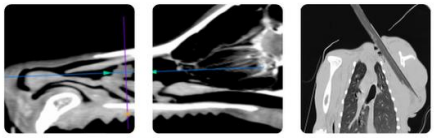


PATIENT

Boston Southwell

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

5

WEIGHT

12

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

73115

DATE

12-23-25

PRESENTING CLINICAL SIGNS

phantom pain intermittent suspect lumbar spine/abdomen in origin aggressive - difficult to examine
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl crp pending

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX & ABDOMEN

A pre- and post-contrast CT study of the whole-body is provided for review totaling 8 series. Acquisitions include pre-contrast soft tissue, lung, and bone algorithms, and post-contrast soft tissue series.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD & NECK

No evidence of intracranial mass effect, falx cerebri deviation, or ventriculomegaly.

The cribriform plate is intact.

The visible portions of the nasal cavities and turbinates are within normal limits.

The oropharynx, nasopharynx, soft palate, and hyoid apparatus are unremarkable.

The frontal sinuses are unremarkable.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are within normal limits.

The visible dentition caudal to Triadan 105/205 is within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The right superficial cervical lymph node is mildly enlarged, measuring approximately 1.1 cm.

THORAX

The trachea and main bronchi are within normal limits.

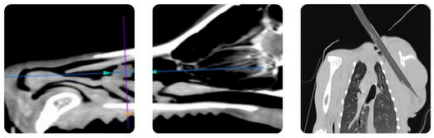
The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

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 heart and pulmonary vessels are normal, and post-contrast opacification is adequate.

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



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The thoracic esophagus is unremarkable.

Spine region:

Normal vertebral count (C1–C7, T1–T13, L1–L7, sacrum) with normal alignment.

Mild intervertebral disc bulging at T12–T13 and L7-S1.

Incidental fused spinous processes at T10–T11.

ABDOMEN

At the renal level, the caudal vena cava courses dorsally and joins the right azygos vein, with absence of the hepatic segment of the caudal vena cava, consistent with interruption of the caudal vena cava with azygos continuation.

The portal vein and its tributaries are within normal limits.

The right hepatic lobes are subjectively reduced in volume, with preserved contour. The remaining hepatic lobes are normal in size and contour. Hepatic parenchymal attenuation is normal.

The gallbladder, 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 pelvises and ureters are within normal limits.

The urinary bladder is moderately distended with homogeneous hypoattenuating fluid; wall thickness is normal.

The spleen is homogeneous, uniformly contrast-enhancing, and within normal size and shape.

The gastrointestinal tract is normally distributed and distended, with normal wall thickness.

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

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

The serosal fat displays normal attenuation behavior.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital interruption of the caudal vena cava with azygos continuation, incidental*.
- Subjective reduction in volume of the right hepatic lobes, with otherwise normal hepatic parenchyma and portal vasculature. Differential diagnosis individual variation, hepatopathy.
- Mild enlargement of the right superficial cervical lymph node, most consistent with reactive lymphadenopathy, unspecific.
- Mild intervertebral disc bulging at T12–T13 and L7–S1, without evidence of spinal canal compromise. Incidental fused spinous processes at T10–T11.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination does not reveal a definitive structural abnormality within the head, thorax, or abdomen that clearly explains the reported intermittent aggressive behavior or suspected phantom pain.

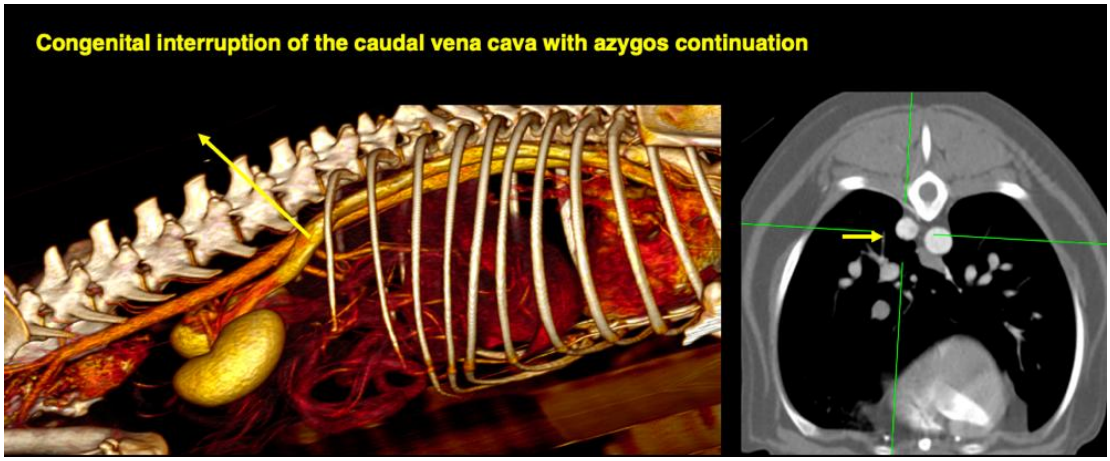
The identified interruption of the caudal vena cava with azygos continuation represents a rare congenital vascular anomaly and is typically considered clinically incidental. However, a limited number of case reports describe nonspecific clinical signs, including thrombophlebitis, incoordination, and exercise intolerance, associated with this vascular anomaly.

