

## PATIENT

Mia Ellis

## SPECIES

Canine

## BREED

Cockerpool

## SEX

Female

## AGE

11Y

## WEIGHT

8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Molly Ellson

## HOSPITAL NAME

Animal Trust -  
Ellesmere Port

## REFERRING VET

Chloe Craggs

## INVOICE

72517

## DATE

11-5-25

## PRESENTING CLINICAL SIGNS

Lethargy and v+- suspecting pancreatitis Abdominal Radiographs: Hepatomegaly, gas dilation to the stomach, poor serosal detail for abdomen, bladder appears normal in size. Abdominal Ultrasound: Hepatomegaly and hepatic parenchyma heterogenous, gall bladder enlarged with gall bladder sludge present, enlargement to cystic duct no clear obstruction visible, poor serosal detail and small pockets of free abdominal fluid within the abdomen but too small to sample, minimal movement to intestines (ileus), bladder normal in size but bladder sediment visible. Cystocentesis performed using 25G needle and 5ml syringe. Stomach tube placed into stomach and fluid drained +++ abdominal radiographs repeated as no visible FB in the stomach

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 3 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 abdomen, soft tissue algorithm – delay phase.

## COMPUTED TOMOGRAPHIC FINDINGS

### ABDOMEN

An amorphous, ill-defined, hypoattenuating mass effect is identified in the mid-cranial abdomen, slightly left of midline, corresponding topographically to the region of the left pancreatic lobe. The adjacent peripancreatic and mesenteric fat displays stranding features.

The gastric wall margins are indistinct but appear diffusely thickened. No evidence of radiopaque foreign material or mechanical obstruction is observed. The transverse and cranial descending colon are caudally displaced by the mass effect.

The right pancreatic lobe exhibits normal size, shape, and attenuation\*.

The gallbladder is moderately distended, containing hypoattenuating material and showing a subtle double-wall appearance. The cystic duct and common bile duct are visible but not abnormally distended.

A moderate amount of peritoneal fluid is present; most pronounced in the caudal abdomen adjacent to the urinary bladder.

Jejunal lymph nodes are mildly enlarged.

The liver is moderately enlarged but exhibits homogeneous attenuation.

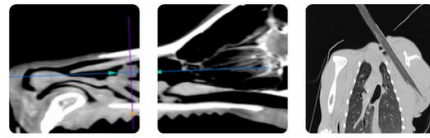
The spleen, kidneys, and urinary bladder are within normal limits.

The small intestines are normally distended without evidence of intraluminal mass effect or obstruction.

The uterus and ovaries are not visible.

### THORAX

The trachea and main bronchi are within normal limits.



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A small focal consolidation is identified in the right cranial lung lobe. The remaining pulmonary parenchyma is normal in attenuation without nodules or masses.

The bronchial tree shows normal branching, smooth walls, and an appropriate bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal.

The sternal lymph nodes are slightly enlarged, while the cranial mediastinal and tracheobronchial lymph nodes appear within normal limits.

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

The thoracic esophagus is mildly distended with intraluminal gas.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ill-defined hypoattenuating mass effect in the region of the left pancreatic lobe, associated with peripancreatic fat stranding – Differential diagnoses include acute pancreatitis, necrotizing pancreatitis, concurrent adjacent peritonitis, less likely pancreatic abscess and/or neoplasia.
- Moderate peritoneal effusion, transudate, modified transudate, or inflammatory (possible secondary to pancreatitis).
- Moderate hepatomegaly.
- Mild jejunal lymphadenomegaly, likely reactive.
- Gallbladder distension and subtle double-wall sign – Differential diagnoses include wall edema, or cholecystitis.
- Small focal pulmonary consolidation in the right cranial lung lobe – Differential diagnosis incipient bronchopneumonia, aspirated pneumonia or atelectasis.
- Mild sternal lymphadenomegaly. Differential diagnosis remnant thymus.\*

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

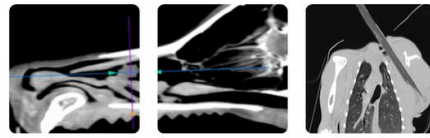
The CT findings demonstrate an ill-defined hypoattenuating mass effect in the region of the left pancreatic lobe, associated with peripancreatic fat stranding. Differential diagnoses include acute pancreatitis, necrotizing pancreatitis, concurrent localized peritonitis, and less likely pancreatic abscess or neoplasia.

There is evidence of secondary mild peritoneal effusion and reactive lymphadenopathy. The adjacent gastric wall thickening may indicate gastric wall edema, or gastritis.

Correlation with serum pancreatic enzyme assays (e.g., cPLI, amylase, lipase) is recommended. Supportive management for pancreatitis and inflammatory peritonitis is advised. A follow-up abdominal ultrasound is recommended to monitor the progression of the condition.

