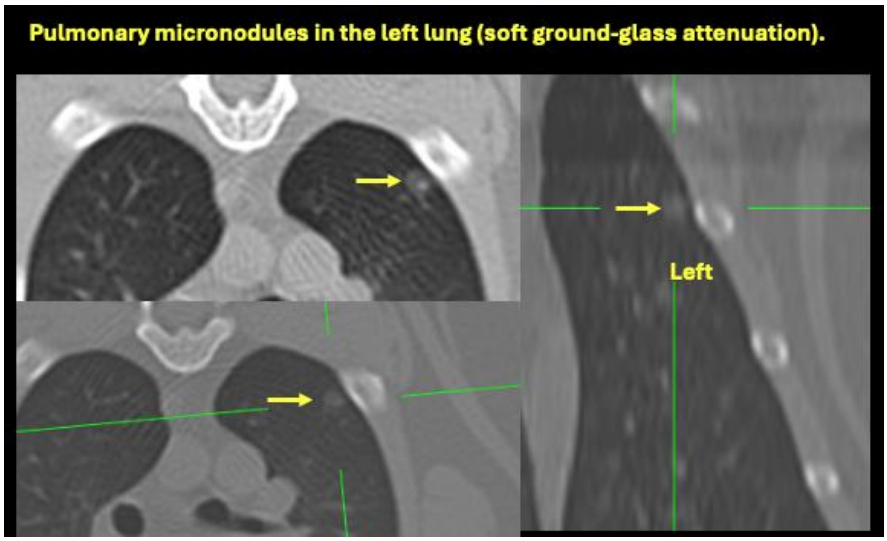

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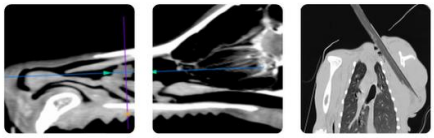

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com