



PATIENT

Frankie James Perryman

SPECIES

Feline

BREED

Domestic Medium hair

SEX

MN

AGE

9Y

WEIGHT

13.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird
Hospital

REFERRING VET

Dr. McLaughlin

INVOICE

74896

DATE

5-5-26

PRESENTING CLINICAL SIGNS

Chronic nasal discharge & sneezing. Symptoms improve with antibiotics but return immediately after finishing meds. No current meds. NSF on bloodwork from Feb 2026. Samples taken for idexx histopathology, aerobic/anaerobic/fungal cultures, & upper respiratory panel. Bilateral nasal flush with saline performed after CT scan. Patient recovered without complication.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Pre- and post-contrast CT study of the head are provided for review, comprising three series: one pre-contrast series acquired in bone algorithm, and two post-contrast series acquired in bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The nasal cavities are almost entirely filled with hypoattenuating fluid material associated with mild mucosal enhancement and discrete loss of turbinate definition. No evidence of aggressive paranasal osteolysis is identified; however, mild regional hyperostosis is present involving the left medial nasal wall and left frontal bone. No radiopaque foreign material is identified.

The left frontal and ethmoidal sinuses are filled with hypoattenuating material exhibiting peripheral contrast enhancement. Mild gravity-dependent fluid retention is present within the right frontal sinus.

The cribriform plate remains intact.

An irregularity and focal thickening of the dorsal nasopharyngeal mucosa is identified immediately ventral to the basisphenoid bone.

Both tympanic cavities are filled with hypoattenuating material. Mild multifocal osseous remodeling and discrete osteolytic foci are identified along the osseous margins of the tympanic bullae without evidence of cortical interruption. The external auditory canals are preserved.

No intracranial mass effect, falx cerebri shift, or other evidence of intracranial extension is identified.

No periorbital soft tissue involvement is observed. The orbital contents are symmetric and within normal limits bilaterally.

The temporomandibular joints are bilaterally congruent.

Triadan 106, 206 and 208 are absent. A focal area of periapical root resorption is identified involving the root of Triadan 104.

The mandibular, parotid, zygomatic salivary glands, and thyroid glands are within normal limits.

The medial retropharyngeal lymph nodes are mildly enlarged. The mandibular lymph nodes are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked bilateral fluid accumulation within the nasal cavities associated with mild mucosal enhancement and discrete turbinate loss, without evidence of aggressive osteolysis. Mild regional hyperostosis is present involving the left medial nasal wall and left frontal bone.



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Differential diagnoses include fungal rhinosinusitis, chronic idiopathic (lymphoplasmacytic) rhinitis, infectious rhinitis of viral or secondary bacterial etiology, and less likely, nasal lymphoma.

- Fluid-attenuating material with peripheral contrast enhancement filling the left frontal and ethmoidal sinuses, consistent with concurrent sinusitis.
- Irregular dorsal nasopharyngeal mucosal thickening adjacent to the basisphenoid bone. Differential diagnoses include inflammatory mucosal disease or, less likely, infiltrative disease.
- Bilateral tympanic cavity fluid accumulation with mild associated osseous remodeling and discrete osteolytic changes, compatible with bilateral otitis media.
- Mild enlargement of the medial retropharyngeal lymph nodes, compatible with reactive lymphadenopathy.
- Absent Triadan 106, 206, and 208. Focal periapical root resorption involving Triadan 104.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings support a chronic inflammatory process affecting the nasal cavities and paranasal sinuses (> left side), characterized by intranasal fluid accumulation, mild turbinate loss, and concurrent frontal and ethmoidal sinus involvement. The presence of mild regional hyperostosis may be associated with chronic inflammation; however, this finding is also considered an indirect sign that may favor fungal infection.

Nasal lymphoma is considered less likely. Although, nasal lymphoma should remain a consideration, as it may demonstrate significant overlap with these CT findings.

The irregular dorsal nasopharyngeal mucosal thickening is nonspecific and may represent inflammatory mucosal proliferation; however, early infiltrative disease cannot be completely excluded.

The bilateral tympanic cavity changes are compatible with otitis media, likely chronic, with mild associated osseous remodeling.

Correlation with the performed diagnostic tests is recommended.

