



PATIENT

Molly Heaton

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

FS

AGE

12Y, 3M

WEIGHT

18.4kg

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

73784

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- 09/07/25 Had investigations for C+/V+/D+ and echo done 5. Findings
- There is a mild regurgitation of 1 m/sec in the pulmonic valve. The anatomical conformation of the pulmonic valve is normal. There are no signs of tricuspid regurgitation. There are no signs of pulmonic hypertension; The findings could be related with a mild pulmonic insufficiency which could be related with the primary pulmonary diseases or an incidental finding.
- RADIOGRAPHS: There is a alveolar interstitial lung pattern in the ventral cranial lung lobes. There cardiac visualisation is reduced due to pulmonary changes.
- 09/01 /26 hospitalised for suspected pneumonia
- OR has received corticosteroids, bronchodilators, AMs since discharged with none to mild improvement, still coughing/retching

Abnormal PE/Chem/CBC/UA Results: Elevated TP and globulins, remainder WNL

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Pre- and post-contrast computed tomography of the head and thorax are provided for review totaling three series. One pre-contrast head (bone algorithm). One pre-contrast thorax (bone algorithm). One post-contrast thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The nasal cavities are patent with preserved turbinate architecture.

No contrast-enhancing mass, foreign material, or paranasal bone osteolysis is identified.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

No intracranial mass effect is observed.

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

The globes and retrobulbar spaces are unremarkable.

Triadans 301, 305, and 401 are absent.

Focal alveolar bone resorption is present adjacent to Triadans 405 and 406.

Possible enamel fracture or crown resorption is suspected at Triadans 310, 409, and 410.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.



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

The cervical trachea is unremarkable.

The esophagus is mildly gas-distended, likely incidental.

THORAX

The trachea and principal bronchi are within normal limits.

There are ventral, gravity-dependent pulmonary consolidations involving predominantly the right cranial and right middle lung lobes. Few parenchymal bands are present.

Multifocal bronchial wall thickening is observed throughout the pulmonary parenchyma, more pronounced in the right cranial lung lobe, accessory lung lobe, and cranial subsegment of the left cranial lung lobe. Segmental bronchial dilatation is noted in these regions.

No pulmonary nodules or mass lesions are identified.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

The cardiac silhouette and pulmonary vessels are within normal limits.

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

The thoracic esophagus is within normal limits.

Bilateral enthesophytes are present at the humeral insertion of the subscapularis tendons.

In the collimated abdominal images, the left adrenal gland is enlarged, with a bulging contour, particularly at the caudal pole. It measures approximately 1.5 cm × 2.4 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Ventral pulmonary consolidation affecting predominantly the right cranial and right middle lung lobes, associated with multifocal bronchial wall thickening and segmental bronchial dilatation. Differential diagnoses include chronic inflammatory lower airway disease (chronic bronchitis) with mild secondary bronchiectasis, concurrent aspiration pneumonia, and/or infectious bronchopneumonia.
- Normal nasal cavities.
- Absent Triadan 301, 305, and 401. Multifocal dental disease (periodontal disease and possible crown resorption or fractures).
- Left adrenal gland enlargement with caudal pole bulging. Differential diagnoses include adrenal hyperplasia, or neoplasia (e.g., adenoma, adenocarcinoma, early phase pheochromocytoma).
- Bilateral enthesophytes are present at the humeral insertion of the subscapularis tendons, possible tendinopathy.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

