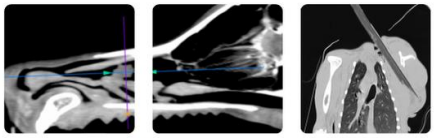


PATIENT

Lily Rose More

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

3

WEIGHT

5.76kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74158

DATE

3-11-26

PRESENTING CLINICAL SIGNS

- Presented for chronic intermittent vomiting/diarrhea/anorexia. Nomal BW and resting cortisol.

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal limits.

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

The pulmonary parenchyma demonstrates normal attenuation with no evidence of pulmonary micronodules, nodules, or mass lesions.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within normal limits.

The cardiac silhouette and pulmonary vessels are within normal limits, with adequate post-contrast opacification.

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

The thoracic esophagus is unremarkable.

ABDOMEN

The stomach, including the cardia and pylorus, is within normal limits with no evidence of mural thickening or mass effect. The stomach is moderately distended with gas and homogeneous fluid material.

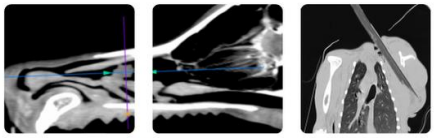
The duodenum and small intestine are mildly dilated and contain small amounts of fluid, mucus, and gas. The intestinal wall thickness is within normal limits.

The cecum, ileocolic junction, ascending colon, and transverse colon are unremarkable.

The descending colon and rectum contain mild amounts of heterogeneous fecal material admixed with gas. Wall thickness is within normal limits.

The anal sacs and perineal region are unremarkable.

The left medial iliac lymph node is mildly enlarged and demonstrates heterogeneous contrast enhancement. The remaining abdominal lymph nodes are within normal limits.



PATIENT

Lily Rose More

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

3

WEIGHT

5.76kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74158

DATE

3-11-26

The liver is homogeneous in attenuation and demonstrates uniform contrast enhancement, with normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.

The spleen is homogeneous and normally contrast-enhancing with normal size and shape.

The pancreas and adrenal glands are within normal limits.

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 hypoattenuating fluid admixed with contrast material. The bladder wall thickness is within normal limits.

The serosal fat demonstrates normal attenuation with no evidence of peritoneal effusion.

Within the subcutaneous tissues of the bilateral flank and pelvic regions, there is a moderate increase in attenuation of the subcutaneous fat with amorphous distribution and fat stranding associated with moderate soft tissue swelling.

The musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Stomach, duodenum and small intestine and colon with normal distension, distribution, without evidence of obstruction, foreign body or mural thickening.
- Mild enlargement and heterogeneous enhancement of the left medial iliac lymph node. Differential diagnoses include reactive lymphadenitis or less likely early lymphoid or inflammatory infiltration.
- Moderate subcutaneous fat stranding and swelling involving the bilateral flank and pelvic regions. Differential diagnoses include panniculitis, inflammatory edema, injection-related changes, trauma, or less likely infiltrative disease, possible liposarcoma.
- No evidence of thoracic metastasis or thoracic structural abnormalities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic evaluation of the thorax and abdomen does not reveal structural abnormalities that would explain the patient's clinical signs. The stomach, duodenum, small intestine, and colon demonstrate normal distribution and distension, with no evidence of mechanical obstruction, foreign body, or abnormal mural thickening. However, it is important to consider that the gastrointestinal ultrasound display better sensibility for evaluation of the wall layering.

A mild enlargement and heterogeneous contrast enhancement of the left medial iliac lymph node is observed. This finding most likely represents reactive lymphadenitis, although early lymphoid or inflammatory infiltration cannot be completely excluded.

Additionally, moderate subcutaneous fat stranding and swelling are present in the bilateral flank and pelvic regions. These changes may represent panniculitis, inflammatory or edematous changes, prior injection-related reaction, or traumatic injury. Less likely differential considerations include infiltrative disease such as a lipomatous neoplasm (e.g., liposarcoma). Correlation with physical examination of the affected regions is recommended.

No evidence of thoracic metastatic disease or clinically significant thoracic abnormalities is identified.