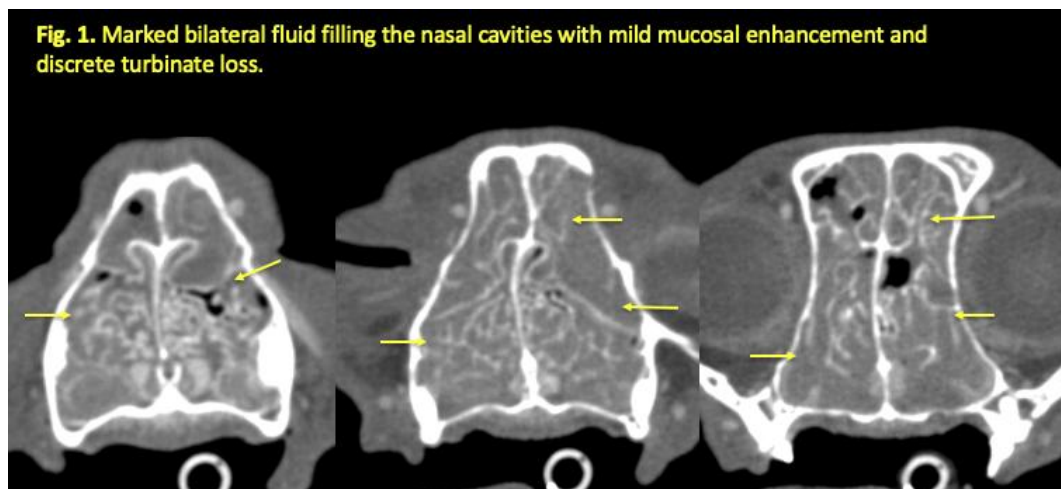
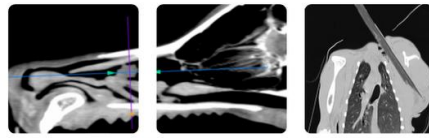


Fig. 1. Marked bilateral fluid filling the nasal cavities with mild mucosal enhancement and discrete turbinate loss.



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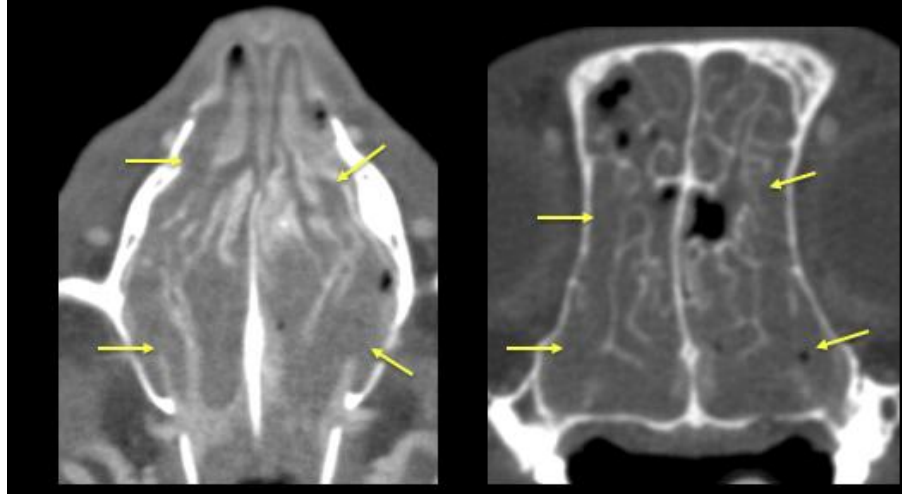
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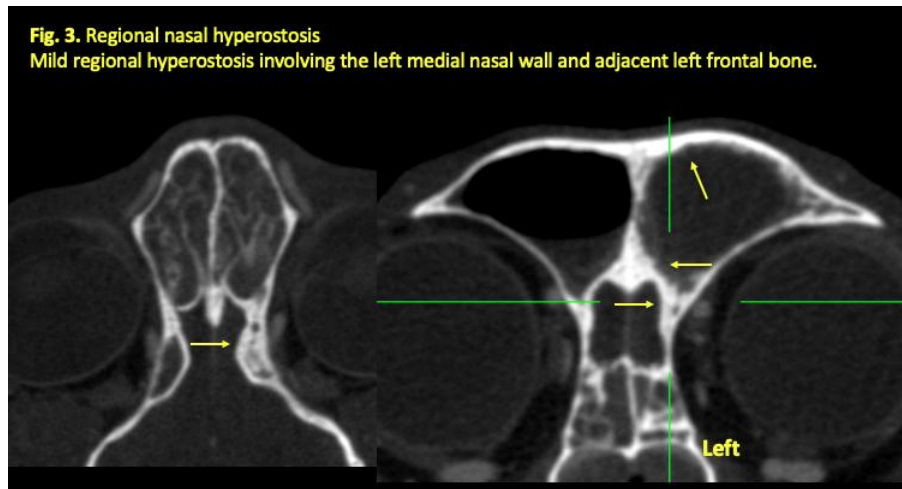
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Fig. 2. Marked bilateral fluid filling the nasal cavities with mild mucosal enhancement and discrete turbinate loss.



