



PATIENT

Axel Sauer

SPECIES

Canine

BREED

Staffordshire Bull
Terrier Mix

SEX

MN

AGE

13Y

WEIGHT

26.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexa Jones

HOSPITAL NAME

Alberta Veterinary
Dentistry

REFERRING VET

Dr. Jantina McMurray

INVOICE

75084

DATE

5-19-26

PRESENTING CLINICAL SIGNS

- Started after GA at rDVM for COHAT Mar 24/26 - owner reported right-sided mucopurulent discharge developing next after dental
 - prolonged recovery after anesthesia, owner picked him up at 4pm from rDVM and he was not himself (lethargic, loose stools, nasal discharge, unsure if he was painful)
 - On March 24/26 - Multiple extractions performed - routine (103, 110, 210, 301, 302, 303, 401, 402). No postoperative imaging completed.
 - Seen next day at rDVM (Mar 25th/26) for chest radiographs as nasal discharge developed - chest rads within normal limits (in-house interpretation). Supportive care elected - 0.2 mg/kg meloxicam SQ, Emavert 1 mg/kg SQ, 500ml SQ fluids.
 - Recheck exam Mar 30th/26 - Left eye ocular abnormalities, possible blindness? Proprioception delays all limbs noted. Eventual improvement noted over the weeks following besides persistent nasal discharge - rec CT + extend abx. Extended Abx Clavaseptin 375 mg PO BID x 14 days. Improvement noted. No ongoing concerns with eyes.
 - Today (May 19th/26) Axel is about 98% back to normal, besides the persistent R side nasal discharge. A foul smell has newly developed as of this past weekend - seems to be isolated to the mouth/head area.
 - Concerns for retained root tip, oral neoplasia, fungal vs. infectious origin, etc.
- Abnormal PE/Chem/CBC/UA Results: None applicable

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A non-contrast CT study of the mid-rostral head is provided for review, comprising 6 series acquired in transverse, sagittal, and dorsal planes (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

There is marked loss of turbinate architecture within the right nasal cavity, resulting in a shriveled appearance of the turbinates. The remaining left nasal turbinates demonstrate associated mucosal thickening and amorphous soft tissue/fluid-attenuating material within the middle and caudal portions of the right nasal cavity, producing mild non-enhancing mass effect.

The nasal septum is preserved.

The left nasal cavity demonstrates preserved turbinate architecture and aeration.

The cribriform plate remains intact.

There are mild focal hyperostosis and irregularity in the right squamous part of frontal bone, supraorbital region and medial wall of the orbit. Additionally, a small focus of osteolysis is present within the supraorbital region.

No geometric radiopaque foreign body is identified.

Moderate fluid accumulation is present within the right frontal sinus. The left frontal sinus is unremarkable.

The globes, retrobulbar spaces, and periorbital soft tissues are within normal limits.

No intracranial mass effect in the visible portion, olfactory bulb.



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Additional dental findings include multiple missing teeth, possibly correlated with previous extractions. The Triadan 103, 110, 210, 301, 302, 303, 311, 401, and 402 are missing. Mild diffuse alveolar bone resorption is present. No evidence of oronasal fistula.

SPECIES

Canine

There is a small chronic osseous defect/remodeling associated with the apical delta of the right maxillary canine (Triadan 104) alveolus/root region, without evidence of adjacent bone reabsorption.

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Staffordshire Bull Terrier Mix

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

MN

- Marked unilateral right-sided turbinate destruction/atrophy associated with non-enhancing soft tissue/fluid attenuation material within the right nasal cavity and frontal sinus. Primary differential diagnoses include chronic destructive rhinosinusitis, with fungal rhinitis (including aspergillosis).
- Multiple missing teeth, including Triadan 103, 110, 210, 301, 302, 303, 311, 401, and 402, likely correlated with previous extractions, no evidence of complications, the adjacent alveolar bone region displays mild reabsorption as expected.
- Chronic osseous remodeling/defect associated with the right maxillary canine (Triadan 104) apical delta alveolar/root region, without CT evidence of a clinically significant oronasal fistula.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

26.5kg

The tomographic findings demonstrate destructive right-side rhinosinusitis associated with non-enhancing soft tissue/fluid attenuation material within the right nasal cavity and frontal sinus. Primary differential diagnoses include chronic destructive rhinosinusitis, with fungal rhinitis (including aspergillosis). Chronic inflammatory/ bacterial rhinitis with secondary destructive change remains a differential consideration, although the degree and pattern of turbinate destruction are less typical for nonspecific inflammatory rhinitis.