The mild thoracolumbar intervertebral disc bulging does not appear to be associated with significant spinal cord or nerve root compression on CT. If a neurologic or pain-related origin remains suspected, MRI of the thoracolumbar and lumbosacral spine is recommended for further evaluation.

There is a subjective reduction in the volume of the right hepatic lobes, with otherwise normal hepatic parenchyma and portal vasculature. Differential considerations include individual anatomical variation or underlying hepatopathy, and correlation with laboratory findings is recommended.

References: Jorge T, Heacock E, Hargrove J, Mai W. Azygos continuation of the caudal vena cava complicated by thrombophlebitis in a dog. Vet Radiol Ultrasound. 2025;doi:10.1111/vru.70034.

Oliveira EC, Prieto WS, Oliveira WJ, Brunkow C, Sousa MG, Froes TR. Segmental aplasia of the caudal vena cava, cavo-azygos communication and aneurysm in a dog: case report. PUBVET. 2022;16(11):a1263:1–6. doi:10.31533/pubvet.v16n11a1263.1-6.



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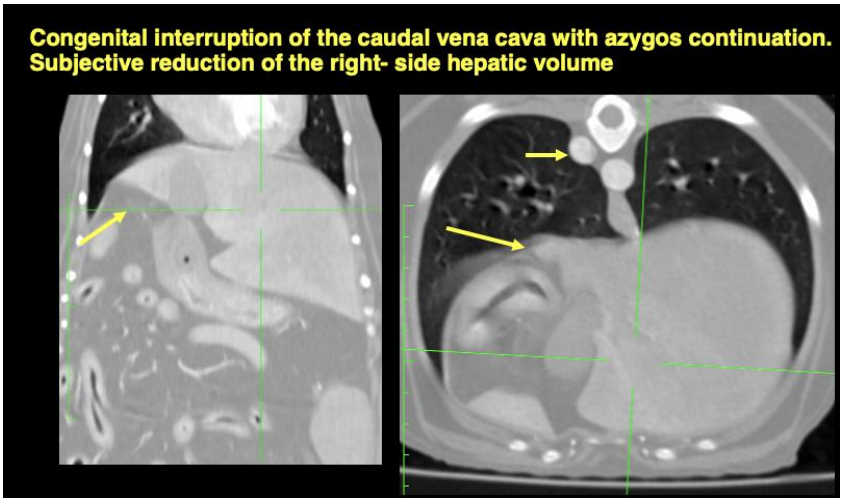

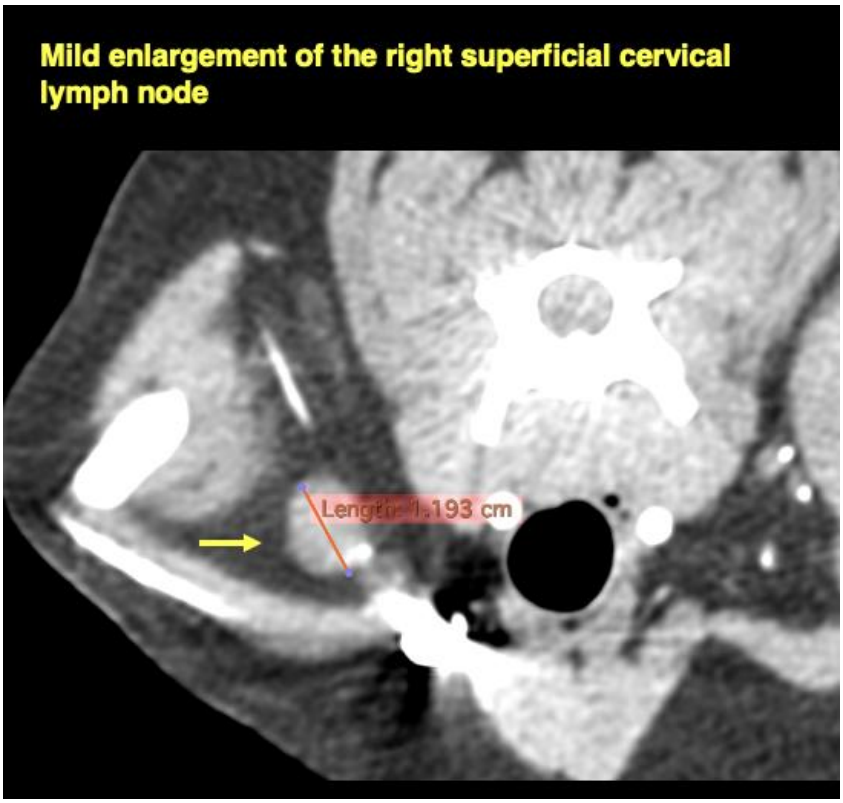

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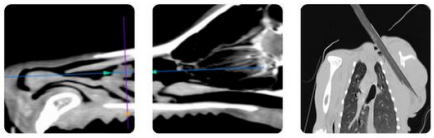

