



PATIENT

Calopus Kidd

SPECIES

Canine

BREED

Malamute

SEX

FN

AGE

10

WEIGHT

45

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

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72781

DATE

11-26-25

PRESENTING CLINICAL SIGNS

lethargic, pale mmb

Abnormal PE/Chem/CBC/UA Results: autoagglutination on smear pcv 25%, neutrophils elevated

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 6 series. One pre-contrast series of the thorax and abdomen, soft tissue algorithm. One pre-contrast series of the thorax, lung algorithm. One pre-contrast series of the thorax and abdomen, bone algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm. One post-contrast series of the head, bone algorithm. One post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal limits.

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

There is mild ground-glass attenuation and faint consolidation involving the right cranial lung lobe, with tiny gravity-dependent peripheral attenuation. The remaining pulmonary parenchyma shows normal attenuation with no micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. The bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within normal limits.

The cardiac silhouette and pulmonary vessels are normal, and contrast enhancement is adequate.

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

ABDOMEN

The liver is mildly enlarged, with homogeneous soft tissue attenuation and uniform post-contrast enhancement. Hepatic contours are smooth.

The gallbladder, cystic duct, and common bile duct are within normal limits.

The spleen is homogeneous, normally sized, and uniformly contrast-enhancing.

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

The urinary bladder is moderately filled with hypoattenuating fluid admixed with small volumes of hyperattenuating contrast material; wall thickness is normal.

The stomach is moderately distended and contains heterogeneous ingesta with multiple small mineral-attenuating fragments; no evidence of intramural mass effect.

The duodenum and small intestine are nondilated and contain small amounts of fluid and gas; wall thickness is normal.



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The colon and rectum contain gas admixed with heterogeneous soft tissue attenuating fecal material containing mineral debris; no mural abnormalities are seen.

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

The serosal fat shows normal attenuation.

The uterus and ovaries are not applicable.

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There is complete bridging spondylosis deformans at T12–T13 and T13–L1.

SEX

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- Mild right cranial lung lobe ground-glass attenuation and faint consolidation, with tiny gravity-dependent peripheral attenuation. Differential diagnoses include sedation-related atelectasis, mild inflammatory/infectious pneumopathy, or early pneumonia.
- Mild hepatomegaly with uniform enhancement; consider metabolic, inflammatory. No evidence of mass effect.
- Heterogeneous gastric content with small mineral fragments, likely incidental foreign bodies.
- Remaining abdominal organs within normal limits.
- T12–T13 and T13–L1 complete bridging vertebral endplate spondylosis deformans (incidental).

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COMPUTED TOMOGRAPHIC DIAGNOSIS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

There is no evidence of tomographic abnormalities in the thorax or abdomen that could explain the correlated clinical signs. The thoracic CT findings reveal mild right cranial lung lobe ground-glass attenuation and faint consolidation. Differential diagnoses include sedation-related atelectasis, mild inflammatory/infectious pneumopathy, or early pneumonia.

The mild hepatomegaly with preserved architecture may be associated with metabolic or inflammatory hepatopathy, which can occur in the context of systemic disease.

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The gastrointestinal findings (gastric ingesta containing small mineral fragments; mineralized fecal debris) are most consistent incidental foreign material representing low clinical significance.

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There is no abdominal or intrathoracic mass effect or nodular lesion to suggest an active bleeding process that could account for the anemia.

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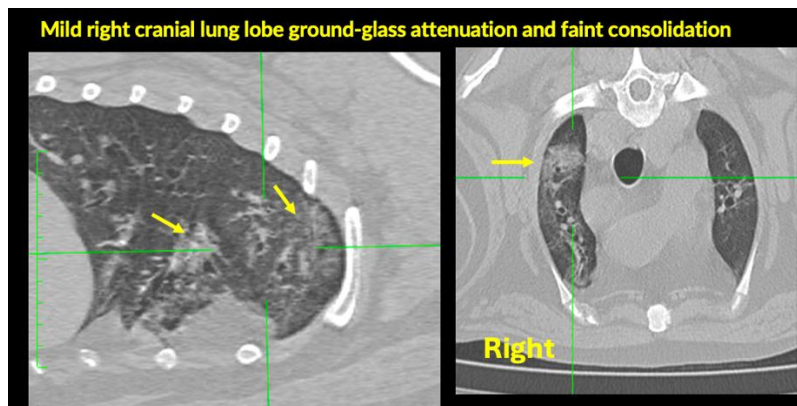
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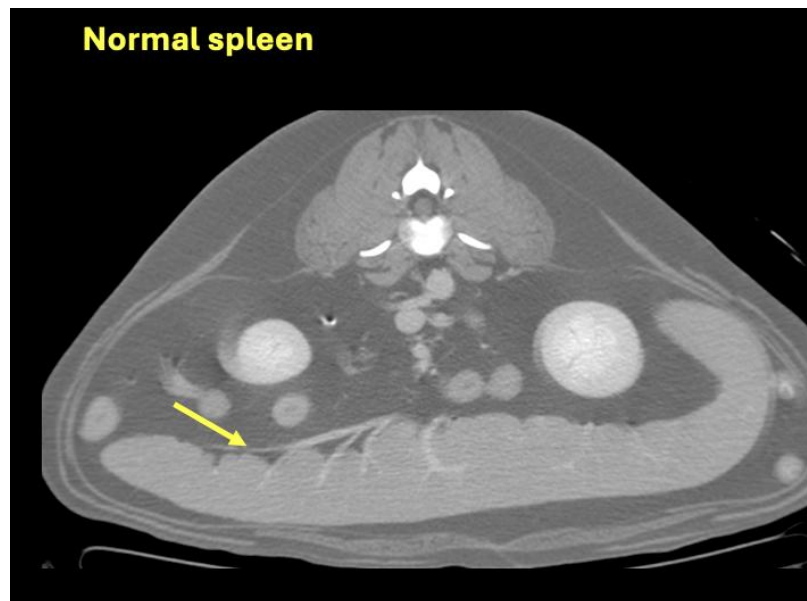
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com