



PATIENT

Truffles Thwaites

SPECIES

Canine

BREED

Cockapoo

SEX

Female

AGE

8Y

WEIGHT

12.4

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

JM

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

JM

INVOICE

73874

DATE

2-20-26

PRESENTING CLINICAL SIGNS

- 2 weeks ongoing issue. on marbocare and paracetamol.
- Lnn aspiration results - lymphoid hyperplasia with neutrophilic expansion
- Skin lumps FNA results - Subacute moderate multifocal necrosuppurative to pyogranulomatous deep dermatitis and panniculitis - still pending on TB stain
- Bilateral nasal discharge - took sample today
- Fever 40.2 not control with paracetamol in general lethargic. Off food.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, & THORAX

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head & Neck

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

The upper airways present within normal limits. No mass lesions, turbinate destruction, fluid accumulation, or regional invasive process is identified.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

The cervical soft tissues and lymph nodes are within normal limits.

The thyroid gland and trachea present within normal limits.

Thorax

Multifocal alveolar infiltrates affecting multiple lung lobes are seen. The changes are most pronounced in the ventral aspect of the left caudal lung lobe though all lobes show involvement. Air bronchograms and surrounding peribronchial thickening are present. Overall, the pulmonary volume is maintained. There is no evidence of lobar collapse or restrictive disease.

No pleural effusion or pleural thickening is seen.

The mediastinum and tracheobronchial lymph nodes present within normal limits.



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The cardiovascular structures present within expected limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal alveolar pulmonary disease compatible with inflammatory or infectious bronchopneumonia.
- No CT evidence of neoplasia or structural disease within the upper airways.

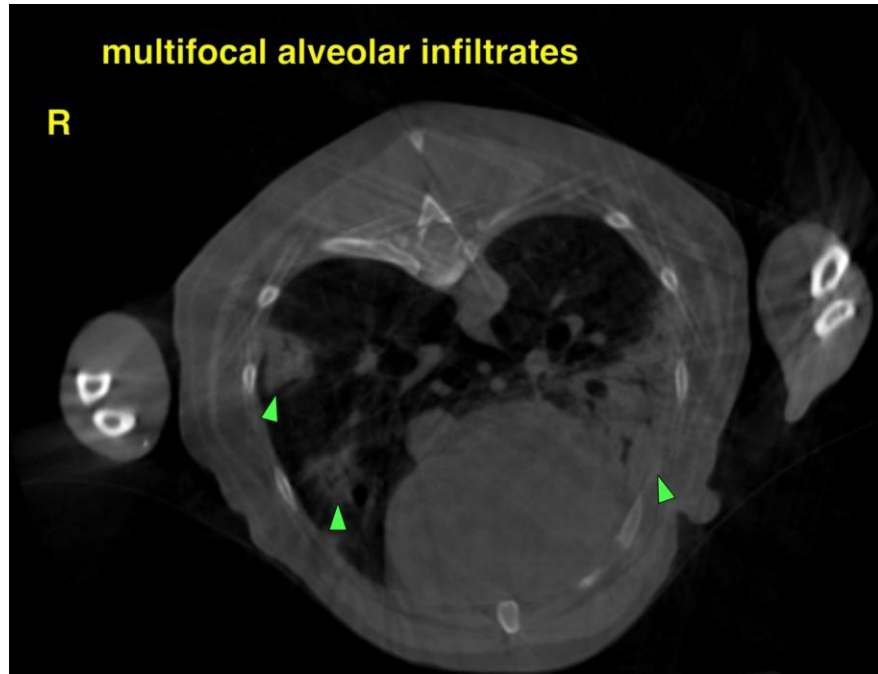
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings support a systemic inflammatory / infectious process rather than a localized disorder. In an 8-year-old dog with persistent fever, lethargy and pyogranulomatous dermatitis with reactive lymphadenopathy, the pulmonary pattern appears to be most consistent with hematogenous or bronchogenic dissemination of an infectious or sterile inflammatory process rather than primary aspiration. Key considerations include bacterial bronchopneumonia or disseminated granulomatous disease. The poor response to Marbofloxacin may be due to resistant organism, atypical bacteria, or nonbacterial infectious disease. Multifocal pulmonary hemorrhage / vasculitis is a possible yet less common differential diagnosis. The findings are not typical for neoplasia.

Evidence of upper airway disease is not seen. The nasal passages, nasopharynx, and trachea present within normal limits.

Await test results and request mycobacterial culture / PCR if not already submitted. Bronchoscopy with BAL could be considered to characterize the pulmonary infiltrates further.

multifocal alveolar infiltrates





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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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

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