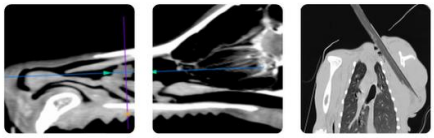

PATIENT

Dobby Cooney

SPECIES

Canine

BREED

French Bull Dog

SEX

Male

AGE

7Y

WEIGHT

11kg

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

Amber Mahon

INVOICE

73097

DATE

12-23-25

PRESENTING CLINICAL SIGNS

struggling with breathing since early December wheezing pyrexia 40.6 .On the Left lateral X-ray 2 round opacities noticed near the heart ,also visible on the DV On TFAST arrhythmia noticed,heart rhythm regular irregular, some remodelling as well.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

The thoracic trachea, particularly in the region of the carina, exhibits a flattened configuration. There is associated narrowing of the mainstem bronchi.

Reduced volume expansion of the cranial lung lobes is observed, associated with mild ground-glass attenuation and discrete gravity-dependent peripheral consolidations. The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary micronodules, nodules, or mass lesions.

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

The cardiac silhouette and pulmonary vessels are within normal limits. Post-contrast vascular and cardiac opacification is adequate.

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

The thoracic esophagus is unremarkable.

One cranial mediastinal lymph node is mildly enlarged, measuring approximately 1.0 × 0.7 cm, without associated mass effect. The sternal and tracheobronchial mediastinal lymph nodes are within normal limits. There is widening of the cranial mediastinum due to homogeneous fat accumulation, and a small remnant thymus is identified. No evidence of an enhanced mediastinal mass is observed.

In the cranial portion of the collimated abdomen, intraluminal gastric hyperattenuating dispersed fluid material is noted on both pre- and post-contrast images.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Flattening of the thoracic trachea at the level of the carina with narrowing of the mainstem bronchi, likely influenced by brachycephalic conformation. Differential diagnoses include bronchomalacia and bronchial collapse.
- Reduced aeration of the cranial lung lobes with mild ground-glass attenuation and dependent consolidations, most consistent with passive atelectasis, inflammatory or infectious bronchopneumonia is considered less likely but cannot be entirely excluded.
- Cranial mediastinal widening secondary to fat accumulation with a small residual thymus, considered an incidental finding.

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- Mild enlargement of a single cranial mediastinal lymph node, compatible with reactive lymphadenitis of nonspecific etiology.
- Intraluminal hyperattenuating gastric content. Differential diagnoses including gastric hemorrhage, gastritis, ulceration, or ingested radiodense material (e.g., oral medications).

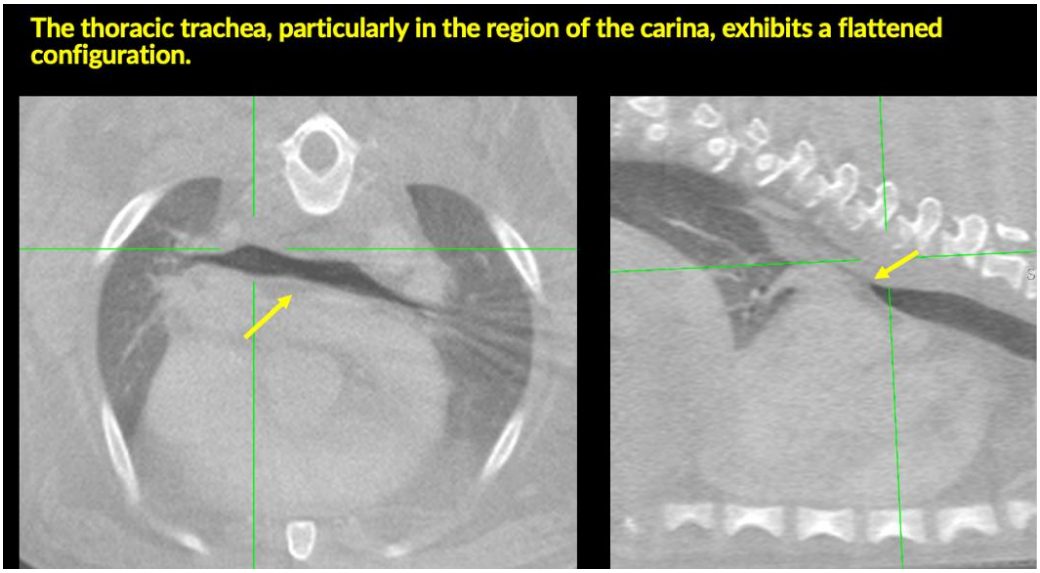
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate flattening of the thoracic trachea at the level of the carina with narrowing of the main bronchi possible influenced by brachycephalic conformation. Differential diagnosis includes bronchomalacia, bronchial collapse. Possible contribute to the reported respiratory distress and wheezing.

