



PATIENT

Jasper Kane

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14

WEIGHT

5

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

72939

DATE

12-9-25

PRESENTING CLINICAL SIGNS

intention tremor seizures then moribund for 24hours then resolved
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 wll

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX & ABDOMEN

A pre- and post-contrast CT study of head, thorax and abdomen are provided for review totaling 7 series. One pre-contrast series of the thorax, lung algorithm. One pre-contrast series of the whole-body, bone algorithm. One pre-contrast series of the whole-body, soft tissue algorithm. One post-contrast series of the whole-body, bone algorithm. One pre-contrast series of the head, bone algorithm. One pre-contrast series of the head, soft tissue algorithm. One post-contrast series of the head, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is no evidence of intracranial mass effect, falx cerebri deviation, or ventriculomegaly.

The nasal cavities, paranasal structures, and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and nasopharynx are incidentally overdistended.

The frontal sinuses are unremarkable.

The tympanic cavities and external auditory canals are normal.

The globes and retrobulbar spaces are within normal limits.

All teeth are present and normal.

The temporomandibular joints are bilaterally congruent.

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

The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The thyroid gland is normal.

THORAX

The trachea and main bronchi are patent and within normal limits.

A discrete, focal ground-glass attenuation is present in the cranial and right middle lung lobes; the remaining pulmonary parenchyma demonstrates normal aeration with no micronodules, nodules, or mass lesions.

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



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The cardiac silhouette and pulmonary vasculature are normal, with adequate post-contrast enhancement.

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

The pleural space, diaphragm, thoracic wall, and thoracic esophagus are within normal limits.

ABDOMEN

The spleen is mildly enlarged, with homogeneous soft tissue attenuation and uniform enhancement, maintaining a normal contour.

The left pancreatic lobe is mildly thickened, with normal attenuation and enhancement; the remainder of the pancreas is normal.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder, cystic duct and common bile duct are within normal limits.

Both kidneys are normal in size, contour, and attenuation; renal pelvis and ureters are unremarkable.

The urinary bladder contains homogeneously hypoattenuating fluid; the wall is normal.

The stomach is moderately distended with heterogeneous ingesta and gas but maintains normal position and mural thickness.

The duodenum and small intestine exhibit normal diameter and wall thickness, containing small volumes of fluid and gas.

The colon and rectum are normally distended with mixed-attenuation fecal material; wall thickness is preserved.

Abdominal lymph nodes and adrenal glands are within normal limits.

The serosal fat displays normal attenuation.

A T12-T13 vertebral endplate spondylosis deformans is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No evidence of intracranial mass effect, structural intracranial abnormality, or ventriculomegaly.
- A discrete, focal ground-glass attenuation is present in the cranial and right middle lung lobes; consider mild atelectasis, less likely early pneumonia.
- Mild splenomegaly. Differential diagnosis includes secondary to anesthetic effects, lymphoid hyperplasia, extramedullary hematopoiesis, correlated to an infectious agent (FIV, FIP, Mycoplasma), less likely neoplasia.
- Mild thickening of the left pancreatic lobe; consider early pancreatitis.
- T12-T13 spondylosis deformans.



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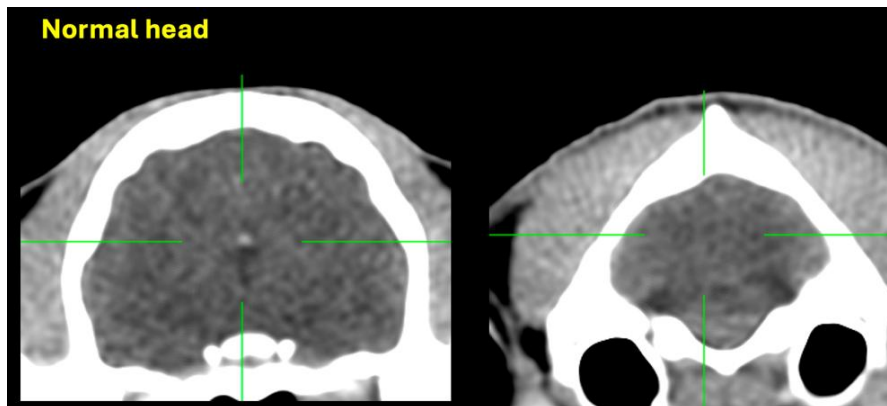
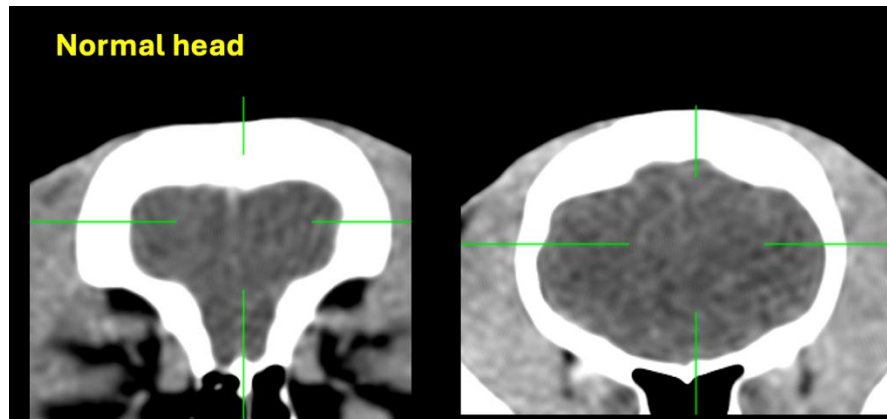
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No intracranial abnormalities are detected that could explain the reported neurological signs. It is important to note that the sensitivity of computed tomography is lower compared to MRI for detecting certain brain lesions, such as vascular diseases, infectious diseases (e.g., meningitis, encephalitis), some types of neoplasia, or toxicity. Consider MRI and/or CSF analysis if clinical signs recur.

