



PATIENT

Wiggles Kavanagh

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9

WEIGHT

6.3

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

74609

DATE

4-7-26

PRESENTING CLINICAL SIGNS

- epistaxis, discharge right nostril
- mm pink/moist, CRT < 2 sec, multiple prior extractions, no apparent oral lesions, no nasal discharge noted today
- Alert/appropriate, no CP or CN deficits, no neck/back pain, mild generalized ataxia
- right nasal discharge, epistaxis
- history cerebellar hypoplasia

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is mild loss of nasal turbinate architecture in the rostral nasal cavities, more pronounced on the right side, associated with mild mucosal thickening and small amounts of scattered fluid. No evidence of intranasal mass effect, paranasal bone lysis, or radiopaque foreign material.

Multiple teeth are absent (Triadan 101, 104, 106-109, 201-204, 206-209, 308-309, 408-409). Mild, diffuse alveolar bone resorption is present. A tiny focus compatible with an oronasal fistula is identified in the region of the absent Triadan 204.

Frontal sinuses are air-filled and within normal limits. The cribriform plate is intact. Oropharynx and nasopharynx are unremarkable. Temporomandibular joints are bilaterally congruent.

No evidence of intracranial mass effect or midline shift. Evaluation of the caudal cranial fossa is limited due to marked occipital bone thickness and prominent external sagittal crest, precluding adequate assessment of the cerebellum.

Both tympanic cavities are fluid-filled; a small mineral attenuating structure (otolith) is present within the left tympanic cavity. Osseous margins are preserved. External auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

Mandibular lymph nodes are mildly enlarged. Medial retropharyngeal lymph nodes are within normal limits.

Salivary glands (mandibular, parotid, zygomatic) and thyroid glands are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

There is mild, gravity-dependent pulmonary consolidation associated with reduced lung volume, consistent with dependent atelectasis. The remaining pulmonary parenchyma is unremarkable, with no evidence of nodules, masses, or micronodules.



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Bronchial walls are thin and regular, with normal bronchus-to-artery ratios.

The cardiac silhouette and pulmonary vasculature are within normal limits.

Thoracic lymph nodes (sternal, cranial mediastinal, tracheobronchial) are unremarkable. Moderate fat accumulation is noted within the cranial mediastinum.

Pleural space, diaphragm, thoracic wall, and esophagus are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild rostral turbinate loss with mucosal thickening and intranasal fluid accumulation, more pronounced on the right side, without evidence of aggressive bone destruction or mass effect. Findings are most consistent with mild, non-destructive rhinitis (e.g., inflammatory, infectious, or early-stage disease).
- Multiple missing teeth with mild generalized alveolar bone reabsorption, and a focal discrete oronasal fistula at the level of absent Triadan 204.
- Bilateral tympanic cavity effusion, with incidental left-sided otolith; findings compatible with otitis media.
- Mild mandibular lymphadenomegaly, likely reactive.
- Mild, dependent pulmonary atelectasis, likely anesthesia related.

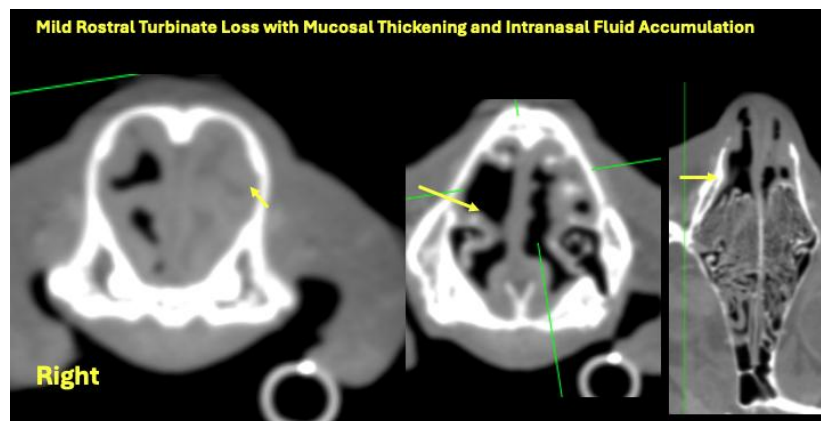
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nasal findings are mild and non-aggressive, favoring nonspecific rhinitis (inflammatory, allergic, or infectious). The discrete oronasal fistula at the level of the absent Triadan 204 raises concern for prior dental disease contributing to the rhinitis; however, there is no evidence of a fistula on the right side.

Consider nasal flush with cytology and culture for further characterization.

Bilateral middle ear effusion suggests otitis media. Further otoscopic evaluation is suggested.

Thoracic findings are consistent with mild, anesthesia-related atelectasis and are of low clinical concern in this context.





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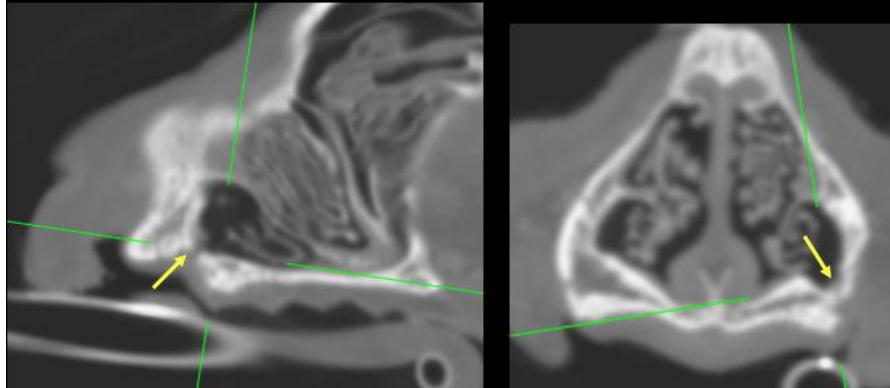
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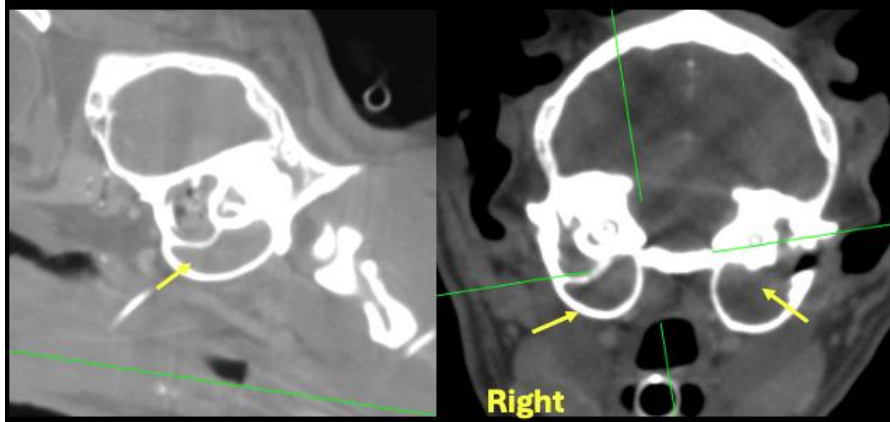
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Multiple Missing Teeth with Suspected Oronasal Fistula at Triadan 204



Bilateral Tympanic Cavity Effusion



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