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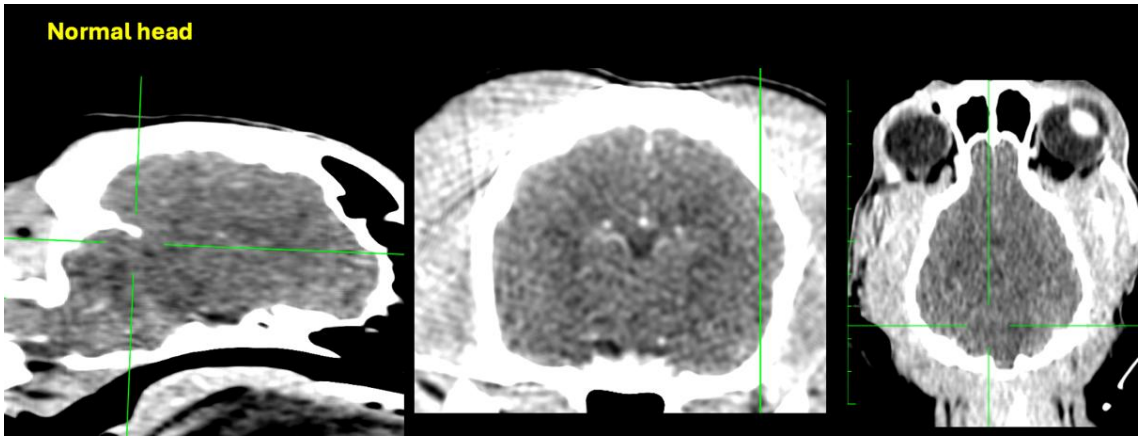

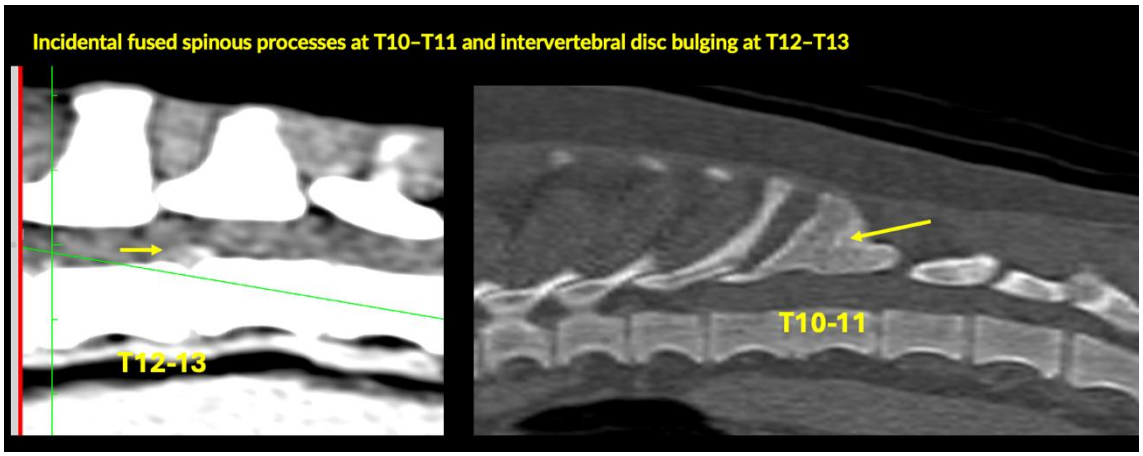

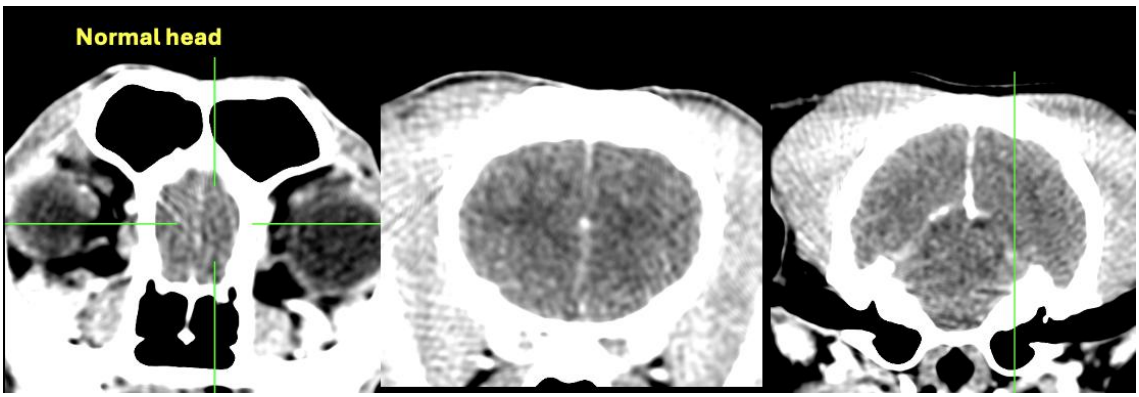

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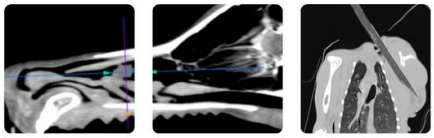

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com