



## PATIENT

Layla #30257Y-CT  
Miller Strohhenn  
Veterinary

## SPECIES

Feline

## BREED

Siamese

## SEX

FS

## AGE

3Y, 6M

## WEIGHT

11.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Pete Bashara, DVM

## HOSPITAL NAME

Gentle Doctor Animal  
Hospital

## REFERRING VET

Pete Bashara, DVM

## INVOICE

75246

## DATE

6-2-26

## PRESENTING CLINICAL SIGNS

adopted stray -- progressive issues over the past 7-10 months with unilateral right side nasal and ocular discharge progressing to bilateral mucoid discharge at this time. Courses of multiple antibiotics and short course of antiviral with little improvement at the time of use. In for imaging today but with a history of good weight gain in the home post adoption.

Abnormal PE/Chem/CBC/UA Results: Labs are unremarkable at time of imaging Crust of the right nasal passage noted Moist respiratory sounds evident Gross swelling right side periocular appreciated

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

A pre- and post-contrast CT study of the head was provided for review. Images include one pre-contrast series reconstructed with a bone algorithm, two post-contrast series reconstructed with a soft tissue algorithm, and multiplanar reformatted images.

## COMPUTED TOMOGRAPHIC FINDINGS

Moderate diffuse hypoattenuating fluid/soft tissue material is present throughout both nasal cavities, partially obscuring the normal intranasal architecture. Multifocal areas of mild turbinate detail loss and decreased turbinate definition are identified bilaterally, more pronounced within the right nasal cavity.

The frontal sinuses are partially filled with hypoattenuating fluid/soft tissue material.

Mild diffuse hyperostosis of the nasal bones and the squamous portions of the frontal bones is present.

The cribriform plate is intact.

The sphenoidal recesses are fluid-filled.

A small amount of foamy fluid material is present within the choanae and nasopharynx.

No radiopaque intranasal foreign body is identified.

The tympanic cavities and external ear canals are unremarkable.

The globes and retrobulbar spaces are within normal limits.

The temporomandibular joints and calvarium are unremarkable.

No intracranial mass effect or midline shift is identified.

The dentition is intact.

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

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



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral rhinosinusitis with moderate intranasal fluid accumulation and mild multifocal turbinate loss detail (mild destructive), more severe on the right side. Differential diagnosis chronic unspecific rhinosinusitis.
- Mild focal thinning of the right orbital plate of the ethmoid bone.
- Mild diffuse hyperostosis of the frontal and nasal bones, compatible with chronic reactive osseous remodeling.
- Mild bilateral medial retropharyngeal lymphadenomegaly, likely reactive.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

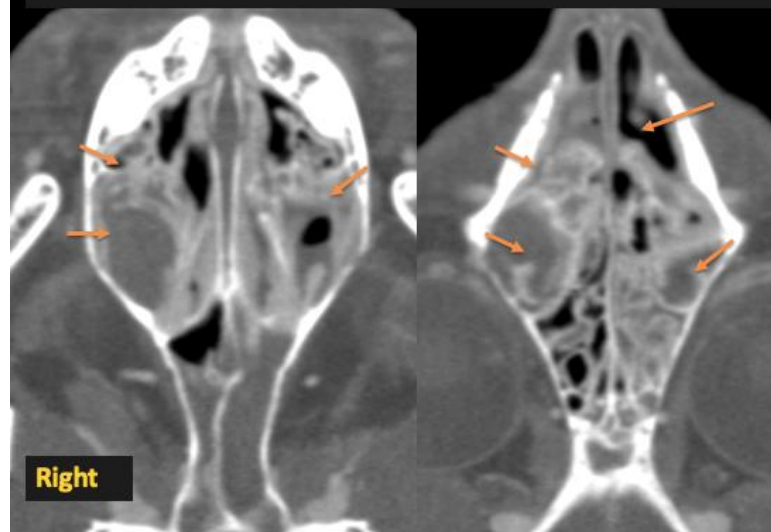
The CT findings show chronic rhinosinusitis, characterized by bilateral intranasal fluid accumulation, mild turbinate destruction, focal thinning of the right orbital plate of the ethmoid bone, and chronic reactive osseous remodeling of the frontal and nasal bones.

