



## PATIENT

Minty Riddle

## SPECIES

Canine

## BREED

Maltese x Shih Tzu

## SEX

F

## AGE

15Y

## WEIGHT

4.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

J Allan

## HOSPITAL NAME

Adelaide Plains  
Veterinary Surgery

## REFERRING VET

Dr Rimon Ekladyous

## INVOICE

72487

## DATE

11-3-25

## PRESENTING CLINICAL SIGNS

Owner thinks she is falling over - fell in a bush Weight loss over the last 6 months Urinating drinking well not increased or decreased no diarrhoea Active, randomly might fall over but otherwise nothing Msk :walking fine not falling over but seems to be bit stiff in her walk - no lameness visible Neurological: prop +ve intact in all 4 limbs, Cut trunci +ve Abdomen: NAD felt fine Poss intraabdominal mass / hormonal imbalance / organ dysfunction +/- neurological lesion in the spine / head Recommended CT scan as a first option to rule out abdomen lesions / neurological dysfunction Recommended to do CT Spine and Abdomen, to include Thoraco-Lumbar region

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN AND LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thoracolumbar and Lumbar Spine

There is mild endplate erosion with multifocal osteolytic foci, sclerosis, and spondylosis deformans involving the thoracolumbar region, specifically from T11-T12 to L1-L2. Mild loss of epidural fat attenuation is noted along the ventral aspect of the vertebral canal at these intervertebral disc spaces.

A mild degree of kyphosis is present in the thoracolumbar region.

## ABDOMEN

The urinary bladder is positioned caudally, partially extending into the pelvic canal, and is moderately filled with homogeneous hypoattenuating fluid. The cranioventral bladder wall shows mild focal thickening, measuring approximately 4.9 mm.

The kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvis and ureters are within normal limits.

The liver is normal in size and shape, demonstrating homogeneous soft tissue attenuation and uniform contrast enhancement. A moderately sized, hyperattenuating oval mineral structure is identified within the gallbladder, measuring 8.9 mm. The cystic and common bile ducts are within normal limits.

The spleen shows slightly mottled enhancement. A moderate, rounded hypoattenuating nodule is present in the splenic body, measuring approximately 1.4 × 1.5 cm, producing mild focal contour bulging.

The gastrointestinal tract is normally distributed and distended, with no mural thickening or mass effect.

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

The abdominal lymph nodes are unremarkable.



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The pancreas and adrenal glands are within normal limits.

Serosal fat shows normal attenuation behavior.

The uterus and ovaries are not visualized.

A duplicated caudal vena cava is present, with the left renal vein draining into the persistent left caval channel — an incidental congenital variant.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal vertebral endplate erosions, sclerosis, and spondylosis deformans are present in the thoracolumbar region, specifically from T11–T12 to L1–L2. Differential diagnoses include discospondylitis.
- Mild focal thickening of the urinary bladder wall, compatible with cystitis; mild pelvic positioning of the bladder is noted, which may be incidental or pelvic bladder.
- Cholelithiasis (single mineral-attenuating structure).
- Splenic nodule (hypoattenuating, 1.4 × 1.5 cm). Differential diagnoses include lymphoid hyperplasia, extramedullary hematopoiesis, or a hyperplastic nodule; abscess or neoplastic lesion is considered less likely.
- Complete double caudal vena cava (congenital variant).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

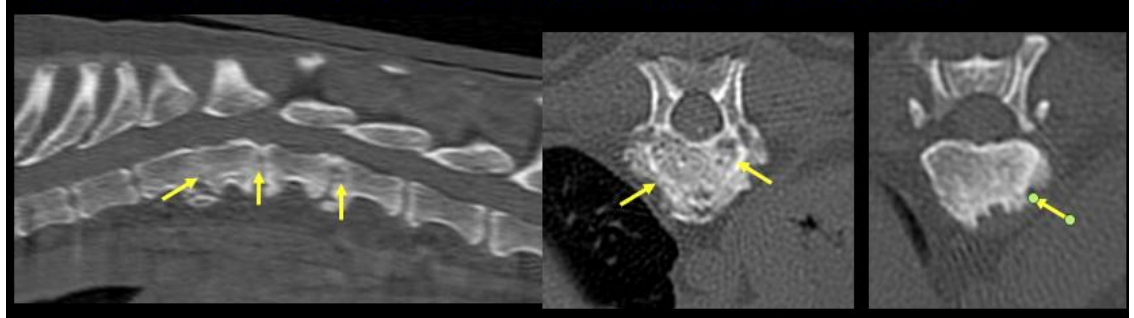
The tomographic findings are consistent with discospondylitis affecting the thoracolumbar region (T11–L2). Infectious disease testing and/or empirical antimicrobial therapy are recommended, considering *Staphylococcus* spp., *Streptococcus* spp., and *Brucella canis* as potential etiologic agents; fungal infection is considered less likely.

Mild focal urinary bladder wall thickening may correlate with concurrent cystitis. Urinalysis, sediment examination, and urine culture are recommended.

