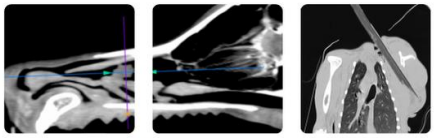


PATIENT

Mika Santo

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

12Y

WEIGHT

46kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

72609

DATE

11-13-25

PRESENTING CLINICAL SIGNS

acute onset collapse at home and white pale mm . imported from Macedonia in 2020 radiographs 2x pellets - incidental found in rib and vertebra heart shape and size not conclusive for DCM but overall severe ventral alveolar pattern with miliary nodules in caudal lobes and some areas of increase opacity of dorsal lungs on top of hilus heart doesnt seem to dislodge the trachea no effusion severe spondylosis with fusion of vertrbra on lumbar area tfast and afast: heart contracility wnl no dcm no right side heart enlargement CVC normal in expiration and no dilation spleen wnl kidneys right slightly smaller then left but no massess or effusion present stomach and SI wnl Gb normal no halo to be correlated to anaphylaxis rectal direct smear negative for lung worm larvae
Abnormal PE/Chem/CBC/UA Results: Glucose 9.26 mmol/L MCV60.4fL MCH20.6pg

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 5 series. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen, bone algorithm. One post-contrast series of the thorax, bone algorithm. One post-contrast series of the abdomen, bone algorithm. One post-contrast series of the pelvis, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The right pulmonary artery is dilated and tortuous, involving the caudal lung lobe branch and the accessory lobe branch. Within its lumen, one intraluminal filling defects is identified, measuring approximately 0.7 × 1.0 cm and 1.6 cm, partially obstructing the vessel.

Multiple subpleural mineralized foci are present throughout the lungs, few are within soft tissue attenuation, measuring up to 0.3 cm. The remaining pulmonary parenchyma exhibits normal attenuation patterns.

The trachea and main bronchi are normal. The bronchial tree shows appropriate tapering with thin, smooth walls, and the bronchus-to-artery ratio is normal.

The cardiac silhouette appears normal. The cranial mediastinum is mildly widened due to fat accumulation.

A small metallic structure is present in the pleural space/mediastinum adjacent to the right cardiac border. Otherwise, the pleural space and mediastinum are unremarkable. The sternal, mediastinal cranial and tracheobronchial lymph nodes are unremarkable.

The diaphragm, ribs, and thoracic wall are normal.

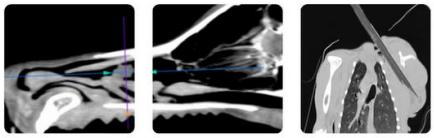
The sternebrae exhibit multifocal small osteolytic hypoattenuating foci, especially at articular surfaces.

The thoracic esophagus is mildly gas-distended, likely anesthesia-related.

ABDOMEN

The liver is homogeneous, with normal size, shape, and contrast enhancement. The gallbladder, cystic duct, and common bile duct are normal.

The kidneys are normal in size, contour, and attenuation, with a normal renal pelvis and ureters.



PATIENT

Mika Santo

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

12Y

WEIGHT

46kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

72609

DATE

11-13-25

The urinary bladder is moderately filled with hypoattenuating fluid admixed with contrast; the wall is normal.

The spleen is homogeneous and normal in size and attenuation.

The gastrointestinal tract is normally distended and distributed.

The colon and rectum contain mixed gas and fecal material with normal wall thickness.

The pancreas and adrenal glands are within normal limits.

The serosal fat shows normal attenuation.

The right medial iliac lymph node is slightly enlarged. Remaining abdominal lymph nodes are normal.

There is severe periarticular ossification in the left coxofemoral joint, with multiple osteochondromas and multifocal osteolytic foci.

The right coxofemoral joint is congruent and normal.

A second small metallic structure is present in the soft tissue close to the left ischiatic table.

There is multifocal complete and incomplete vertebral endplate spondylosis deformans throughout the thoracic and lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right pulmonary artery dilation with intraluminal filling defects, partially obstructing the vessel. Differential diagnoses include pulmonary thromboembolism.
- Multiple subpleural mineralized foci and small soft tissue micronodules (≤0.3 cm). Differential diagnoses include incidental pulmonary osteomas, and few osteomas in formation.
- Multifocal small osteolytic foci in sternebrae, affecting articular surfaces. Differential diagnoses include more severe degenerative change, or concurrent infectious.
- Severe periarticular ossification with osteochondromas and osteolytic foci in the left coxofemoral joint. Differential diagnoses include advanced osteoarthrosis with secondary bacterial infective arthritis*, concurrent benign osteochondral proliferation.
- Mild right medial iliac lymphadenomegaly, possibly reactive.
- Multifocal exacerbated vertebral endplate spondylosis deformans (thoracic and lumbar).
- Two, metallic foreign body in the right pleural space and close to the left ischiatic table (possible pellet).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic examination reveals several findings. The most clinically significant is the dilated and tortuous right pulmonary artery containing intraluminal filling defects, which is highly suggestive of pulmonary thromboembolism (PTE). This may correlate with the patient's acute collapse, pale mucous membranes, and the abnormalities previously noted on radiographs. A coagulation profile is recommended.

Further evaluation for underlying causes of PTE is advised, including endocrine disease, protein-losing conditions, neoplasia, immune-mediated disease, or infection.

