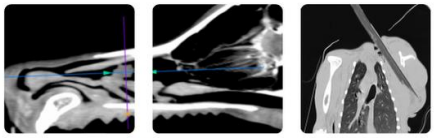


PATIENT

Sylvie Cullough

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3

WEIGHT

4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

72757

DATE

11-25-25

PRESENTING CLINICAL SIGNS

presented for a history of elevated liver enzymes (ALT, ALP, T.bili) and recent onset (over the past 24 hours) of seizures/circiling/abnormal mentation
Abnormal PE/Chem/CBC/UA Results: alkp 141, ALT 255

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 3 series. One pre-contrast series of the head, bone algorithm. One post-contrast series of the head, soft tissue algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is no CT evidence of intracranial mass effect, midline shift, ventriculomegaly, or space-occupying lesions.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

Mild, small-volume soft tissue–attenuating accumulation is noted in the cranial cervical region, interspersed within adjacent soft tissues (nonspecific).

The frontal sinuses are unremarkable.

No evidence of ventriculomegaly.

The bulla cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are within normal limits.

The Triadan 106 is missing.

The temporomandibular joints are bilaterally congruent.

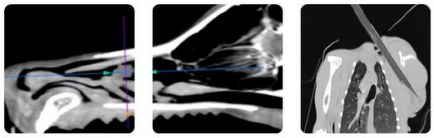
The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

The mandibular, parotid and zygomatic salivary glands are unremarkable.

THORAX

Trachea and main bronchi are within normal limits.

Pulmonary parenchyma exhibits normal attenuation with no nodules, micronodules, or mass lesions.



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Bronchial tree displays normal branching and tapering; bronchial walls are thin and smooth; bronchus-to-artery ratio is normal.

The heart and pulmonary vasculature are normal; post-contrast opacification is adequate.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

Pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

Thoracic esophagus is unremarkable.

Musculoskeletal structures are unremarkable.

In the collimated cranial abdominal region, there is subjective diffuse low enhancement of the liver parenchyma with low contrast differentiation between the hepatic parenchyma and fluid-filled gallbladder.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No tomographic evidence of intracranial mass effect, ventriculomegaly, or other space-occupying intracranial lesions.
- Discrete cervical emphysema, indeterminate cause.
- Mild nonspecific soft tissue–attenuating accumulation within the cranial cervical soft tissues.
- The Triadan 106 is missing.
- Normal thoracic findings.
- Subjective decreased hepatic parenchymal enhancement. Possible differential diagnosis includes hepatic lipidosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No tomographic abnormalities are detected in the head CT scan – intracranial region that can explain the present clinical neurological signs. It is important to note that the sensitivity of computed tomography is lower compared to MRI for detecting certain brain lesions, such as, infectious diseases, (e.g., meningitis, encephalitis, FIP), metabolic, toxicity, vascular diseases or some types of neoplasia.

The thoracic structures are within normal limits.

The partially visualized liver demonstrates subjectively reduced contrast enhancement, which may correlate with the patient's history of elevated liver enzymes, possible differential diagnosis includes hepatic lipidosis, consider an ultrasound guided FNA for cytology.

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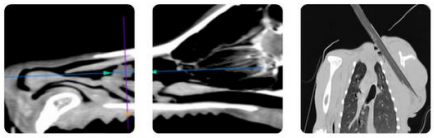

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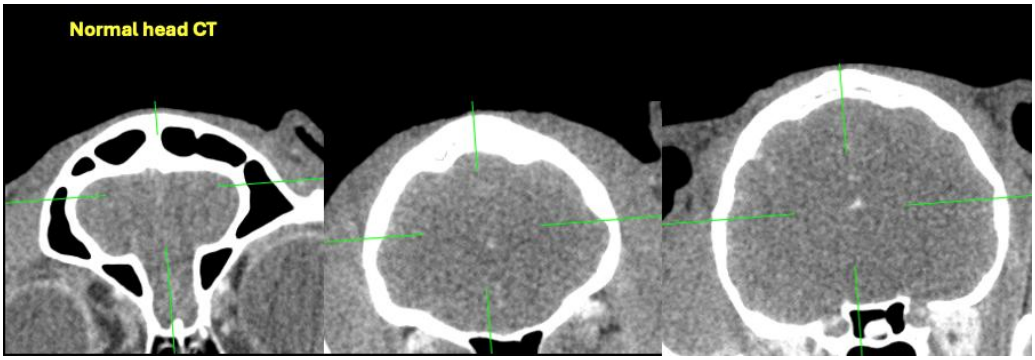

