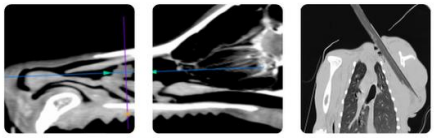


PATIENT

Rosa Henley

SPECIES

Canine

BREED

Cross Breed

SEX

FS

AGE

10Y, 1M

WEIGHT

20.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73728

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- 30/01 Presented for mass removal. Owner noted oral mass approx 10 days ago. Attached to gingival under 404
- Histology: Histopathological findings are indicative of a malignant oral spindle cell tumour. Possible differentials include a sarcoma vs an amelanotic melanoma. After the evaluation of special histochemical stains please accept Oral cavity, ulcerated malignant spindle cell tumour as a final diagnosis for Rosa.
- CT scan for staging

Abnormal PE/Chem/CBC/UA Results: Lipase >2000, rest WNL

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the abdomen (soft tissue algorithm). One pre-contrast series of the thorax (bone algorithm). One delayed post-contrast series of the abdomen (soft tissue algorithm). One delayed post-contrast series of the thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and principal bronchi are within normal anatomical limits.

The pulmonary parenchyma demonstrates normal attenuation. There is no evidence of pulmonary soft tissue micronodules, nodules, or masses.

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

The ascending aorta and aortic arch appear subjectively enlarged. Mild bulging is suspected in the region of the pulmonary trunk and left auricle. Evaluation of the heart and great vessels is limited due to the delayed contrast phase and reduced vascular contrast enhancement.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are normal in size and morphology.

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

The thoracic esophagus is unremarkable.

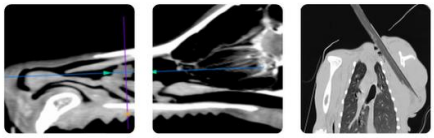
ABDOMEN

The liver is normal in size, shape, and attenuation, with homogeneous contrast enhancement.

The gallbladder is predominantly filled with hypoattenuating fluid material, containing discrete gravity-dependent mineral-attenuating sediment. The cystic duct and common bile duct are within normal limits.

The spleen is normal in size, shape, attenuation, and contrast enhancement.

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



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The gastrointestinal tract is normally positioned and distended. No mural thickening or mass effect is identified.

The cecum and colon contain heterogeneous fecal material. The visible rectum contains a moderate amount of fecal material and gas. No abnormal mural thickening is identified.

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 distended with fluid and contrast material. Wall thickness is within normal limits.

Scattered small foci of dystrophic mineralization are noted within the abdominal serosal fat, incidental. The remaining serosal fat is unremarkable.

Multifocal complete and incomplete bridging spondylosis deformans is noted at T12–T13, L4–L5, and L7–S1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of pulmonary metastatic disease.
- Subjective enlargement of the ascending aorta and aortic arch, with possible mild bulging at the pulmonary trunk and left auricle. Differential diagnoses include aortic or subaortic stenosis, systemic hypertension, less likely persistent duct arteriosus.
- Gallbladder with mineral sediment (cholelithiasis or inspissated bile). Otherwise, normal abdomen.
- No CT evidence of abdominal mass effect.
- Incidental multifocal spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no tomographic evidence of pulmonary or mediastinal metastatic disease.

Within the abdomen, minimal changes are observed, consisting of mineral sediment within the gallbladder lumen, compatible with cholelithiasis or inspissated bile.

Regarding the subjective enlargement of the ascending aorta and aortic arch, with possible mild bulging of the pulmonary trunk and left auricle, further cardiovascular evaluation is advised, particularly if a cardiac murmur has been detected clinically. Echocardiography is recommended to assess the aortic root diameter, evaluate for subaortic stenosis, measure flow velocities, and characterize the morphology of the pulmonary trunk.

Systemic blood pressure measurement should also be performed to rule out systemic hypertension.

TECHNICAL COMMENTS

Moderate streak and beam-hardening artifacts are present. The reduced enhancement of the great thoracic vessels, due to delayed-phase acquisition and suboptimal vascular opacification, decreases the sensitivity of this examination for detailed cardiovascular assessment.
For accurate cardiac evaluation, a dedicated cardiac CT protocol using high-performance, multislice technology is recommended.

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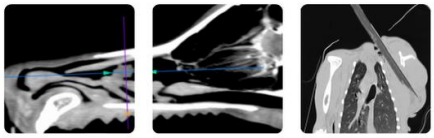

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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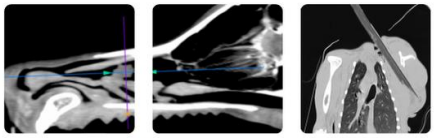

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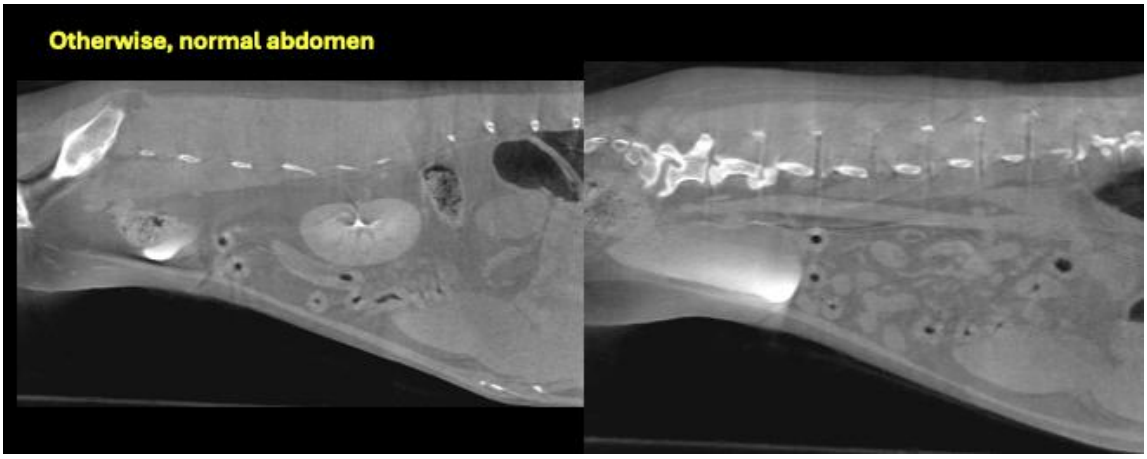

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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