



PATIENT

Leo Kimbrough

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

3Y

WEIGHT

5.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mandanini

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Simoniello

INVOICE

74537

DATE

4-9-26

PRESENTING CLINICAL SIGNS

R/O nasal foreign body

Early in March, the owner was administering Denamarin orally, which caused the patient to choke, followed by coughing. Radiographs of the chest taken afterwards revealed no significant findings. Administration of carafate caused PT to regurgitate. Has had constant, clear nasal discharge and congestion. Only mild improvement on antibiotics and antihistamines.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review totaling 3 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm. One post contrast series of the thorax and abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

A small mineral-attenuating focus (~1.2 mm) is identified within the mid-nasopharynx, adjacent to the right pterygoid bone. This is associated with a focal accumulation of hypoattenuating material exhibiting mild contrast enhancement. There are mild dorsal displacement and elevation of the adjacent soft palate in this region.

Mild fluid accumulation is present within the right rostral nasal cavity. The left nasal cavity is air-filled. No evidence of turbinate destruction.

The cribriform plate is intact. Frontal sinuses are rudimentary.

No intracranial mass effect or midline shift is observed.

The tympanic bullae are filled with hypoattenuating material, more pronounced on the left side, without osseous changes. External auditory canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

Temporomandibular joints are bilaterally congruent.

Medial retropharyngeal and mandibular lymph nodes are within normal limits.

Salivary glands are unremarkable.

Dental findings include an enamel fracture of Triadan 208. Missing teeth: Triadan 305, 311, 405, and 411.

A small focal calvarial defect is observed at the right caudal parietal fontanelle (~3.7 mm), consistent with an incidental open fontanelle.

THORAX

The trachea and main bronchi are within normal limits.



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There is selective intubation of the right main bronchus. The left lung lobes show reduced volume with diffuse ground-glass attenuation, associated with ipsilateral mediastinal shift and cranial displacement of the left hemidiaphragm, consistent with iatrogenic atelectasis.

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The remaining pulmonary parenchyma is unremarkable, with normal attenuation and bronchial architecture.

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Cardiac silhouette and pulmonary vasculature are within normal limits, with adequate post-contrast opacification.

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Pleural space, thoracic wall, and ribs are normal.

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The thoracic esophagus is unremarkable.

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ABDOMEN

The liver is normal in size, shape, and attenuation, with homogeneous contrast enhancement. The gallbladder and biliary system are within normal limits.

The stomach is moderately distended with mixed content (fluid, gas, and ingesta), without wall abnormalities. The pylorus is unremarkable.

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Small and large intestines are normally distended, with normal wall thickness and no evidence of obstruction or foreign material.

The kidneys, ureters, and urinary bladder are within normal limits.

The spleen is normal in size and enhancement.

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The pancreas, adrenal glands, and abdominal lymph nodes are unremarkable.

Serosal fat shows normal attenuation.

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The prostate is normal. Testicles are partially included in the field of view.

Musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Discrete mineralized structure/foci within the nasopharynx, associated with focal fluid and mild contrast enhancement, causing mild dorsal displacement of the soft palate. Differential diagnoses include is suspicious retained nasopharyngeal foreign body, pharyngitis.
- Mild right-sided nasal fluid accumulation without turbinate destruction. Differential diagnoses include mild rhinitis
- Bilateral tympanic bulla effusion (left > right), without osseous changes. Differential diagnoses include fluid retention and/or otitis media.
- Marked left-sided pulmonary atelectasis with mediastinal shift and diaphragmatic displacement, consistent with selective right mainstem bronchial intubation (iatrogenic).



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Incidental findings:

- Persistent right caudal parietal open fontanelle.
- Dental abnormalities (Triadan 208 enamel fracture; Triadan 305, 311, 405, and 411).
- Otherwise, normal thoracic and abdominal structures.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of a discrete mineral-attenuating structure within the nasopharynx, associated with focal fluid accumulation and mild soft palate displacement, is suspicious for a retained foreign body.

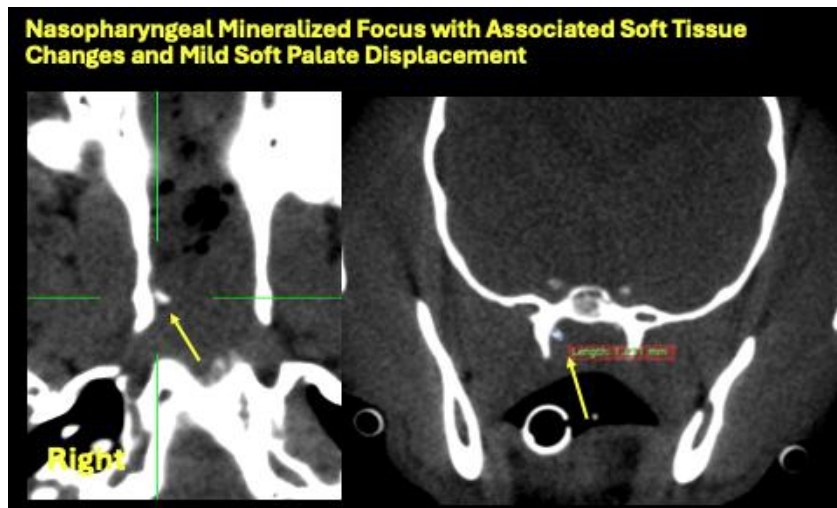
Mild right-sided nasal fluid accumulation. Differential diagnosis includes nonspecific rhinitis.