The focal ground-glass pulmonary change is most consistent with mild dependent atelectasis, but early pneumonia remains possible and less likely differential diagnosis.

The mild splenomegaly is nonspecific and may represent an anesthetic effect or reactive change; correlation with infectious disease screening (FIV, FeLV, Mycoplasma spp.).

The mild thickening of the left pancreatic lobe may represent early pancreatitis; correlation with laboratory testing is advised.





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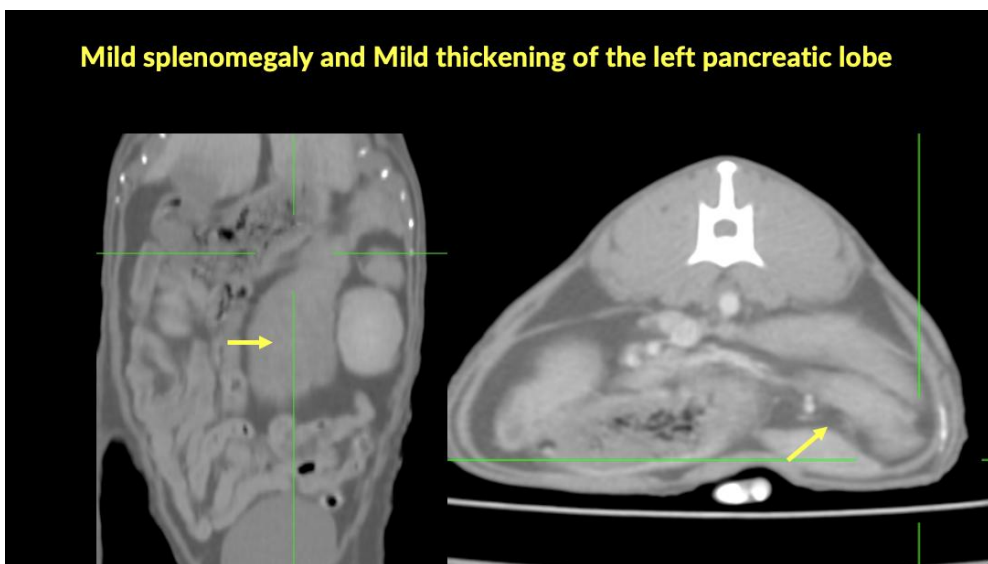
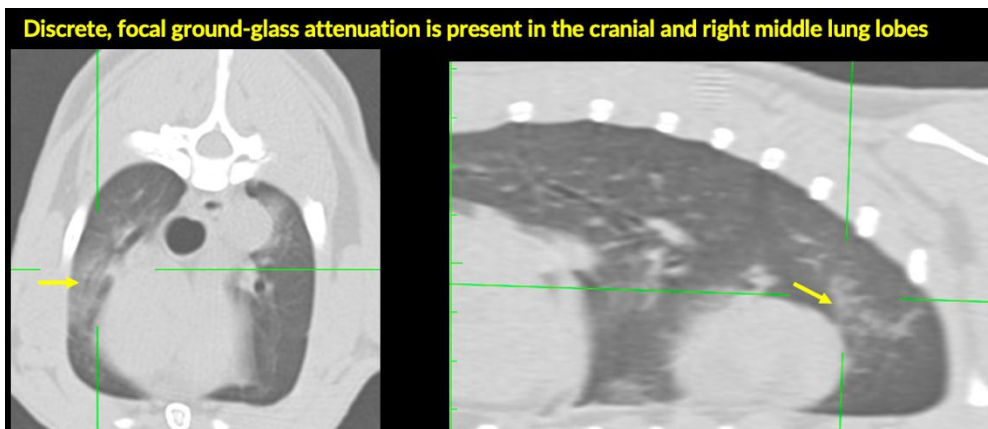
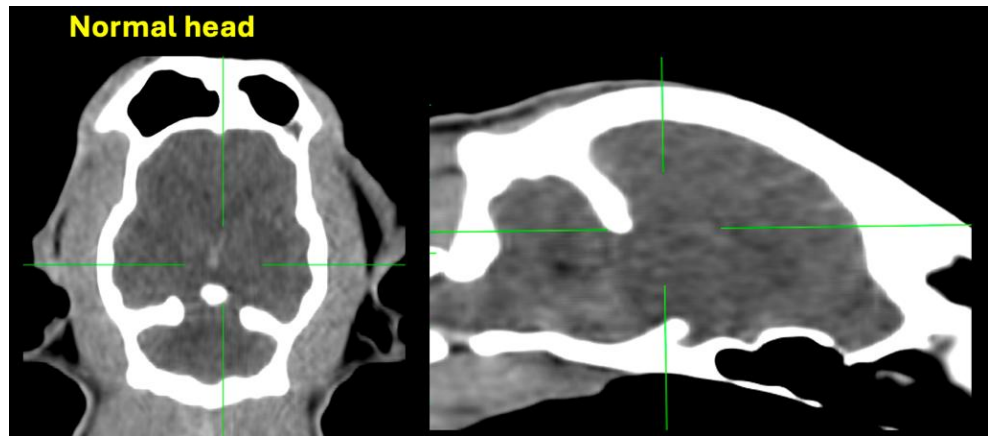
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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