The reduced aeration of the cranial lung lobes with mild ground-glass attenuation and dependent consolidations is most consistent with passive atelectasis, potentially exacerbated by brachycephalic airway anatomy and sedation/anesthesia effects. An inflammatory or infectious bronchopneumonia is considered less likely but cannot be completely excluded.

The mildly enlarged cranial mediastinal lymph node is most consistent with reactive lymphadenitis, with no evidence of mediastinal mass effect.

Consider a bronchoalveolar lavage (BAL) and/or bronchoscopy and/or dynamic airway evaluation.



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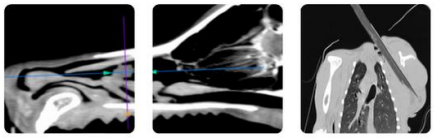

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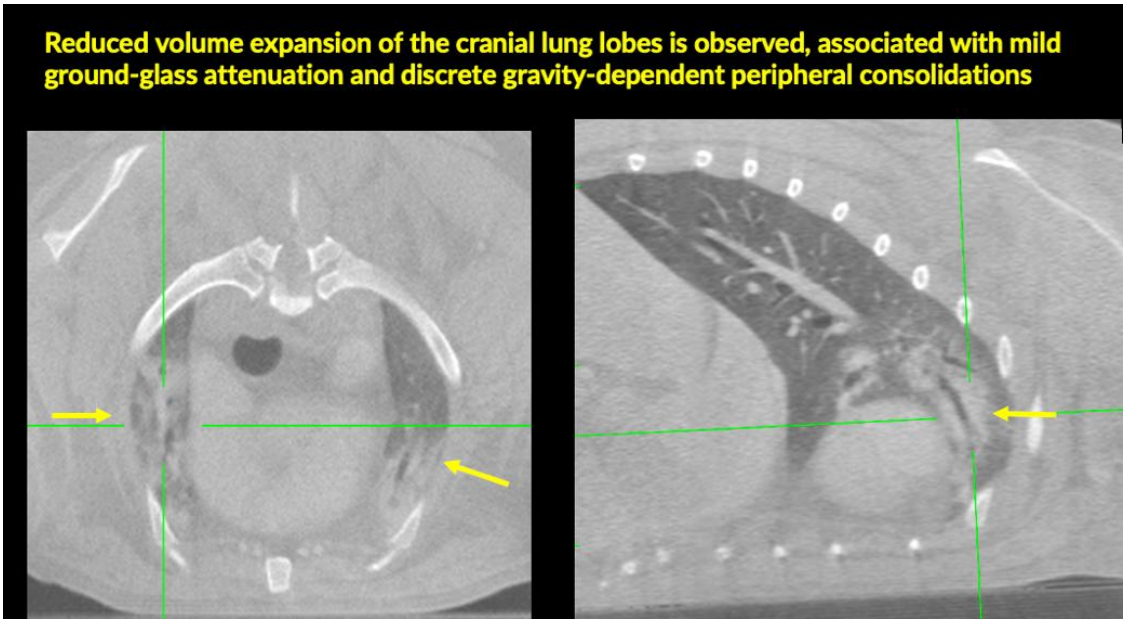