**Fig. 3. Regional nasal hyperostosis
Mild regional hyperostosis involving the left medial nasal wall and adjacent left frontal bone.**





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Fig. 4. Nasopharyngeal mucosal thickening
Irregular dorsal nasopharyngeal mucosal thickening adjacent to the basisphenoid bone.

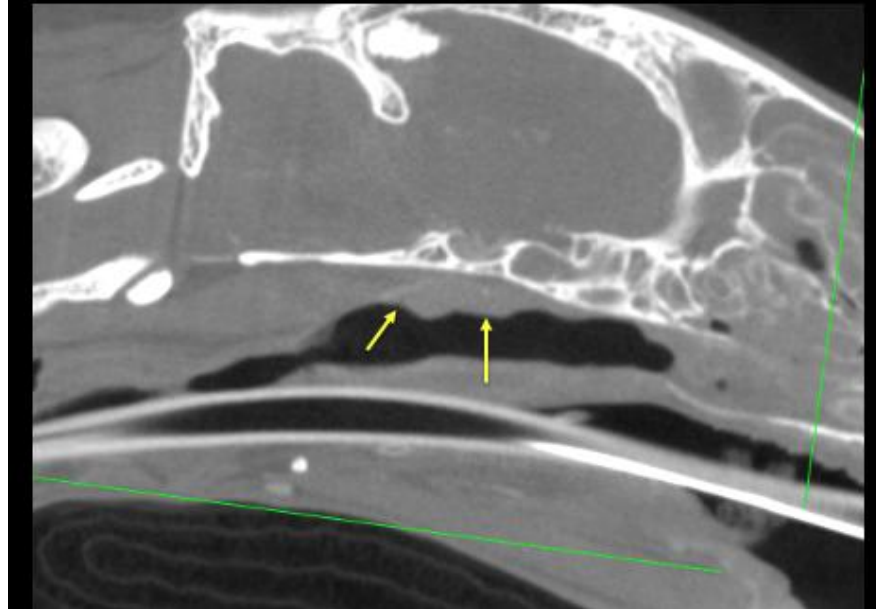
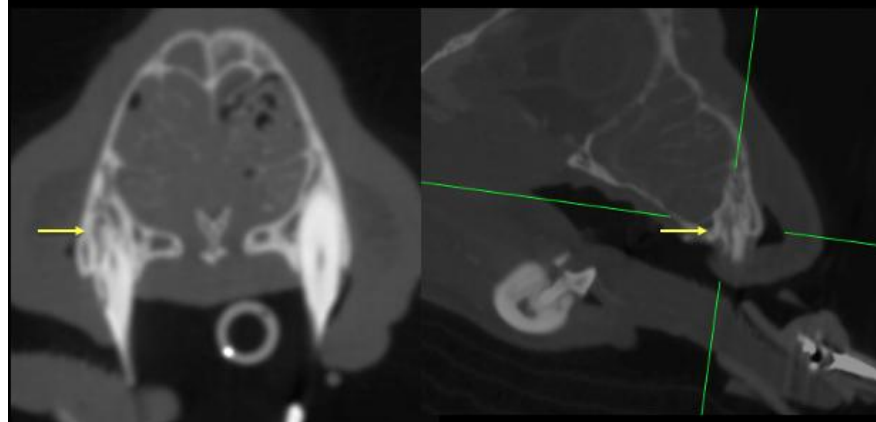


Fig. 5. Periapical root resorption
Focal periapical root resorption affecting Triadan 104.



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