



PATIENT PRESENTING CLINICAL SIGNS

Clarrie Duke Presented for assessment profuse hypersalivation - no evidence pain or nausea - non responsive to phenobarbitone
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF HEAD, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the head, thorax and abdomen are provided for review. A total of 6 series, two full body pre-contrast series, one thorax and one head. Two post-contrast series, one head and one thorax and abdomen.

BREED

French Bulldog

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

SEX

The oral cavity and tonsils are normal.

FE

An elongated soft tissue palate is seen.

AGE

The oropharynx and nasopharynx are normal.

8 Months

The nasal cavity, pharynx, and larynx are normal.

The frontal sinuses are mildly asymmetrical, individual characteristics, correlated with the breed. All teeth are present and unremarkable.

INTERPRETED BY

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

Mild hypoattenuating fluid material is noted filling the bullae cavity. Narrowing of the proximal portion of the external auditory canal is seen bilaterally. Both changes are incidental.

The brain attenuation is normal.

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No evidence of a mass effect or cerebral falx shift.

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Minor asymmetrical lateral ventriculomegaly is noted, incidental.

The cribriform plate is normal.

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The retrobulbar spaces are normal.

Bilaterally, the temporomandibular joints are congruent.

The calvarium and head bones are mildly asymmetrical, correlated to mild rotation of the head.

INVOICE

The cervical structures, salivary glands, mandibular, and retropharyngeal lymph nodes are normal.

THORAX

DATE

The esophagus is normal, no evidence of dilatation or mineral opaque foreign material.

3-14-23



PATIENT The trachea and main bronchus are normal.

Clarrie Duke The pulmonary parenchyma is normal in attenuating.

The pleural space is normal.

SPECIES The diaphragm silhouette is normal.

Canine

The caudal sternum is dorsally deviated, shifting the cardiac apex to the left.

BREED **ABDOMEN**

French Bulldog The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable. The intra-hepatic portal and hepatic vasculature are normal.

SEX The portal vein is normal in size and pathway. The main tributary veins including the splenic vein, left gastric vein, and pancreaticoduodenal vein are normal.

FE

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 4.1cm in the right kidney and 4.3cm in the left kidney.

AGE

8 Months

The ureters are normal in size with correct insertion in the trigone region.

The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque. No evidence of radiopaque calculi.

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The spleen is mildly diffusely enlarged, homogenously soft tissue attenuating, and uniformly contrast enhancing, likely correlated to the anesthesia.

The stomach is moderately distended and normally positioned, containing gas admixed with heterogenous soft tissue attenuating material, ingesta and fluid.

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The duodenum and small intestine are mildly dilated and contain a small amount of hypoattenuating fluid attenuating material and gas. The duodenum wall measures 0.56cm thickness.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. A small fragment of mineral foreign material is seen in the descending colon and measures 0.39cm length.

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No evidence of mechanical gastrointestinal obstruction.

The pancreas and mesentery are normal.

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The abdominal lymph nodes and adrenal glands are normal.

Normal prostate gland. The testes are identified at scrotum and are unremarkable.

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The T5, T7, T9 and T12 vertebral bodies are variably wedge shaped with narrowing of the intervertebral disc spaces and mild dorsal ventral undulation to the spinal canal.



PATIENT

Clarrie Duke

In the L7-S1 intervertebral disc space is tiny spots of air bubbles, and mildly irregular articular surface.
No other musculoskeletal abnormalities are identified.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Elongated soft palate - correlated to brachycephalic syndrome.
- Fluid filled accumulation and narrowing of proximal horizontal external auditory canal, is a finding correlated to the patient's breed, incidental variation.
- Minor asymmetrical lateral ventriculomegaly, incidental variation.
- Post-prandial gastric dilatation and/or gastric ileus.
- Tiny mineral foreign material in the descending colon - likely to pass without incident.
- No evidence of mechanical esophageal or gastrointestinal obstruction.
- L7-S1 surface irregularities and vacuum phenomenon, differential diagnosis initial phsytis.
- Multiple congenital vertebral abnormalities, hemivertebra, common in this breed.
- Pectus excavatum, incidental.
- The calvarium and head bones are mildly asymmetrical. Differential diagnosis includes premature closure physes, mild rotation.