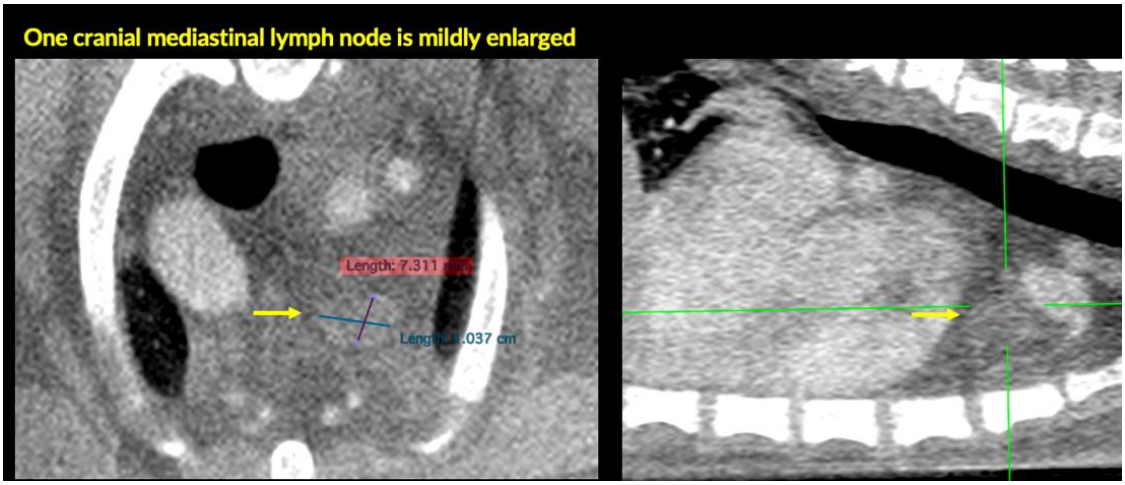

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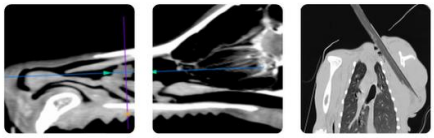

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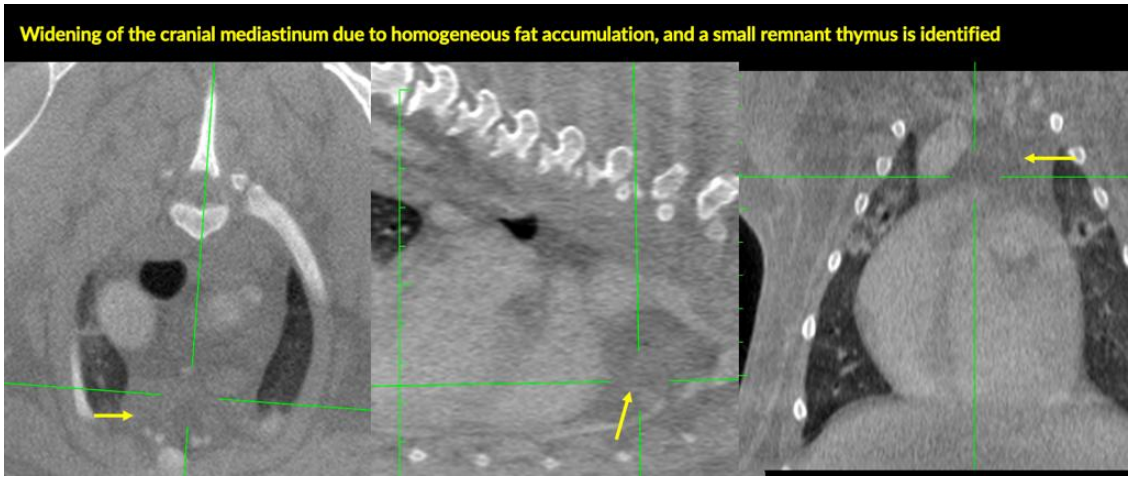

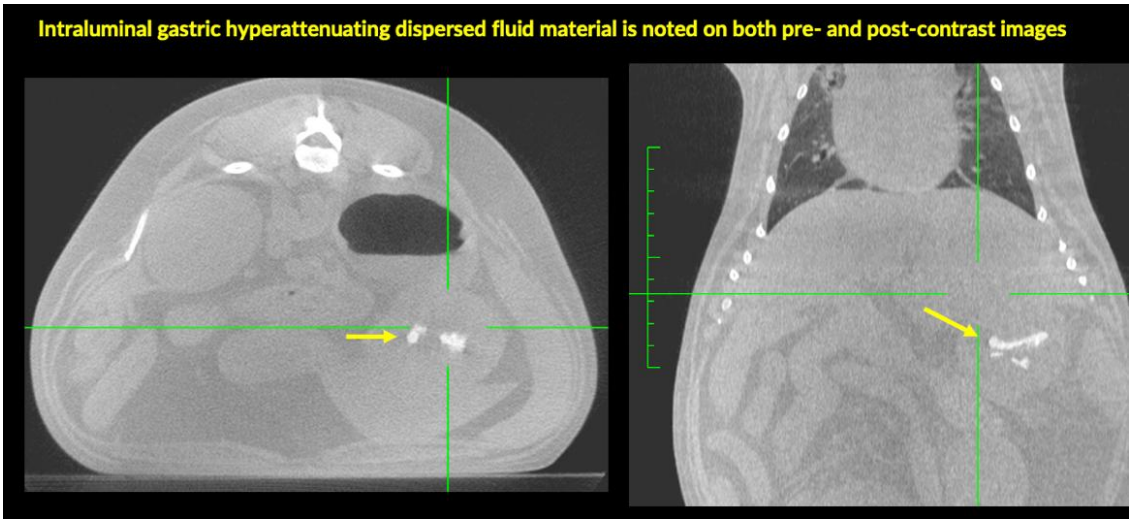

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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