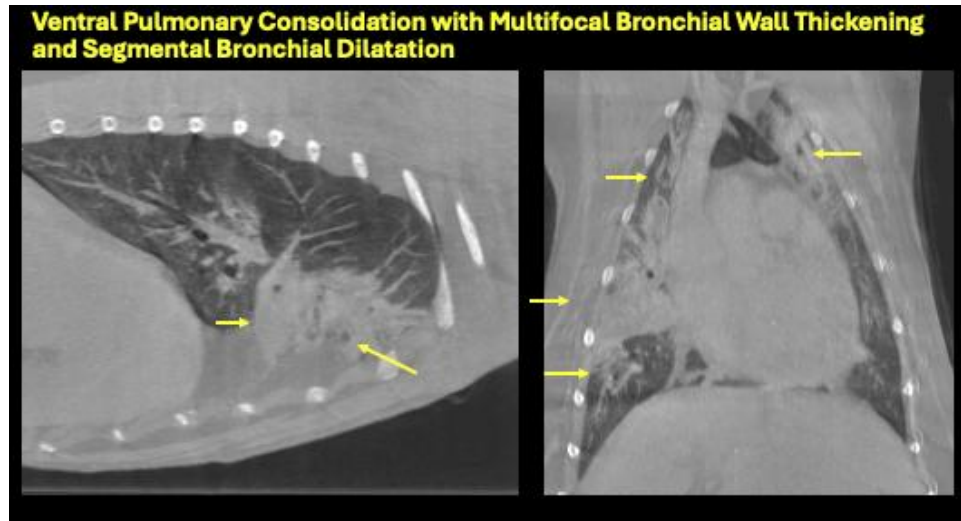
The thoracic CT findings demonstrate a mixed airway and alveolar pattern characterized by ventral consolidation and multifocal bronchial wall thickening with bronchial dilatation. Differential diagnoses include chronic inflammatory lower airway disease (chronic bronchitis – inflammatory and/or infectious) with mild secondary bronchiectasis, concurrent aspiration pneumonia, and/or infectious bronchopneumonia. The presence of bronchial dilatation suggests chronicity and possible bronchiectasis secondary to long-standing inflammatory airway disease.

Given the elevated globulins and incomplete response to prior therapy, persistent or recurrent infectious bronchopneumonia should be considered.

Bronchoalveolar lavage (BAL) for cytology and culture/sensitivity to differentiate inflammatory versus infectious etiology are suggested.

Dental evaluation and appropriate treatment are recommended for the identified periodontal disease, pending adequate clinical stabilization of the patient.

Left adrenal gland enlargement with caudal pole bulging. Correlation with clinical signs suggestive of hyperadrenocorticism or other endocrinopathies. Endocrine function testing is suggested.





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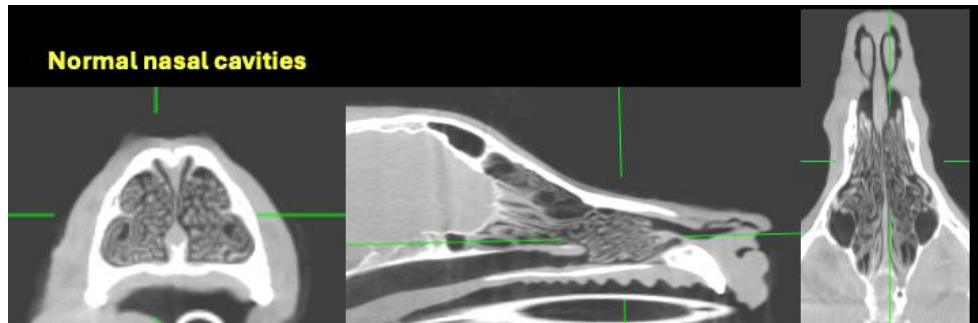
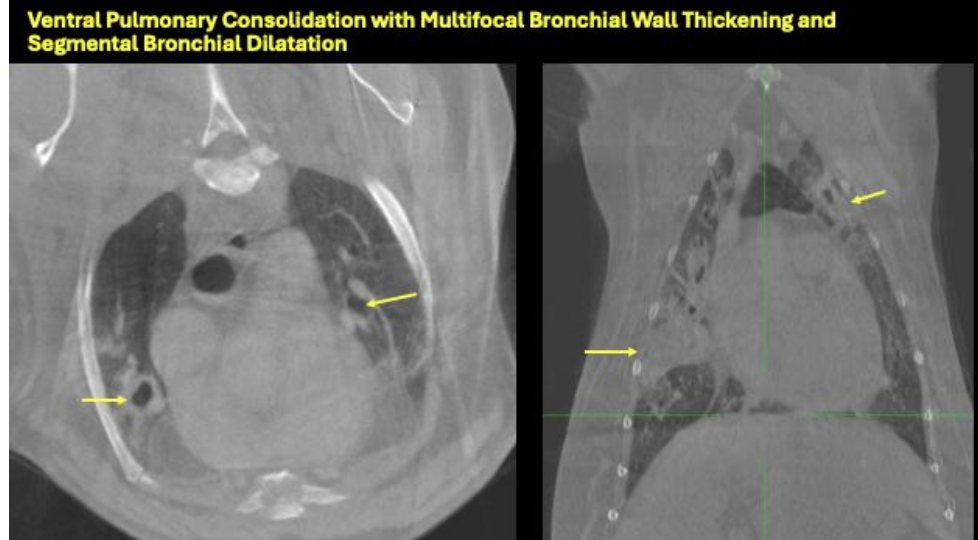
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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