



PATIENT

Butchy Testani

SPECIES

Canine

BREED

Cane Corso Mix

SEX

MN

AGE

4

WEIGHT

28

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

72478

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Diabetic, history of Thyroid Carcinoma

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the whole body was provided for review, totaling two series: one pre-contrast whole-body series (bone algorithm) and one post-contrast whole-body series (bone algorithm, delayed phase).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea is within normal limits.

There is grade II collapse of the lobar bronchus of the left cranial lung lobe. A reduction in left cranial lung lobe volume is observed, accompanied by peripheral pulmonary consolidation and ground-glass attenuation, with a concurrent ipsilateral mediastinal shift. The remaining aerated lung parenchyma shows normal attenuation, with no evidence of pulmonary soft tissue nodules.

The cardiac silhouette appears subjectively enlarged, though post-contrast enhancement is poor, limiting detailed evaluation of cardiac chambers and large vessels.

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

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

ABDOMEN

The liver is mildly enlarged with convex borders; no evidence of hypoattenuating mass effect or nodules is identified. The gallbladder is within normal limits.

The kidneys, and urinary bladder (moderately filled with homogeneously hypoattenuating fluid) are within normal limits.

The spleen is homogeneous, soft tissue attenuating, and normal in size and shape.

The gastrointestinal tract shows normal distribution and distention.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material, without evidence of important wall abnormalities.

Evaluation of the pancreas, adrenal glands, and abdominal lymph nodes is limited due to poor post-contrast enhancement.

The serosal fat exhibits normal attenuation.

The prostate is small and within normal limits.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Grade II collapse of the left cranial lobar bronchus, with partial lobar atelectasis and peripheral pulmonary consolidation, accompanied by ipsilateral mediastinal shift.
- No evidence of pulmonary metastatic disease or mediastinal mass or severe enlarged lymph nodes.
- Suspected mild cardiomegaly.
- Mild hepatomegaly with regular margins, no focal lesions identified*.
- Bilateral coxofemoral joint incongruency with moderate periarticular osteoarthritis.
- L3-L4 incomplete bridging spondylitis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with partial collapse of the left cranial lobar bronchus, possibly secondary to bronchomalacia, accompanied by left-sided pulmonary atelectasis. Differential diagnoses include pulmonary fibrosis.

The mild hepatomegaly may represent a metabolic process, particularly if correlated with a history of diabetes mellitus.

There is suspected mild cardiomegaly; echocardiographic evaluation is recommended for further assessment.

Orthopedic changes are compatible with bilateral hip dysplasia and secondary osteoarthritis.

Due to poor post-contrast enhancement, soft tissue evaluation is limited.

TECHNICAL COMMENTS

The examination is affected by moderate beam-hardening and streak artifacts. Post-contrast enhancement is minimal, considerably reducing the sensitivity evaluation for soft tissue assessment.





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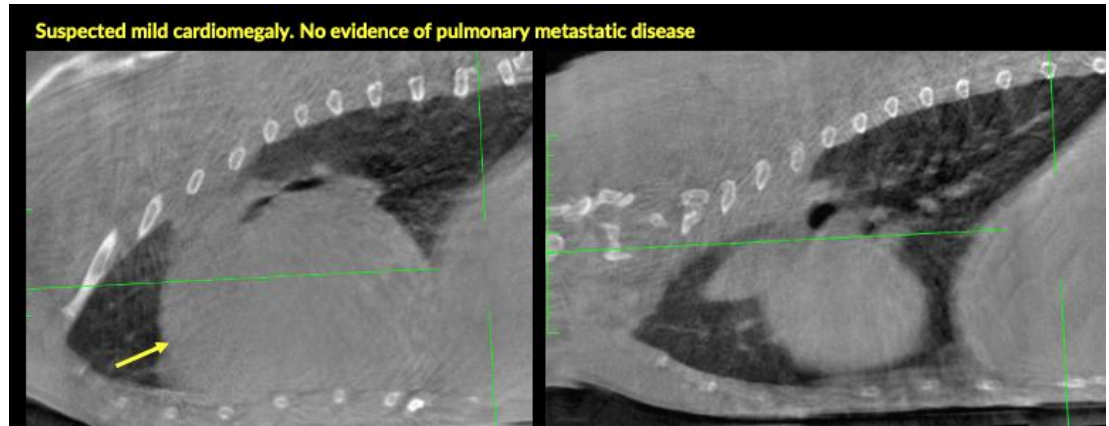
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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