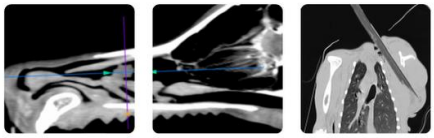

PATIENT

Polly Armstrong

SPECIES

Canine

BREED

Golden Retriever

SEX

FN

AGE

8

WEIGHT

29

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

73025

DATE

12-16-25

PRESENTING CLINICAL SIGNS

progressive weight loss inappetence last 1wk pyrexia of unknown origin
Abnormal PE/Chem/CBC/UA Results: cbc wl chem wl urine culture pending

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT examination of the abdomen, thorax, and head was provided for review, totaling seven 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 abdomen, soft tissue algorithm, delayed phase; and two post-contrast series of the head, soft tissue and bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal limits.

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

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

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

The thoracic esophagus is unremarkable.

There are mild degenerative changes affecting the cranial costal facet of the left first rib.
Mild degenerative osseous changes are also present in the right, collimated elbow joint, likely correlated with medial coronoid disease.

ABDOMEN

The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is distended with homogeneously hypoattenuating content and a small amount of more attenuating material accumulated in the gallbladder neck. The cystic duct and common bile duct are within normal limits.

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

The urinary bladder is moderately filled by homogeneously hypoattenuating fluid material. Normal wall thickness.

The spleen is homogenously soft tissue attenuating, and uniformly contrast enhancing, with normal size and shape.

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The stomach is moderately distended by homogeneous hypoattenuating fluid and gas, in normal position, with normal wall thickness and no evidence of mural mass effect.

The duodenum and small intestine are nondilated and contain small amounts of fluid-attenuating material and gas. Wall thickness is within normal limits, and there is no evidence of focal mural thickening or mass effect.

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

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

The serosal fat shows normal attenuation, and no peritoneal or retroperitoneal effusion is identified.

The uterus and ovaries are not applicable.

Congenital incidental double vena cava.

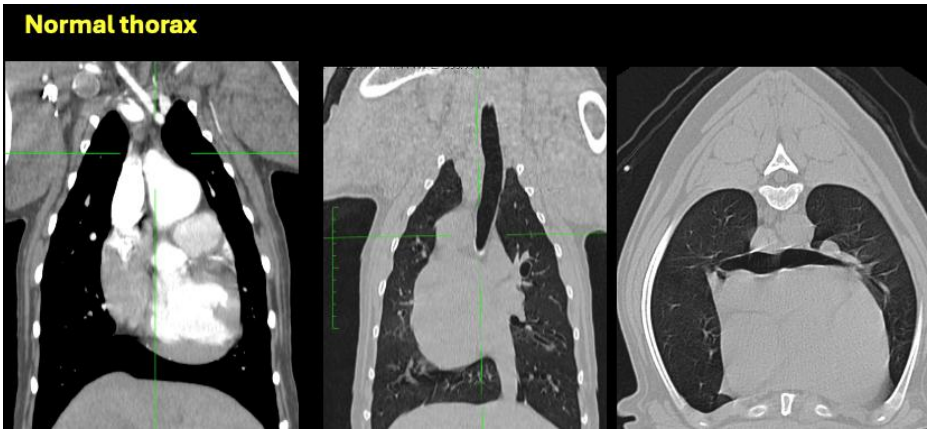
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal thoracic structures.
- Small amount of more attenuating material accumulated in the gallbladder neck, likely incidental sediment (biliary sludge).
- Congenital incidental double vena cava, no clinical significance.
- Otherwise normal abdominal structures.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of tomographic abnormalities in the thorax or abdomen to explain the reported clinical signs. The CT findings do not identify a clear thoracic or abdominal cause for the reported progressive weight loss, inappetence, or pyrexia of unknown origin.

Correlation with ongoing laboratory investigations, including the pending urine culture and any additional infectious or inflammatory disease testing, is recommended to further investigate the cause of the systemic signs.



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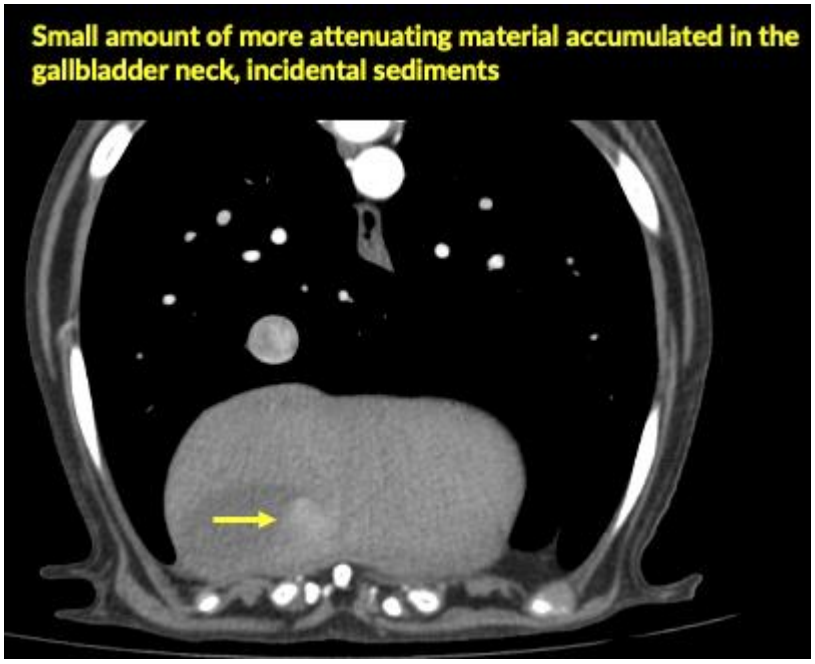

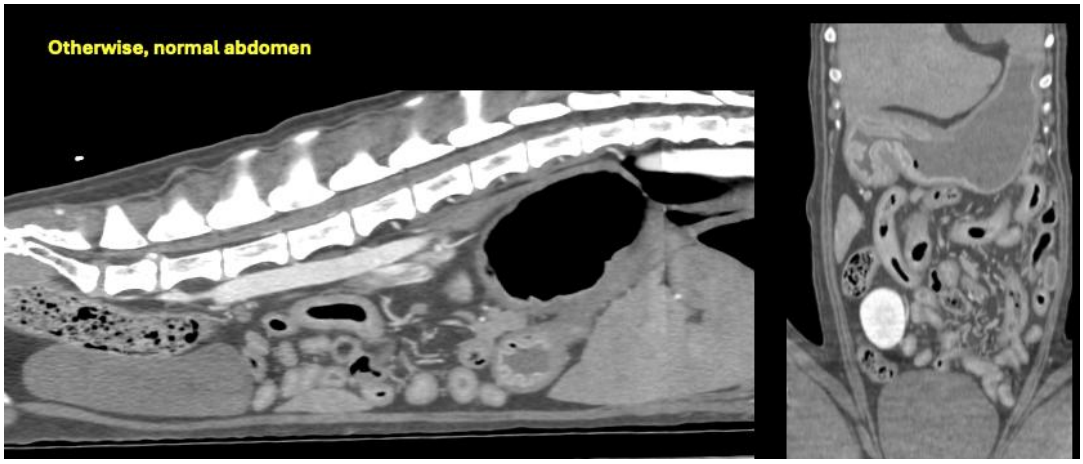

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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