



PATIENT

Sammie Bauer

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

FS

AGE

8Y

WEIGHT

7.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

EH

HOSPITAL NAME

Crown Veterinary
Specialists and
Associates

REFERRING VET

Carly Bloom

INVOICE

75038

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Significant and progressive wet cough since Jan 2026. Serial chest x-rays show a repeatable bronchial pattern (suspect bronchitis) and multifocal alveolar pattern (suspect multilobar bronchitis either from infection, or post-nasal drip). Other causes of cough along with the bronchial pattern and suspect pneumonia include post-nasal drip from nasal congestion (suspect chronic rhinitis), and tracheal collapse noted on CXR and bronchoscopy. Regarding the nasal signs, they include chronic nasal congestion, reduced nasal air flow, and mucoïd nasal discharge. After CT scan today, retroflex rhinoscopy showed that the material in the nasopharynx was all mucus, no nasopharyngitis or soft tissue mass was seen. Nasal biopsies are pending, along with endotracheal wash fluid and respiratory PCR.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

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

COMPUTED TOMOGRAPHIC FINDINGS

There is moderate diffuse mucosal thickening within the nasal turbinates bilaterally. Associated fluid accumulation. No evidence of turbinate destruction, mass effect, or radiopaque foreign material is identified.

The paranasal bones and cribriform plate are intact.

The frontal sinuses exhibit discrete hypoattenuating fluid content.

Mild foamy fluid material is present within the choana/nasopharynx. The larynx is diffusely thickened.

No intracranial mass effect, falx cerebri shift, or other intracranial abnormality is identified.

Both tympanic cavities are fluid-filled. Rounded, smoothly marginated soft tissue attenuating structures are identified at the tympanic membrane region bilaterally, measuring approximately 8.7 × 5.6 mm on the right and 8.3 × 3.1 mm on the left and projecting into the horizontal external ear canal. The remainder of the external ear canals appears unremarkable.

The globes and retrobulbar spaces are unremarkable.

Missing teeth include Triadan 105, 106, 107, 205, 206, 301, 401, and 411
Periapical alveolar bone resorption is identified affecting Triadan 311.

The temporomandibular joints are bilaterally incongruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

At the periphery of the collimated field of view, bilateral periarticular ossification is noted within the shoulder joints.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate bilateral rhinitis characterized by diffuse mucosal thickening and intranasal fluid accumulation, without evidence of aggressive turbinate destruction or nasal mass effect. Differential diagnoses include nonspecific rhinitis.
- Discrete bilateral frontal sinus fluid accumulation and choanal fluid retention, consistent with secondary sinonasal inflammatory disease.
- Bilateral otitis media with complete fluid opacification of both tympanic bullae.
- Bilateral soft tissue attenuating structures at the tympanic membrane regions, most consistent with inflammatory polypoid tissue or adherent inflammatory debris; ceruminous gland adenoma is considered less likely.
- Mild laryngeal mucosal thickening. Differential diagnoses include laryngitis and pharyngitis.
- Few missing teeth, and regional periodontal disease at the Triadan 311.
- The temporomandibular joints are bilaterally incongruent.
- Bilateral shoulder osteoarthritis.

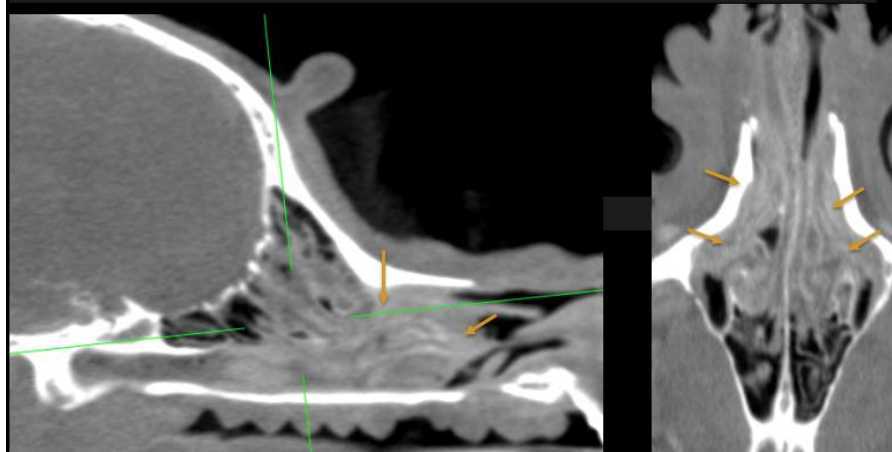
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Tomographic findings are most consistent with mild nonspecific nondestructive rhinitis. Differential diagnoses include lymphoplasmacytic rhinitis, allergic/inflammatory rhinitis, or mild infectious rhinitis. Correlation with the rhinoscopic findings and histopathological results is recommended.

