



PATIENT

Kiara Ospina

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

5 Years

WEIGHT

87.2

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Dr. Michael O'Connor

HOSPITAL NAME

Holy Family Veterinary
Hospital

REFERRING VET

Dr. Frank Martinez

INVOICE

16441

DATE

06/05/26

PRESENTING CLINICAL SIGNS

1 year history Left nasal discharge

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD

Post-contrast study provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The brain and pituitary gland are unremarkable with no evidence of intracranial mass, hemorrhage, or abnormal contrast enhancement.

Tympanic bullae air filled. No bulla wall lysis seen.

Orbits are symmetric. Eye globes are symmetric, normal size and shape. No retrobulbar masses seen.

Large lucent area on left nasal cavity, associated with extensive turbinate bone lysis on this side and mild volume of fluid attenuating material on the ventral aspect of the cavity. Left frontal sinus is partially filled by fluid and mucosal thickening. Right nasal cavity has mild turbinate bone lysis on caudal aspect. No fluid or masses seen on the right side. No foreign body seen.

Both temporomandibular joints present congruent joint spaces.

No evidence of dental or periodontal disease.

The mandibular and medial retropharyngeal with a normal size and shape on the right side and mildly enlarged on the left side (9mm wide).

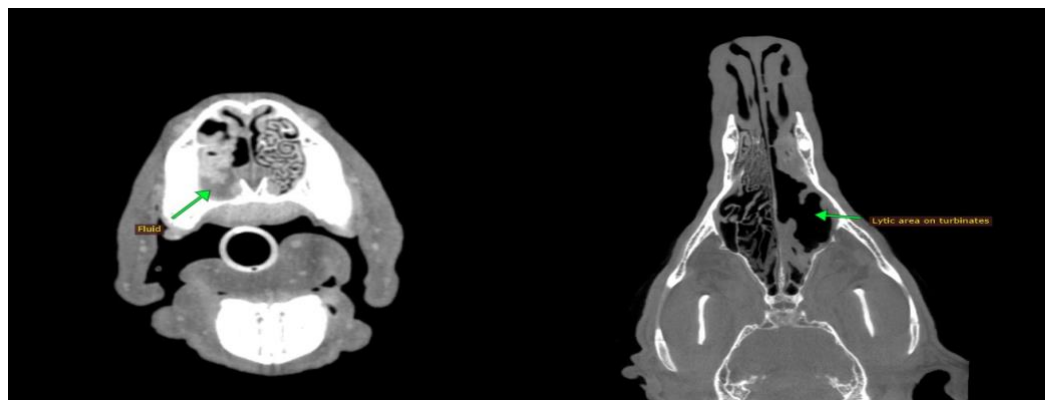
The salivary glands present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral rhinopathy, chronic and asymmetric, left side worse.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Imaging findings are consistent with chronic rhinopathy, left side worse, considering patient's breed, fungal rhinitis is a most likely diagnosis. Chronic secondary bacterial, lymphoplasmacytic can't be ruled out. Rhinoscopy and nasal biopsies are recommended. Fungal culture also recommended.





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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.

Dr. Tais Guimarães, MV

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