The splenic nodule is nonspecific and may represent a benign process such as nodular hyperplasia or extramedullary hematopoiesis. Abdominal ultrasound follow-up is recommended, and fine-needle aspiration (FNA) should be considered if feasible.

The complete double caudal vena cava represents an incidental congenital vascular variant with no clinical significance.

Multifocal vertebral endplate erosions, sclerosis, and spondylosis deformans are present in the thoracolumbar region





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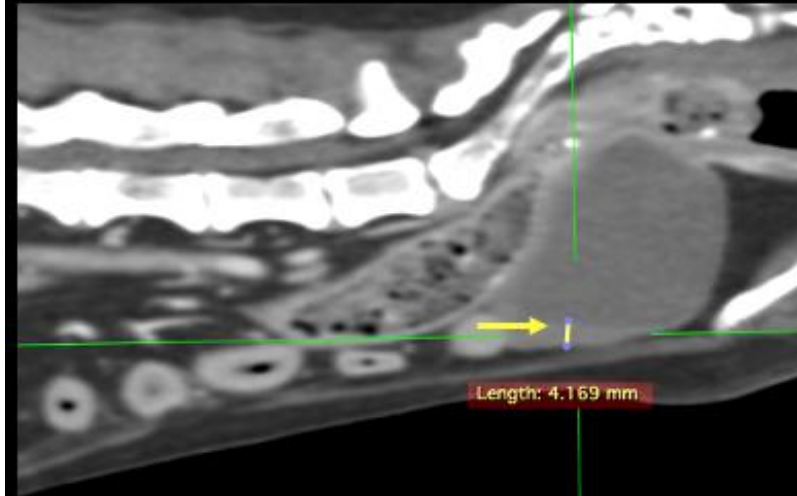
## INVOICE

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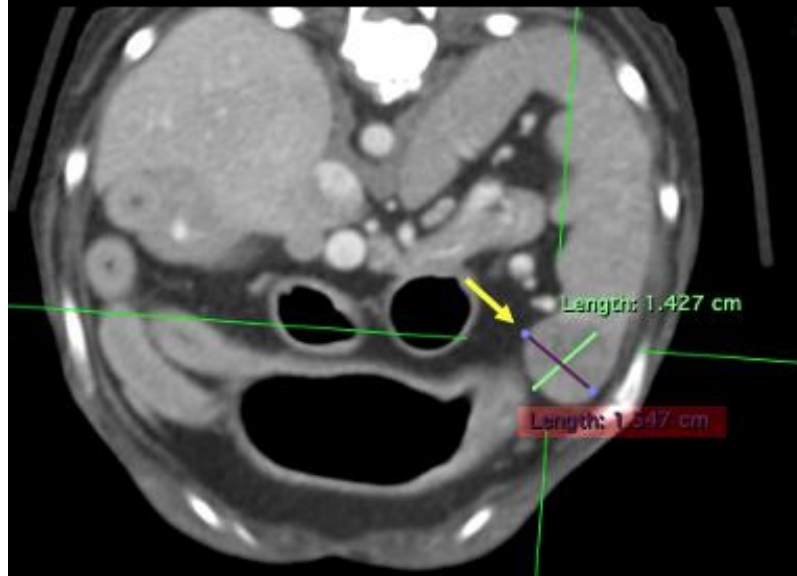
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**Mild focal thickening of the urinary bladder wall,; mild pelvic positioning of the bladder is noted.**



**Splenic nodule**





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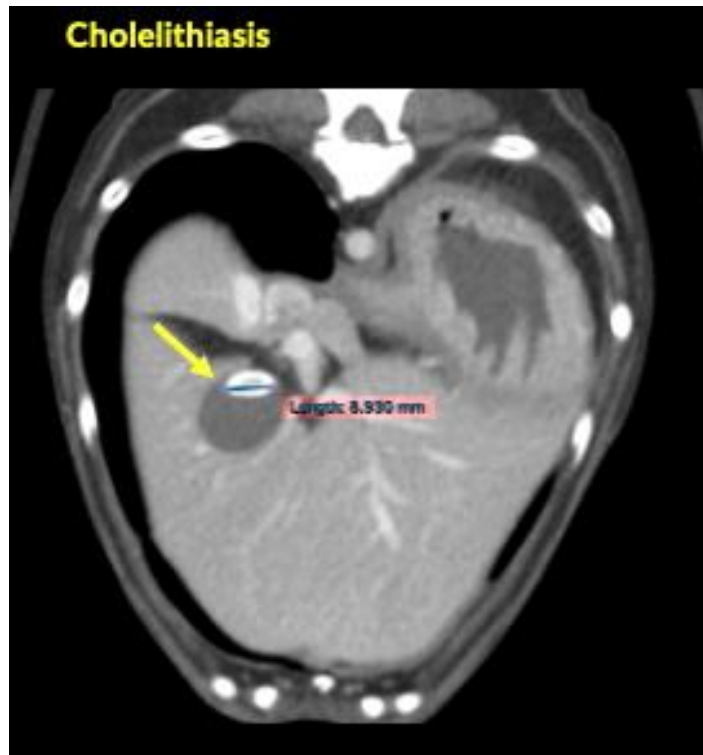
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)