Bilateral tympanic effusion may represent simple effusion and/or concurrent otitis media.

Recommendations:

Consider nasopharyngoscopy for confirmation, direct visualization, and removal of the suspected foreign body; however, access may be challenging. Consider nasal flushing and cytology if clinically indicated.

Dental evaluation is recommended for the fractured tooth (Triadan 208).





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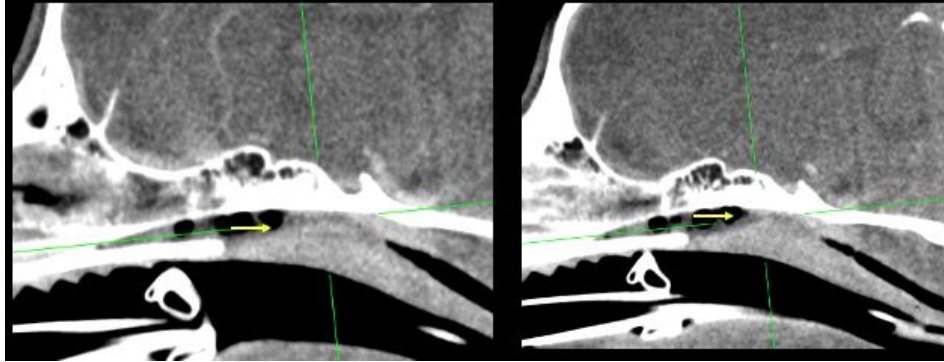
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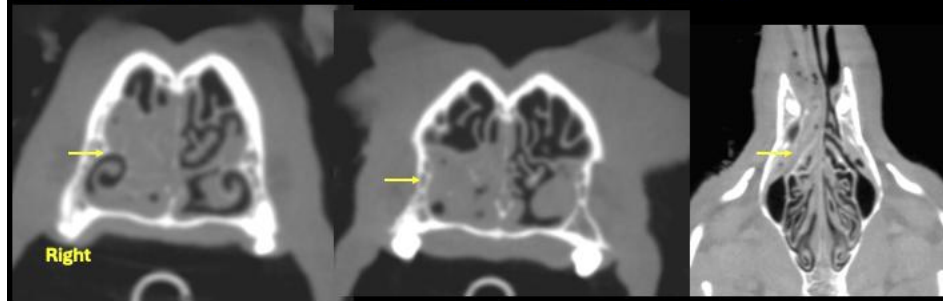
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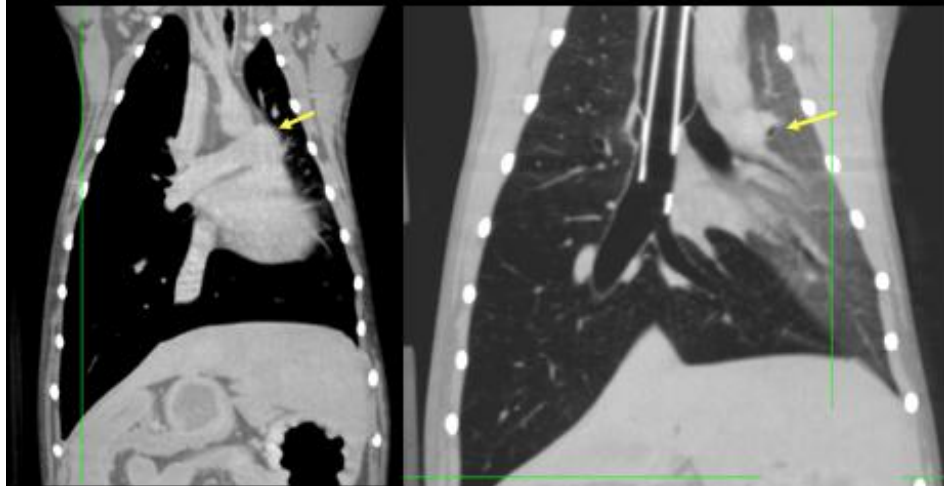
Nasopharyngeal Soft Tissue Changes and Mild Soft Palate Displacement