The mild laryngeal mucosal thickening may reflect upper airway inflammatory change.

The bilateral fluid-filled tympanic bullae are consistent with bilateral otitis media. The soft tissue attenuating material adhered to the tympanic membrane regions most compatible with inflammatory polypoid tissue, aural adenoma or adherent inflammatory debris. Consider an otoscopy evaluation.

Fig. 1. CT image showing diffuse mucosal thickening and fluid accumulation in nasal cavities, bilaterally.





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Fig. 2. CT image showing diffuse mucosal thickening and fluid accumulation in nasal cavities, bilaterally.

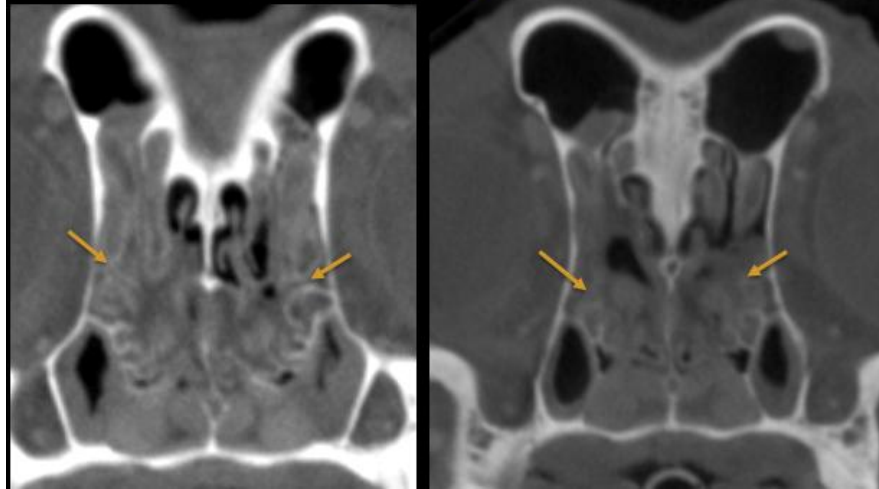


Fig 4. Soft tissue attenuating material partially fills both tympanic bullae

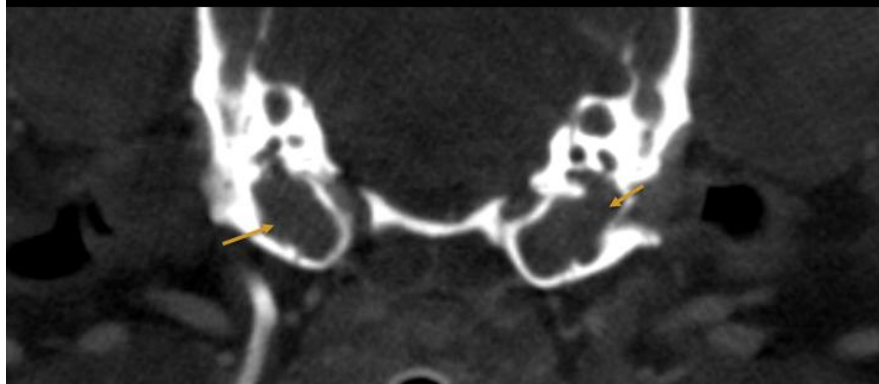
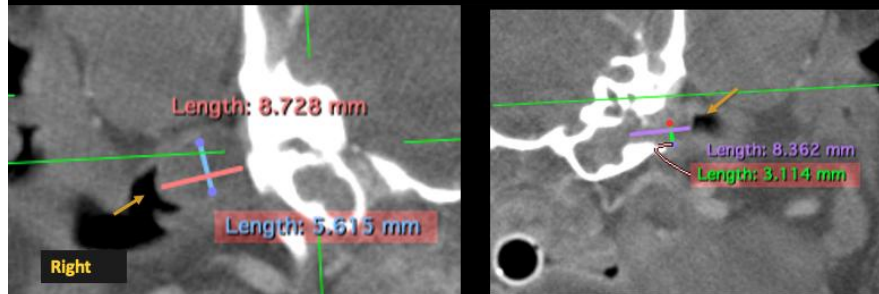


Fig 3. Bilateral soft tissue attenuating structures at the tympanic membrane regions





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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