



PATIENT

Winifred Hawken

SPECIES

Canine

BREED

Maltese
Mix/Pomeranian

SEX

FS

AGE

12

WEIGHT

6.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Roxan Romero

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr.Hawken

INVOICE

74163

DATE

3-11-26

PRESENTING CLINICAL SIGNS

- Historical gallbladder mucocele
- Historical PU/PD

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of abdomen are provided for review totaling 2 series. One pre-contrast series of the abdomen, bone algorithm. One pre-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The gallbladder is distended and filled with mixed-attenuation material. The contents are predominantly hypoattenuating with multiple small, rounded mineral-attenuating foci located in the gravity-dependent portion, associated with suspended mineralized striations. A double-wall pattern is not identified.

The cystic duct and common bile duct are within normal limits.

The liver demonstrates homogeneous soft tissue attenuation and uniform contrast enhancement with normal size, shape, and margins.

The kidneys are normal in size, shape, and contour. Multiple small hypoattenuating cortical microcysts are present. Additionally, multiple small hyperattenuating mineral calculi are observed within the renal pelvis diverticula, more numerous in the left kidney, measuring approximately 1.0–3.7 mm.

The ureters are within normal limits.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid admixed with hyperattenuating contrast material. The bladder wall thickness is normal.

The right adrenal gland is mildly enlarged and contains a small ill-defined nodular region at the caudal pole, measuring approximately 1.2 × 0.7 cm. The left adrenal gland is normal in size, shape, and attenuation, measuring approximately 1.2 × 0.4 cm.

The spleen is normal in size and shape. There is mild mottled post-contrast enhancing, likely incidental. A small hypoattenuating nodule (fat-attenuating appearance) measuring approximately 3 mm is identified.

The stomach, small intestines, and gastrointestinal tract demonstrate normal distension, wall thickness, and distribution.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. The wall thickness is within normal limits.

The pancreas and abdominal lymph nodes are within normal limits.

The serosal fat demonstrates normal attenuation.

No evidence of peritoneal effusion or peritonitis is observed.

The uterus and ovaries are not identified, compatible with a spayed patient.



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At T11-T12, there is incomplete bridging vertebral endplate spondylosis deformans, associated with mild narrowing of the intervertebral disc space.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Gallbladder filled with mixed-attenuation material with mineralized foci and striations. Differential diagnoses include tiny choleliths, cholestasis, biliary sludge, and possible findings related to chronic gallbladder mucocele changes.
- Multiple renal pelvic diverticular mineral microcalculi (tiny nephrolithiasis), more numerous in the left kidney.
- Multiple renal cortical microcysts, likely age-related degenerative changes.
- Mild enlargement of the right adrenal gland with a small ill-defined nodule at the caudal pole. Differential diagnoses include adrenal hyperplasia, myelolipoma, with early adrenal neoplasia (adenoma or carcinoma) considered less likely.
- Incidental small fat-attenuating splenic nodule, most consistent with benign lipomatous change.
- T11-T12 spondylosis deformans with mild intervertebral disc space narrowing, consistent with chronic degenerative spinal change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder contains mixed-attenuation material with mineralized foci and striations. Differential diagnoses include tiny choleliths, cholestasis, biliary sludge, and possible findings related to chronic gallbladder mucocele changes, and may represent chronic changes associated with the patient's history of gallbladder mucocele.

Multiple renal pelvic microcalculi and renal cortical microcysts are identified. These findings are commonly incidental and age-related, although periodic monitoring and correlation with urinalysis and abdominal ultrasonography are suggested.

The mild enlargement of the right adrenal gland with a small caudal pole nodule may represent adrenal hyperplasia, myelolipoma, although early adrenal neoplasia cannot be completely excluded. If clinically indicated, endocrine testing (e.g., ACTH stimulation test or low-dose dexamethasone suppression test) may be considered, particularly given the history of PU/PD.