Mild Right-Sided Nasal Fluid Accumulation without Turbinate Destruction



Left-Sided Pulmonary Atelectasis with Mediastinal Shift Secondary. Otherwise, normal thorax





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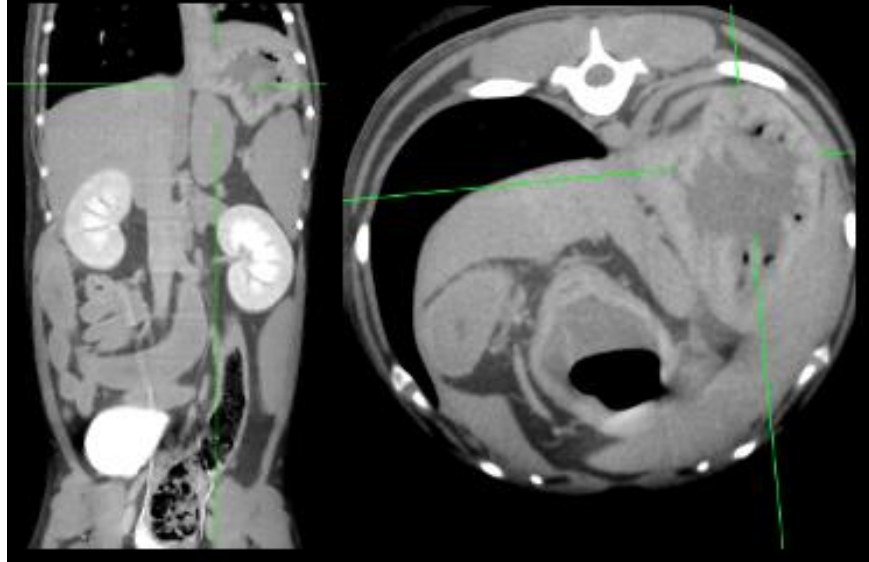
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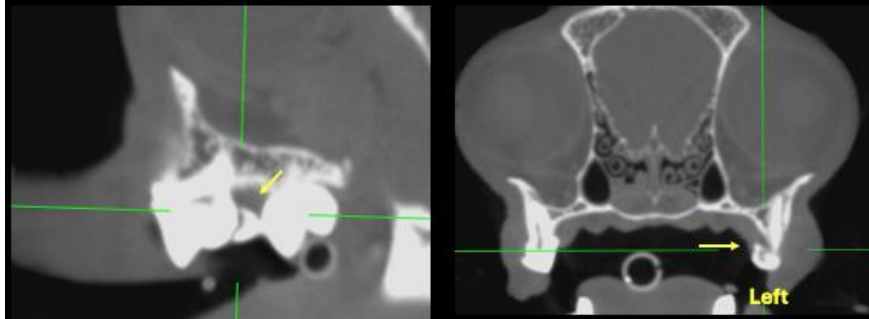
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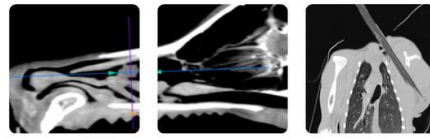
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Normal abdomen



Suspected Enamel Fracture of Triadan 208





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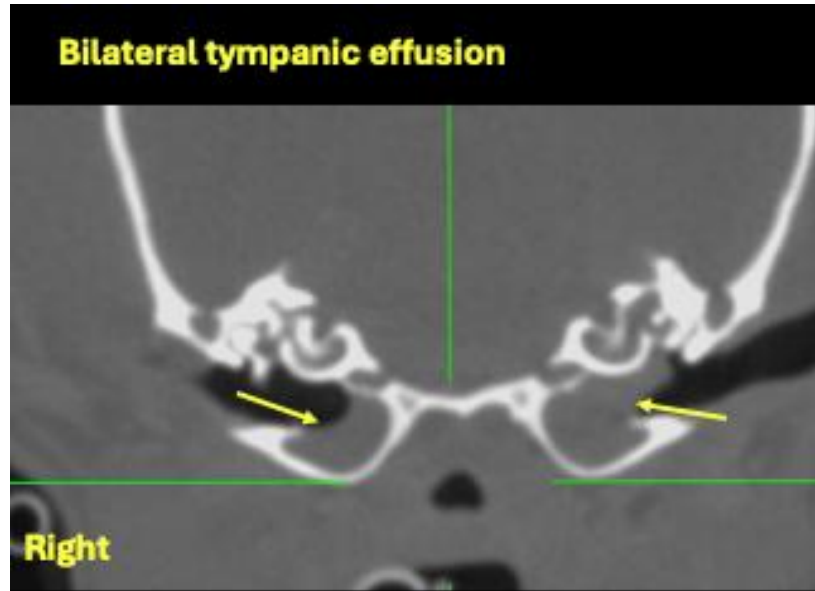
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Bilateral tympanic effusion



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.

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