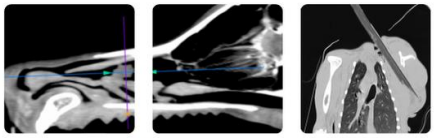


PATIENT

Bertie Jones

SPECIES

Canine

BREED

Border Terrier

SEX

Male

AGE

9Y

WEIGHT

7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

73529

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- losing weight, lost 2.4kg
- gallbladder- sludge on ultrasound

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the abdomen, soft tissue algorithm. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen soft tissue algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal anatomical limits.

The bronchial tree demonstrates normal branching and tapering, with thin and smooth bronchial walls and a normal bronchus-to-artery ratio.

A solitary soft tissue attenuation pulmonary micronodule is identified in the right caudal lung lobe, measuring approximately 2.0 mm. The remaining pulmonary parenchyma exhibits normal attenuation, with no additional nodules or masses detected.

The cardiac silhouette and pulmonary vessels are within normal limits, with adequate post-contrast opacification.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

ABDOMEN

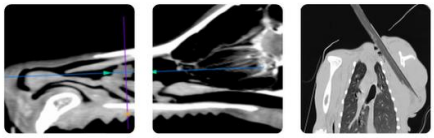
The liver is homogenously soft tissue attenuating and demonstrates uniform contrast enhancement, with normal size and shape.

The gallbladder is distended and contains predominantly hypoattenuating material with gravity-dependent, more attenuating content and a few small, mineralized foci. The cystic duct and common bile duct are within normal limits.

The spleen is homogenously soft tissue attenuating and uniformly contrast enhancing, with normal size and shape.

The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. A few small cortical microcysts are present. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately distended with hypoattenuating fluid admixed with contrast material. The bladder wall thickness is within normal limits.



SonoPath.com info@sonopath.com 1.800.838.4268

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The gastrointestinal tract demonstrates normal distribution and luminal distension, with no evidence of mural thickening or mass effect.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material, with normal wall thickness.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The serosal fat displays normal attenuation.

The prostate and anal sacs are unremarkable.

A mild, incomplete bridging vertebral endplate spondylosis deformans at L7–S1 is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Gallbladder stasis and biliary microlithiasis, characterized by gravity-dependent hyperattenuating material and small mineralized contents, without evidence of biliary duct obstruction.
- Solitary pulmonary micronodule (2.0 mm) in the right caudal lung lobe; nonspecific and of uncertain clinical significance. Primary differential diagnosis granuloma.
- Renal cortical microcysts, incidental.
- L7–S1 spondylosis deformans, mild degenerative change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder findings are consistent with biliary stasis - sludge and small mineralized contents, without associated biliary obstruction. Clinical correlation with biochemical liver parameters and follow-up ultrasonography may be considered to monitor for progression.

The solitary pulmonary micronodule is very small and nonspecific, possible granuloma; routine imaging follow-up may be considered based on clinical suspicion and patient risk factors.

Overall, no significant tomographic abnormalities are identified within the thorax or abdomen that definitively explain the patient's weight loss.

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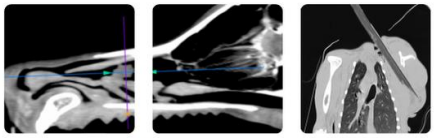

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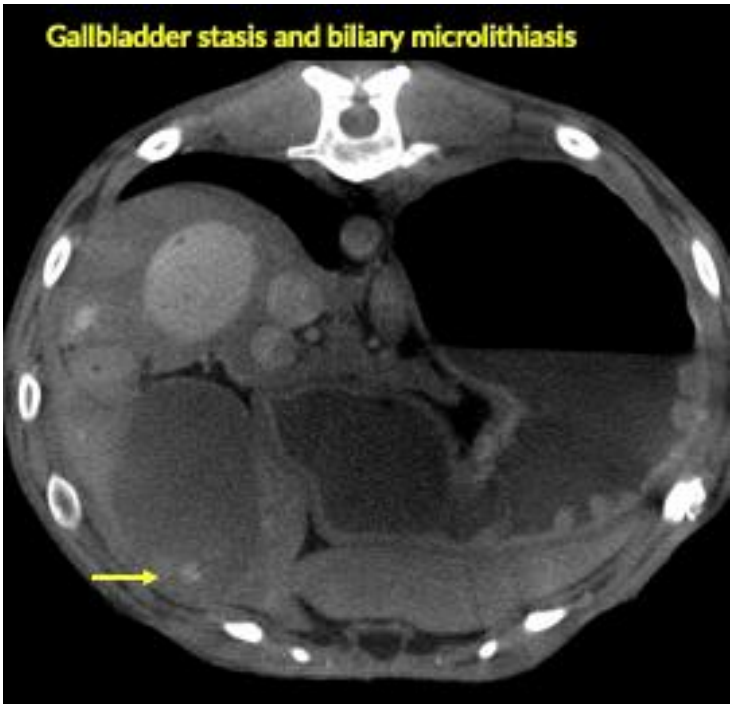

