

**Diagnostic Imaging**

Veterinary CT, Ultrasound & Telectology Services  
veterinarian referral only

**PATIENT PRESENTING CLINICAL SIGNS**

- PATIENT** Figaro Vukel  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Male Neutered  
**AGE** 2Y
- Sneezing with discharge for 2 years with eye squinting and discharge. Had a strong odor
  - Tested positive for Mycoplasma 4/11/26
  - Chronic nasal and ocular discharge since approximately 1 year of age (onset was sudden/overnight)
  - Previously treated with Veraflox (completed 5/17/26) for mycoplasma infection diagnosed via PCR
  - Currently on Terramycin ophthalmic ointment (client reports cat resists application, no improvement noted)
  - While on Veraflox: odor resolved, coughing resolved, but nasal and ocular discharge persisted
  - Recent improvement: now chewing food (previously would swallow whole)
  - Client switched to flat plates to reduce whisker fatigue
  - Sibling cat had similar clinical signs, was FIV positive, developed nasal cavity destruction
  - No epistaxis observed
  - Abnormal PE/Chem/CBC/UA Results: CBC: Elevated hematocrit (consistent with dehydration)  
Chemistry: Elevated glucose (attributed to fasting)

**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 regional loss of turbinate architecture involving predominantly the ventral aspect of the left mid-rostral nasal cavity. In this region, the turbinates and nasal conchae appear shrunken and irregular, associated with mild regional accumulation of hypoattenuating fluid material. Mild adjacent sclerosis of the left maxillary bone is also present. No evidence of oronasal fistulation is identified.

The caudal portions of the nasal cavities are unremarkable.

No focal contrast-enhancing intranasal soft tissue mass is identified. No radiopaque foreign material is observed.

Aside from the mild reactive sclerosis affecting the adjacent left maxilla, the remaining paranasal bones are intact.

The frontal sinuses are air-filled and unremarkable.

The nasopharynx is air-filled and unremarkable.

The cribriform plate is intact.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

All teeth are present and without evident CT abnormalities.

The temporomandibular joints are bilaterally congruent.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Shohola Veterinary  
Hospital

**REFERRING VET**

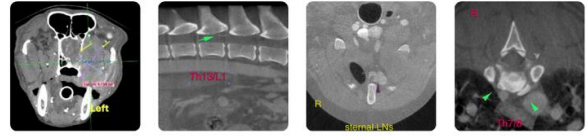
Dr. Livia DeMeo

**INVOICE**

75131

**DATE**

5-26-26



**PATIENT**

Figaro Vukel

The medial retropharyngeal lymph nodes are mildly enlarged bilaterally. The mandibular lymph nodes are within normal limits.

The salivary, parotid, and zygomatic glands are unremarkable.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Regional turbinate destruction and loss of nasal conchal detail predominantly affecting the ventral aspect of the left mid-rostral nasal cavity, associated with mild fluid accumulation and adjacent reactive maxillary sclerosis. Findings are most consistent with chronic unspecific rhinitis.
- Mild bilateral medial retropharyngeal reactive lymphadenomegaly.

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Male Neutered

Tomographic imaging of the nasal cavity demonstrates regional turbinate destruction and loss of nasal conchal detail predominantly affecting the ventral aspect of the left mid-rostral nasal cavity, associated with mild fluid accumulation and adjacent reactive maxillary sclerosis. Findings are most consistent with chronic unspecific rhinitis. Differential diagnosis, potentially related to previous viral turbinate lesion, viral rhinitis with secondary bacterial infection and/or Mycoplasma-infection, allergic, lymphocytic-plasmacytic inflammation, or less commonly, the early stages of fungal infection.

**AGE**

2Y

No evidence of nasal cavity mass lesion, or radiopaque foreign body.

**INTERPRETED BY**

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

The turbinate changes reflect chronicity and are likely to be persistent, potentially representing sequelae of prior viral injury.

Consider rhinoscopy with directed biopsy of the nasal mucosa for definitive histopathological diagnosis. Fungal screening is also recommended.

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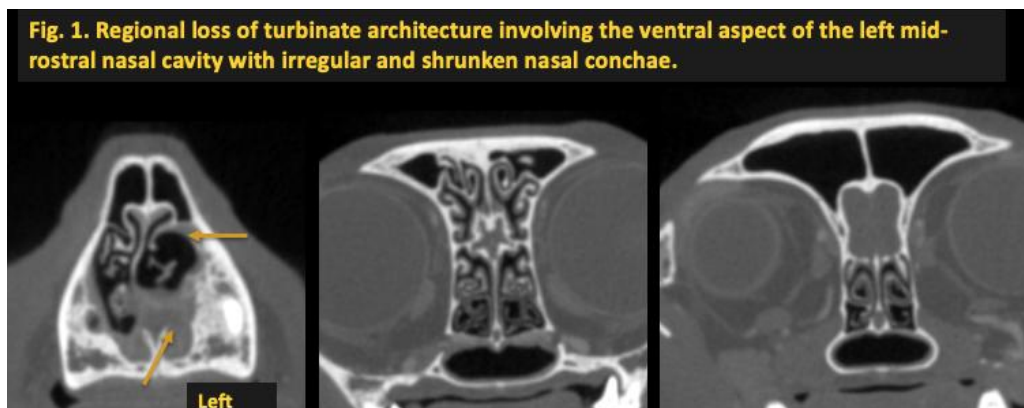
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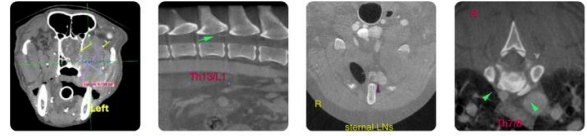
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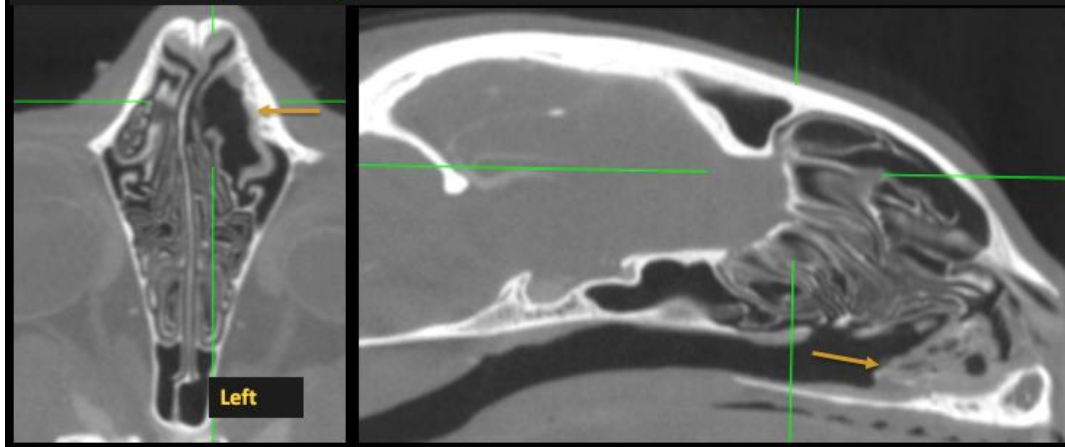
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**Fig. 2. Regional loss of turbinate architecture involving the ventral aspect of the left mid-rostral nasal cavity with irregular and shrunken nasal conchae.**



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**  
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