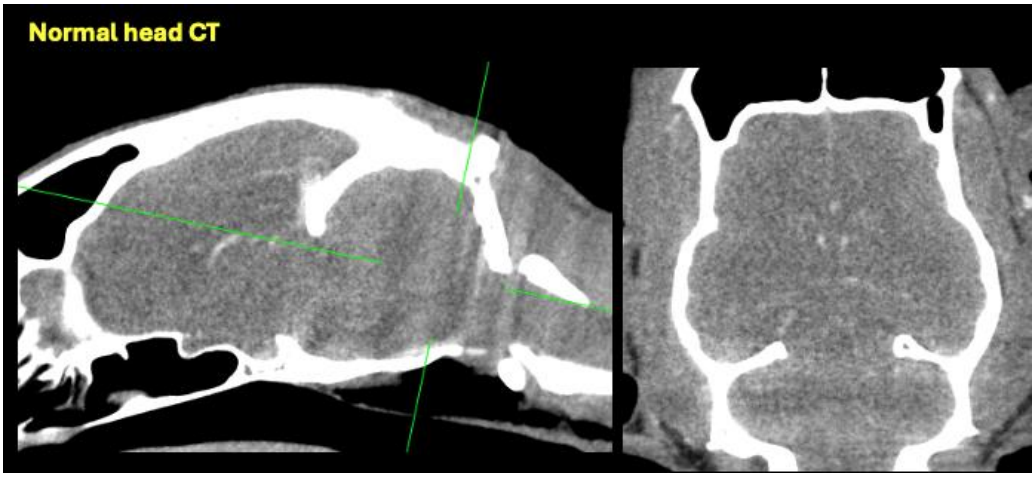

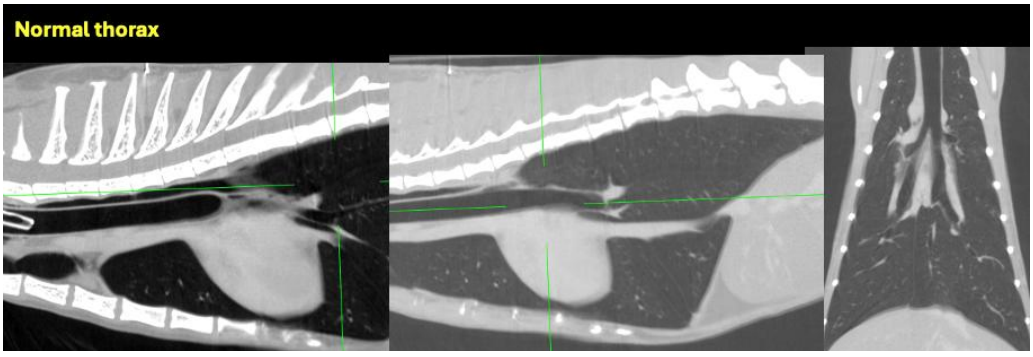

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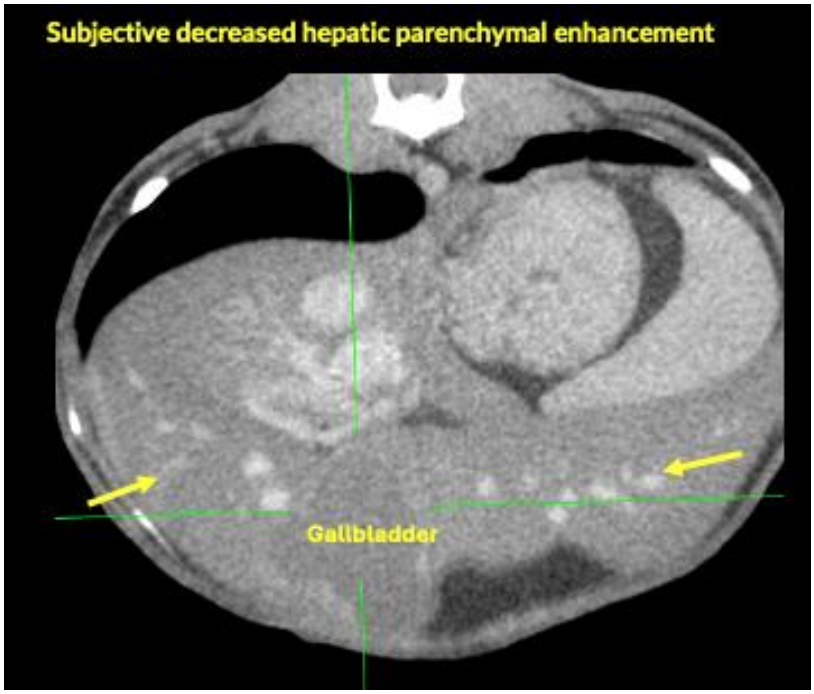

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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