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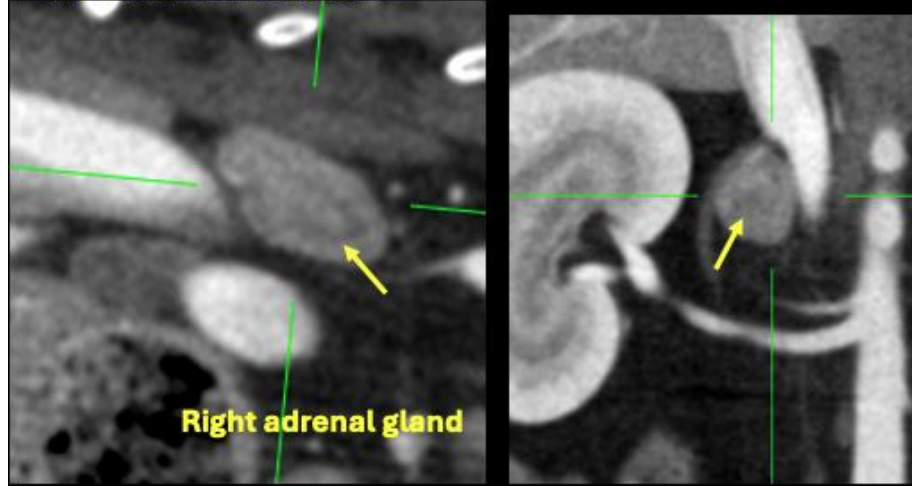
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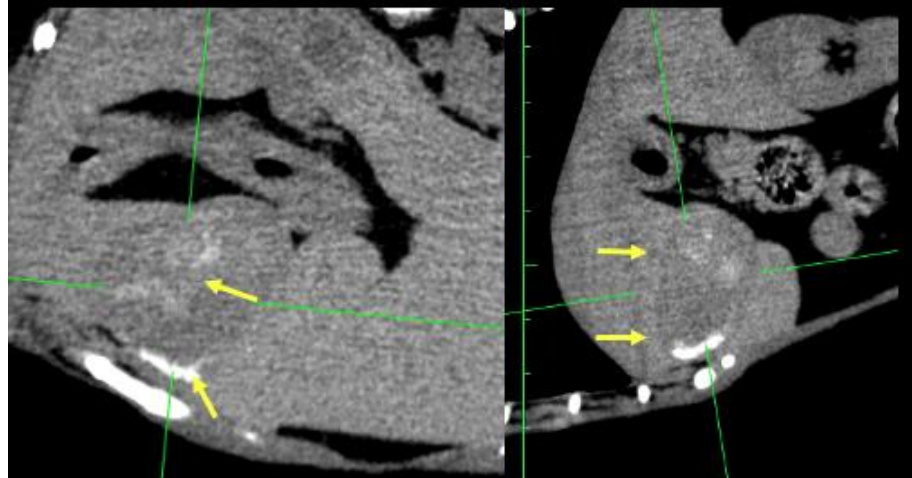
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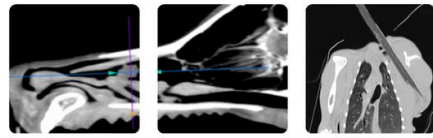
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Mild Enlargement of the Right Adrenal Gland with an Ill-Defined Caudal Pole Nodule



Gallbladder Containing Mixed-Attenuation Material with Mineralized Foci and Striations





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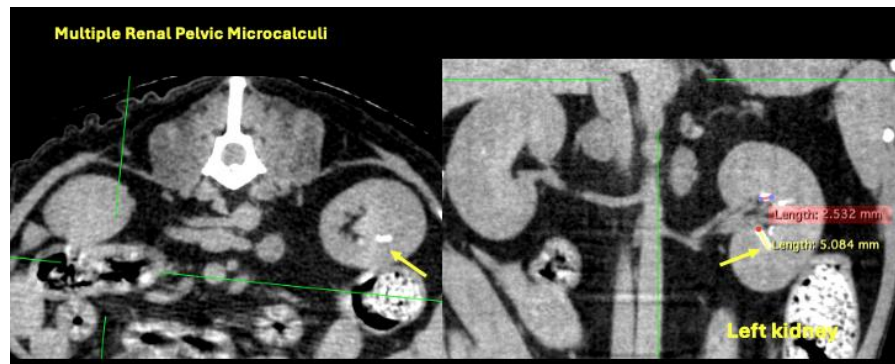
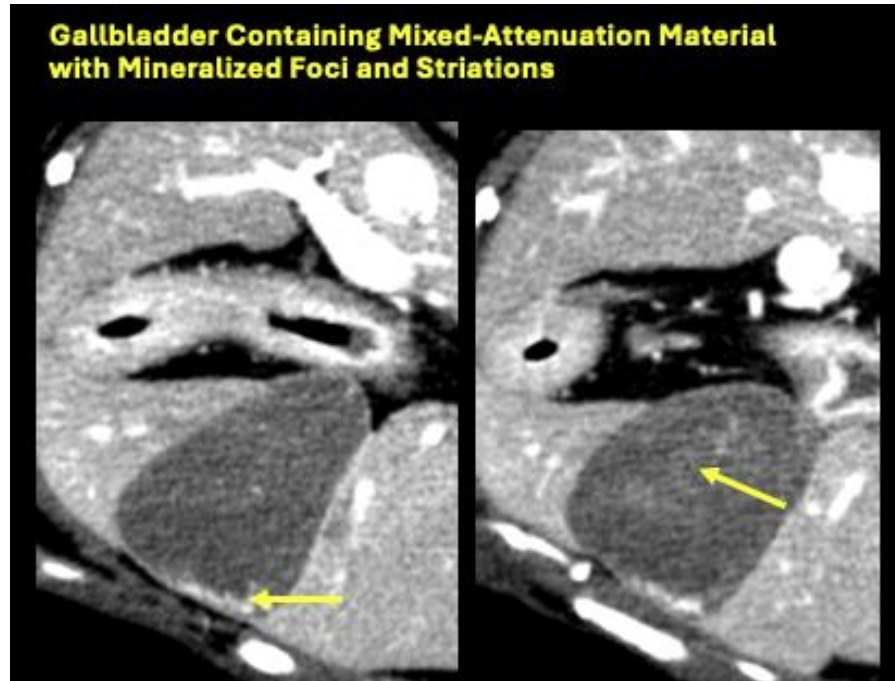
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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