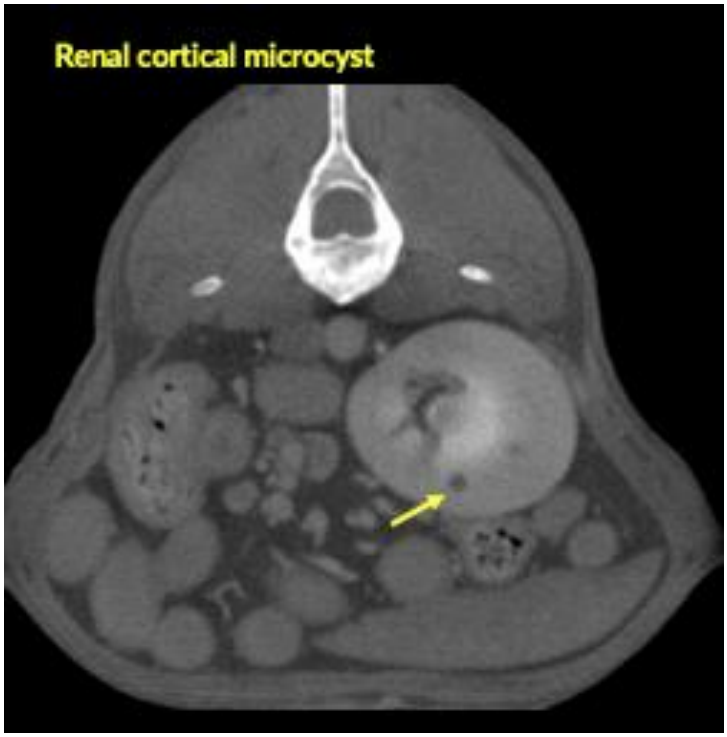

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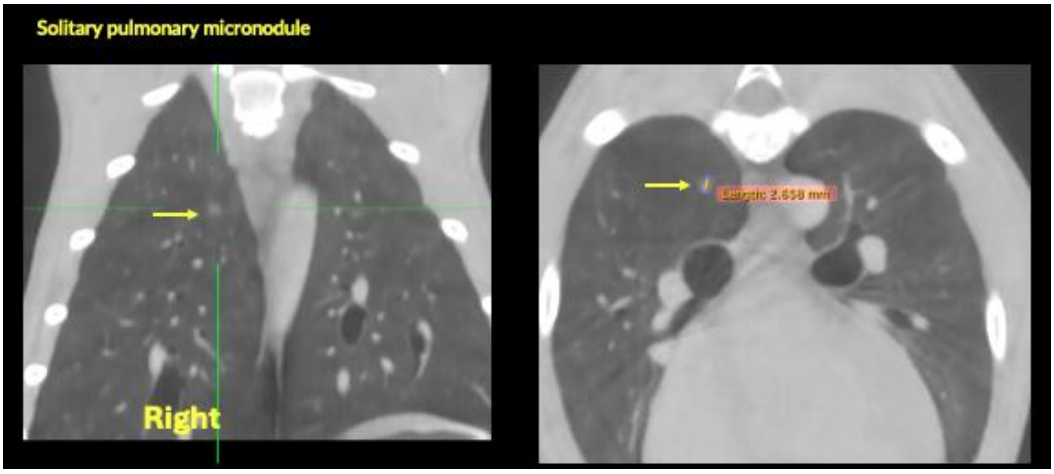

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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