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Further diagnostic investigation is recommended, including rhinoscopy with targeted biopsy and fungal culture/PCR testing. Nasal flush sampling may also be considered.

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No evidence of a clinically significant oronasal fistula, or complications correlated to previous dental treatment.

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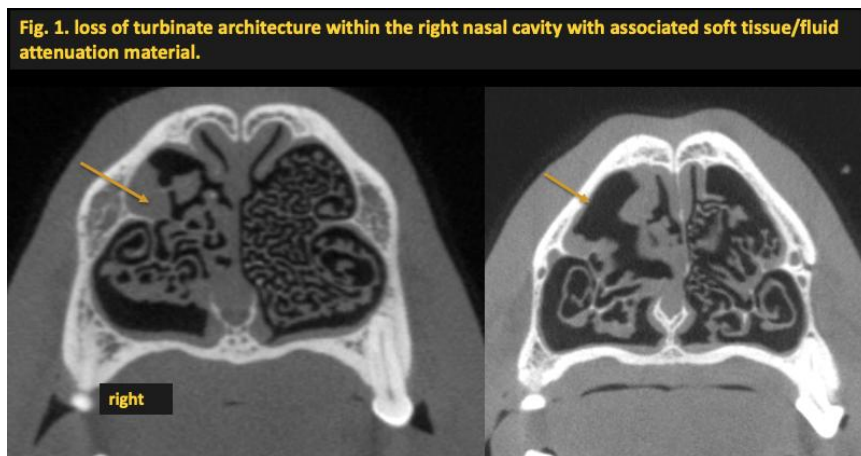
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Fig. 2. Loss of turbinate architecture within the right nasal cavity with associated soft tissue/fluid attenuation material, and focal hyperostosis of the right frontal bone.

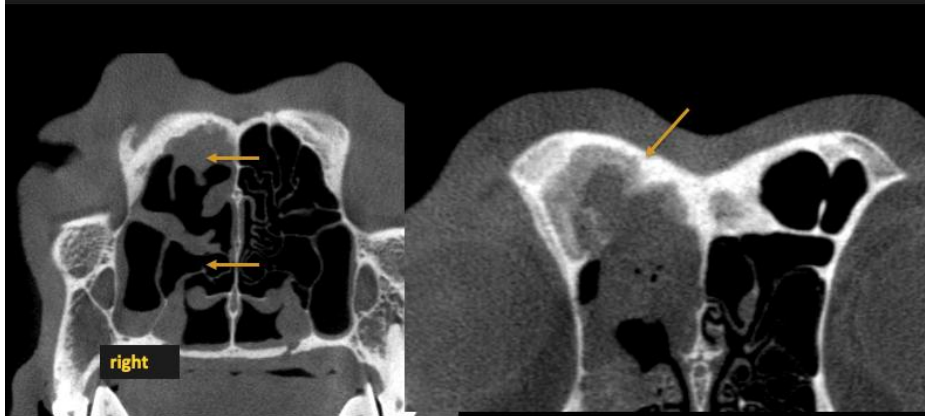
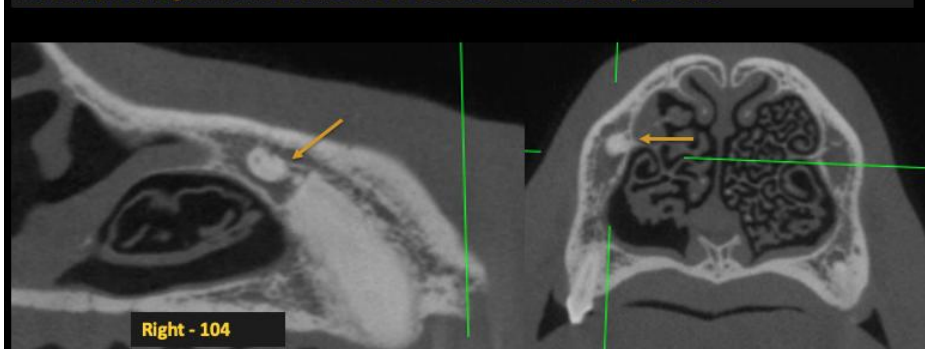


Fig 3. Small chronic osseous defect/remodeling at the right maxillary canine (Triadan 104) alveolar/root region without evidence of oronasal fistula or complications



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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