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French Bulldog

SEX

FE

AGE

8 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No clear tomographic findings are detected to explain the presented clinical signs of nausea and hypersalivation. Gastric ileus could be one eminent cause; consider gastroenteritis. A type I hiatal hernia (sliding) is another differential diagnosis. However, other unspecific causes for hypersalivation, for example, intoxication, could be considered.

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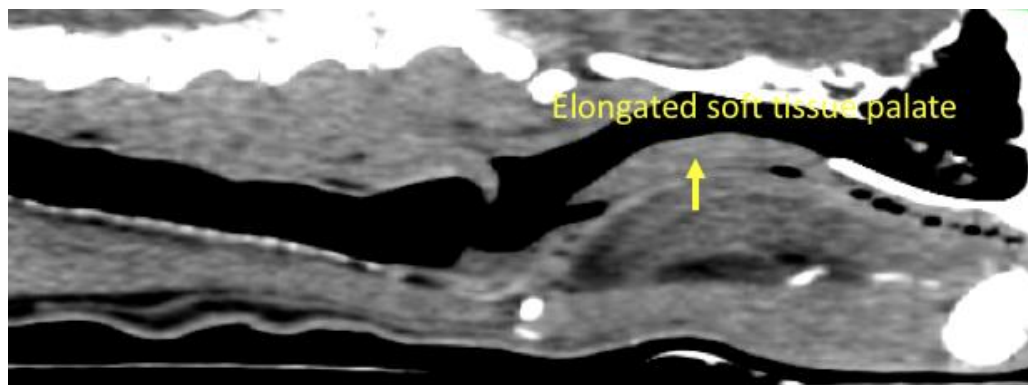
Correlated to L7-S1 phsytis findings with back pain or lameness, this could be an initial infectious disease. Consider urinalysis, culture, and sensitivity.