Given the patient's age and imaging appearance, the primary differential diagnoses include chronic rhinosinusitis, possible correlated to chronic viral rhinitis with secondary bacterial infection, chronic lymphoplasmacytic rhinitis, or fungal rhinitis.

There is no CT evidence of a discrete intranasal mass, significant enhanced mass effect, or severe aggressive paranasal osseous destruction. Although considered less likely, early nasal lymphoma cannot be entirely excluded due to overlap in imaging features with chronic inflammatory rhinitis.

Correlation with rhinoscopy, microbial culture results, PCR testing, cytology, and histopathology (if clinically indicated) is recommended.

**Fig. 1. Moderate fluid/soft tissue accumulation fills both nasal cavities with partial loss of normal intranasal architecture, more on right side.**





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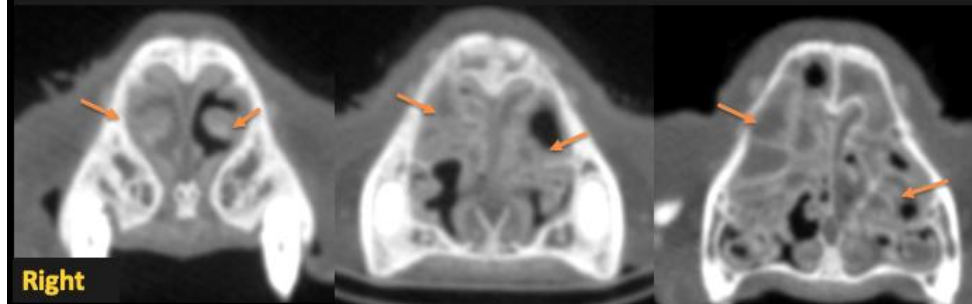
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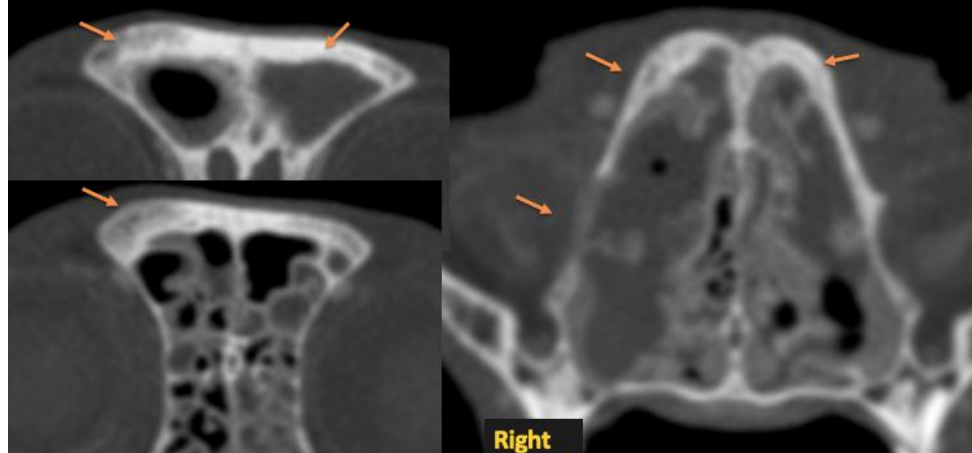
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**Fig. 2. Moderate fluid/soft tissue accumulation fills both nasal cavities with partial loss of normal intranasal architecture, more on right side.**



**Fig. 3. Mild diffuse hyperostosis of the nasal and frontal bones with focal thinning of the right orbital plate of the ethmoid bone.**



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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