## 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 and vascular evaluation. \*



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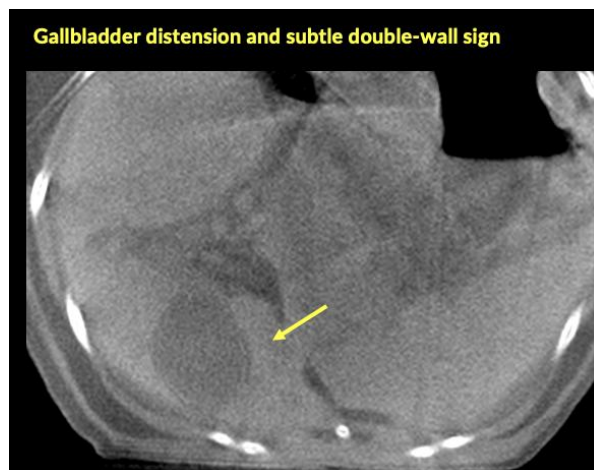
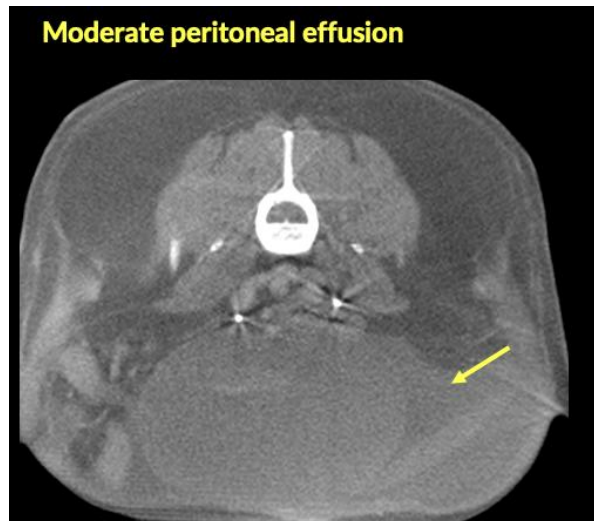
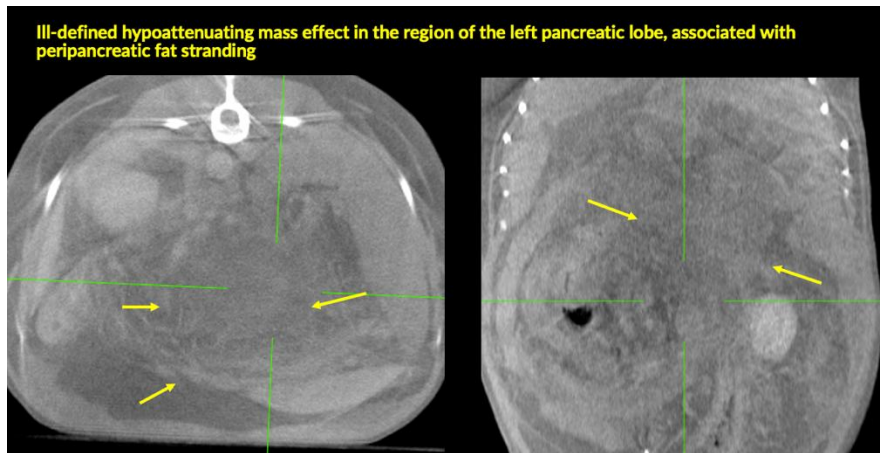
Chloe Craggs

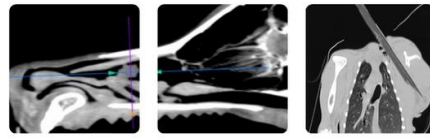
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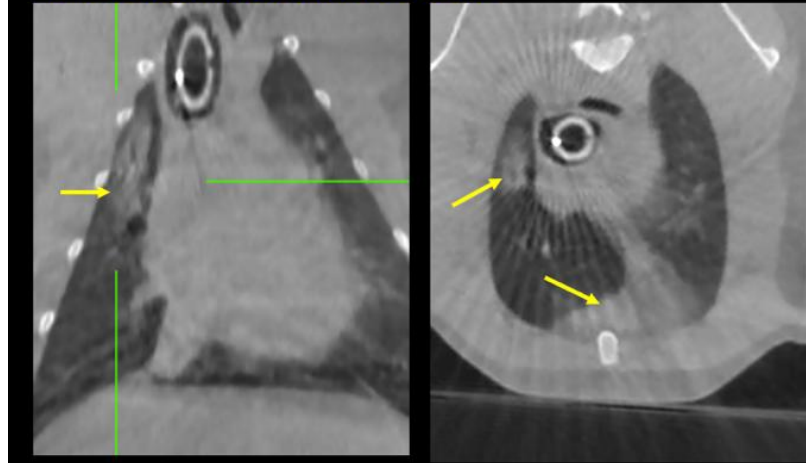
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**Small focal pulmonary consolidation in the right cranial lung lobe,  
enlarged sternal lymph node (or thymus)**



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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