PATIENT

Mika Santo

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

12Y

WEIGHT

46kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Amber Mahon

INVOICE

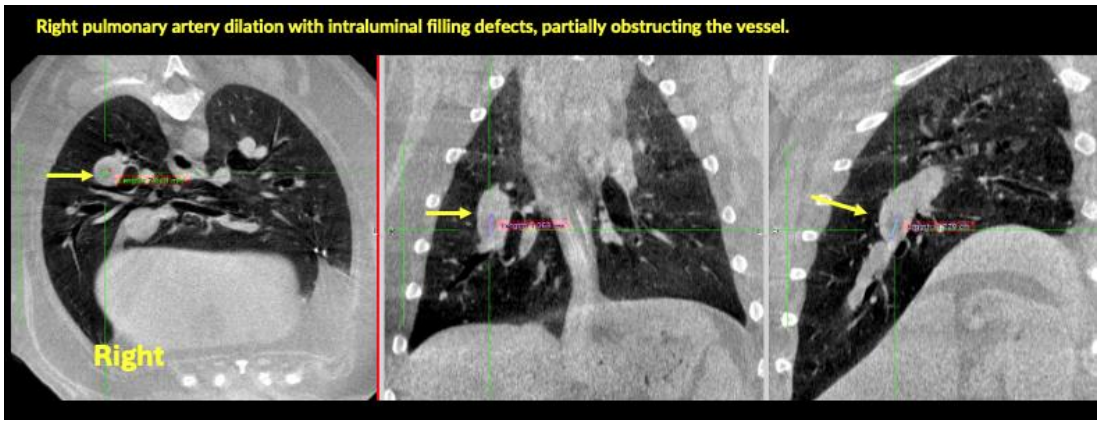
72609

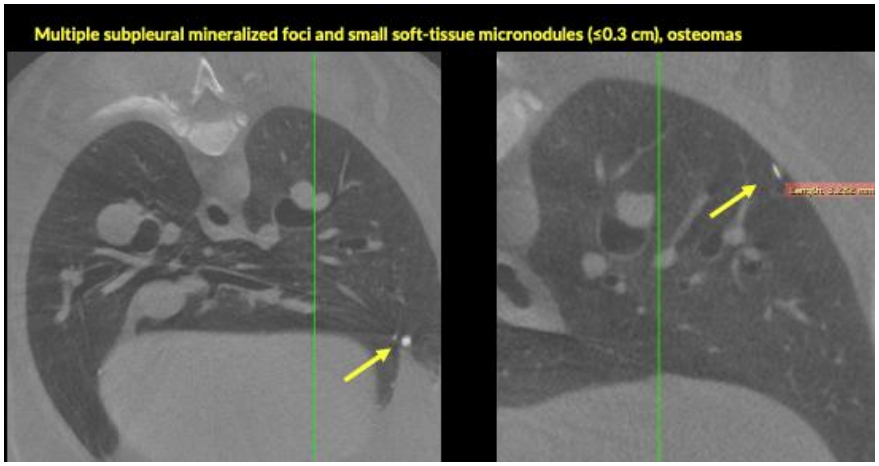
DATE

11-13-25

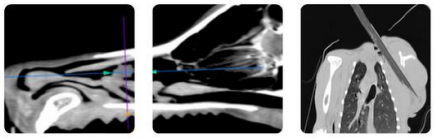
In the left coxofemoral joint, there is severe periarticular ossification with osteochondromas and osteolytic foci. The primary concern is advanced degenerative change with concurrent secondary bacterial infectious arthritis*; arthrocentesis for cytologic and culture analysis is recommended.

Reference: Benzioni H, Shahar R, Yudelevitch S, Milgram J. Bacterial infective arthritis of the coxofemoral joint in dogs with hip dysplasia. Vet Comp Orthop Traumatol. 2008;21(3):262-6. PMID: 18536854.





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mika Santo

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

12Y

WEIGHT

46kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

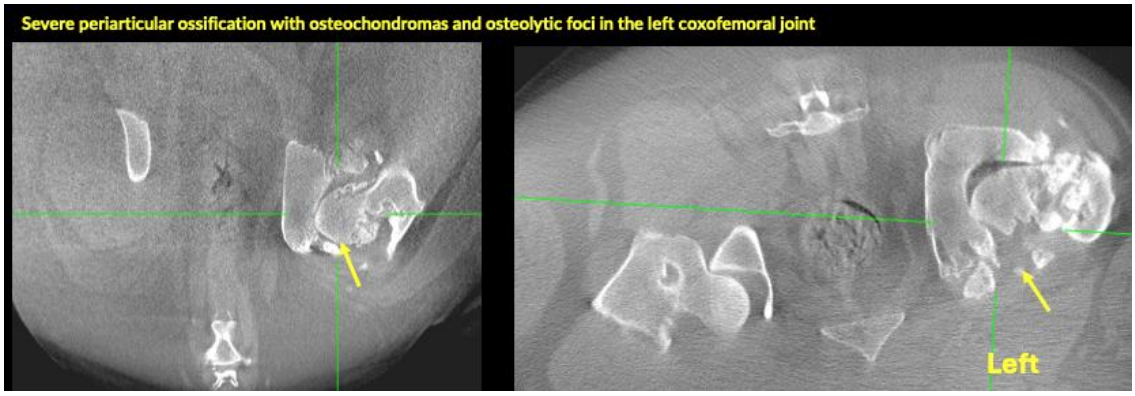
Amber Mahon

INVOICE

72609

DATE

11-13-25



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