



## PATIENT

Cooper Kuehn

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MN

## AGE

11Y

## WEIGHT

73lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kaila Wojkiewicz

## HOSPITAL NAME

Animal Health Care  
Denver

## REFERRING VET

Cathryn Sayer

## INVOICE

75275

## DATE

6-2-26

## PRESENTING CLINICAL SIGNS

2-3 week history of nasal congestion without discharge, and stertorous breathing  
Abnormal PE/Chem/CBC/UA Results: Normal BW other than mild increase in ALP

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head is 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 head, bone algorithm, post-flushing.

## COMPUTED TOMOGRAPHIC FINDINGS

A small, slightly irregular, elongated, heterogeneous hypoattenuating structure containing multiple small gas foci is identified within the rostral nasopharynx. The structure measures approximately 2.0 cm in length and approximately 0.5 cm in thickness and it is visible in the same location in all three series.

Mild diffuse mucosal thickening of the nasal turbinates is present within the mid nasal cavity bilaterally.

The nasal cavities are well aerated on two the pre-contrast series. In the post-contrast series, delay at 2:34 PM, there is multifocal accumulations of hypoattenuating fluid material are present within both nasal cavities. The nasal turbinates remain intact with preserved architecture and detail. No focal turbinate destruction is identified.

The nasal septum is intact. The frontal sinuses and paranasal bones are unremarkable. No abnormalities of the cribriform plate are detected.

All teeth are present. Multifocal areas of discrete periapical alveolar bone loss are present adjacent to several dental roots, including the Triadan 109 and 209 teeth. A small chronic-appearing fracture is present involving the apex of the caudal root of the Triadan 108. A small enamel defect/fracture is also present at the crown-root junction of this tooth. Additionally, a small enamel defect/fracture is also present at the Triadan 208.

The globes, retrobulbar spaces, temporomandibular joints, calvarium, and intracranial structures are unremarkable.

The tympanic cavities and external ear canals are unremarkable.

The salivary glands and regional lymph nodes are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected of elongated gas-containing foreign body within the rostral nasopharynx. Differential diagnoses include inhaled plant material (e.g., grass awn/plant fragment), less likely artifact.
- Mild bilateral mid-nasal mucosal thickening consistent with mild rhinitis.
- Multifocal fluid accumulation within the nasal cavities on the post-flushing series, compatible with residual lavage fluid.
- Multifocal periodontal disease with alveolar bone resorption, including involvement of the Triadan 109 and 209 teeth.



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- Chronic fracture of the caudal root apex of Triadan 108 with a small associated enamel defect at the crown-root junction. Concurrent small enamel defect at the Triadan 208.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

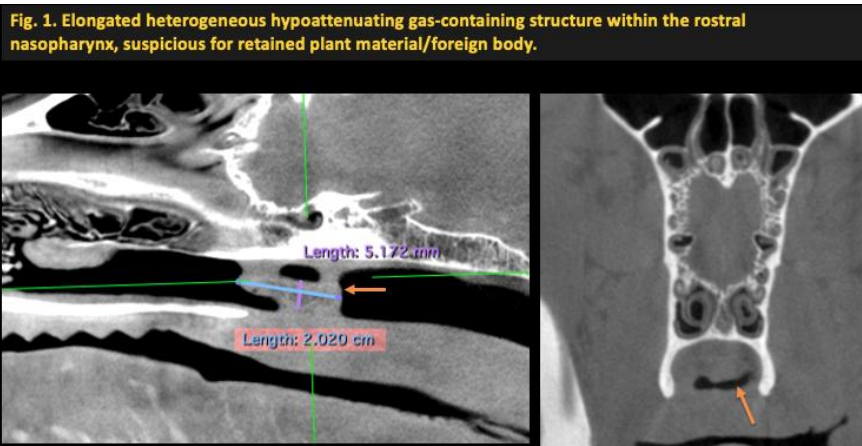
CT findings demonstrate an elongated gas-containing structure within the rostral nasopharynx; the primary differential diagnoses include retained plant material/foreign body. This finding may account for the reported nasal congestion and stertorous breathing. This finding is visible in all series.

There is no CT evidence of an aggressive sinonasal process, including nasal neoplasia, fungal rhinitis, or destructive rhinitis.

Rhinoscopic correlation is recommended for confirmation and removal of the suspected nasopharyngeal foreign body, if not already performed.

Periodontal disease and chronic dental abnormalities are present as described.

Dental examination may be considered for further assessment of the identified dental lesions.





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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](mailto:info@sonopath.com)