PATIENT

Lily Rose More

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

3

WEIGHT

5.76kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

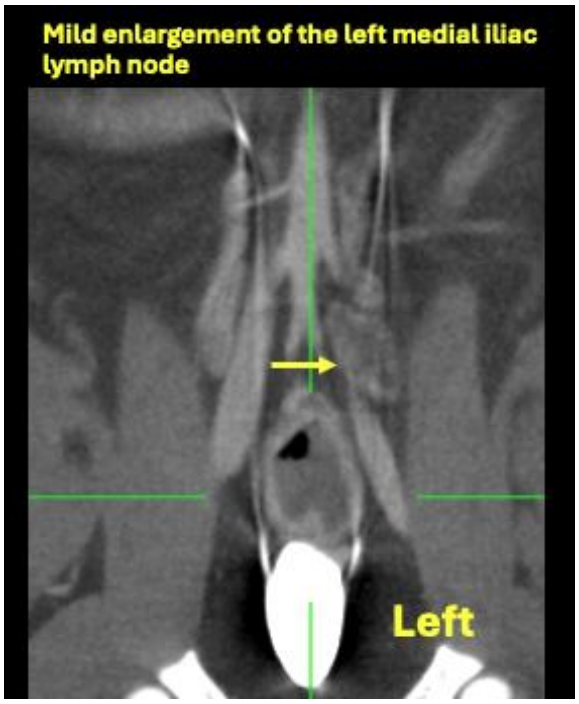
INVOICE

74158

DATE

3-11-26

If the subcutaneous alterations persist clinically, further evaluation with targeted ultrasonography and cytological sampling (fine-needle aspiration) may be considered to better characterize the subcutaneous changes. Clinical monitoring and correlation with dermatologic or subcutaneous findings are recommended.



PATIENT

Lily Rose More

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

3

WEIGHT

5.76kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

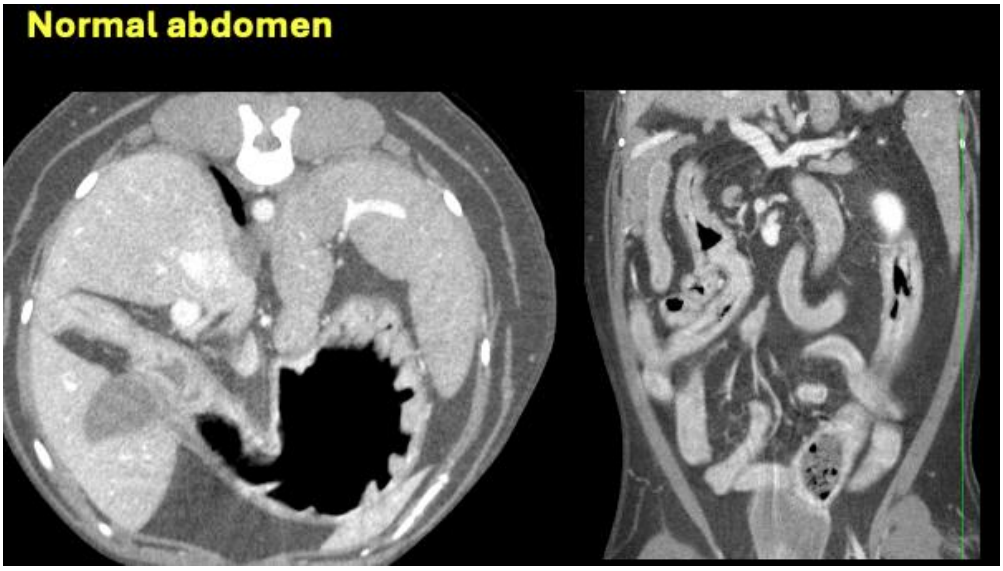
Dr. Runde

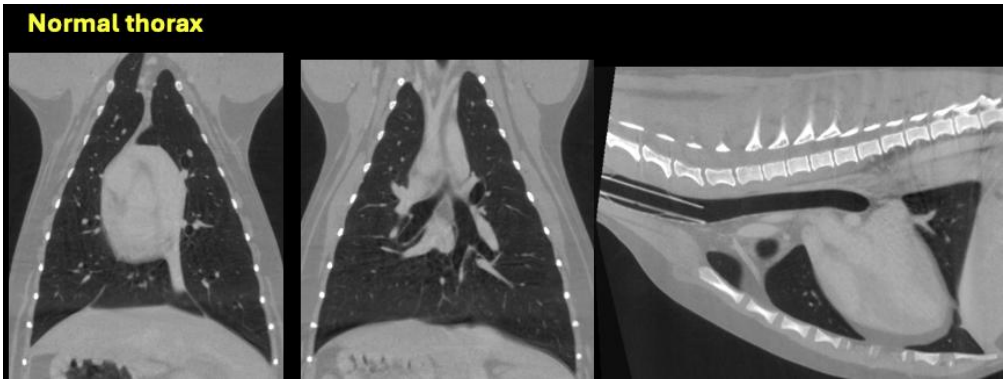
INVOICE

74158

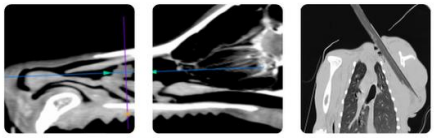
DATE

3-11-26





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lily Rose More

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

3

WEIGHT

5.76kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74158

DATE

3-11-26

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