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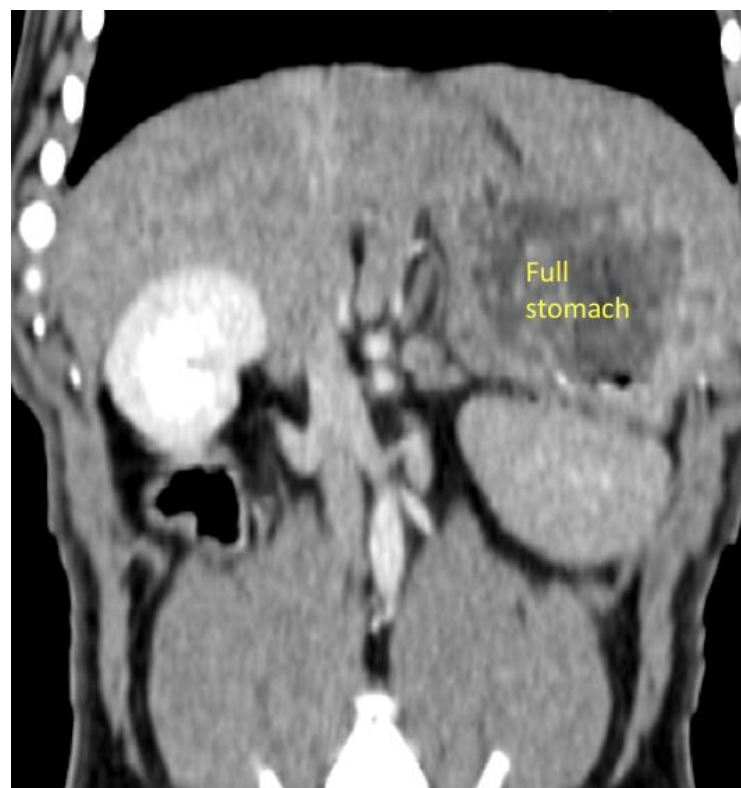
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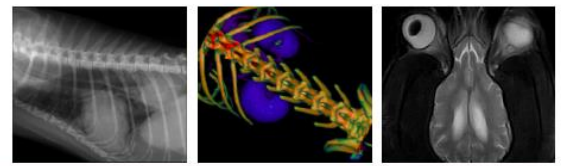
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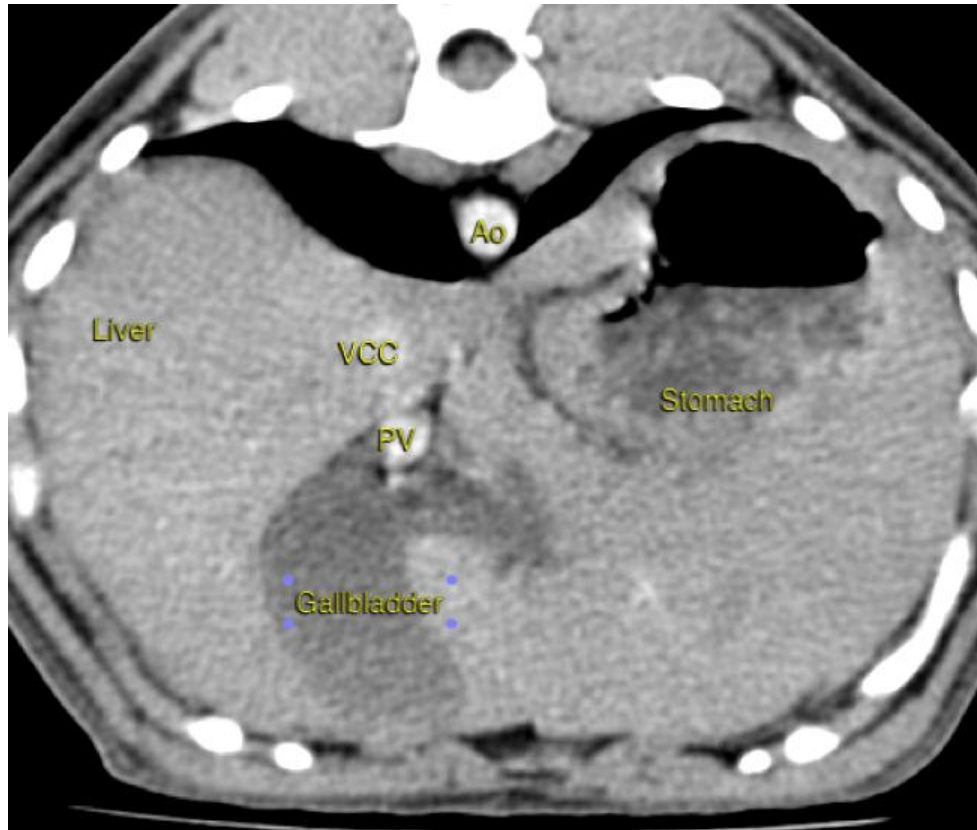
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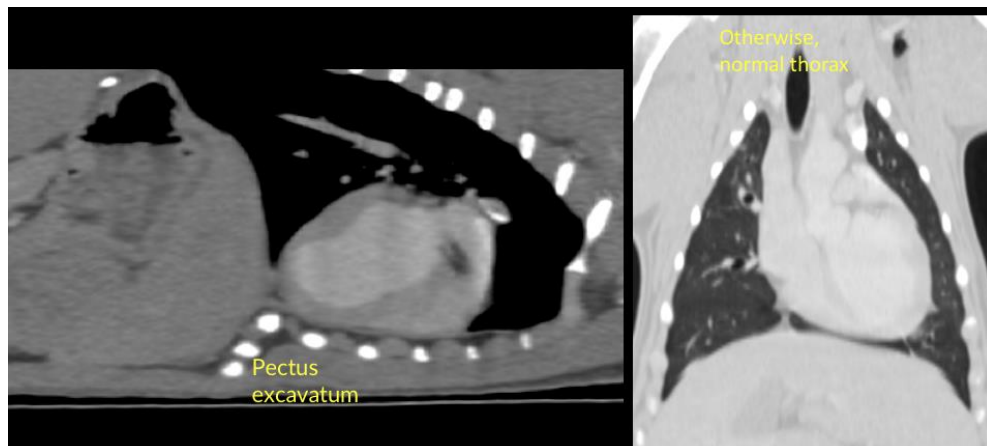
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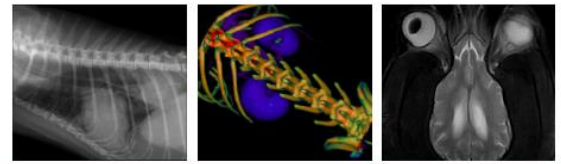
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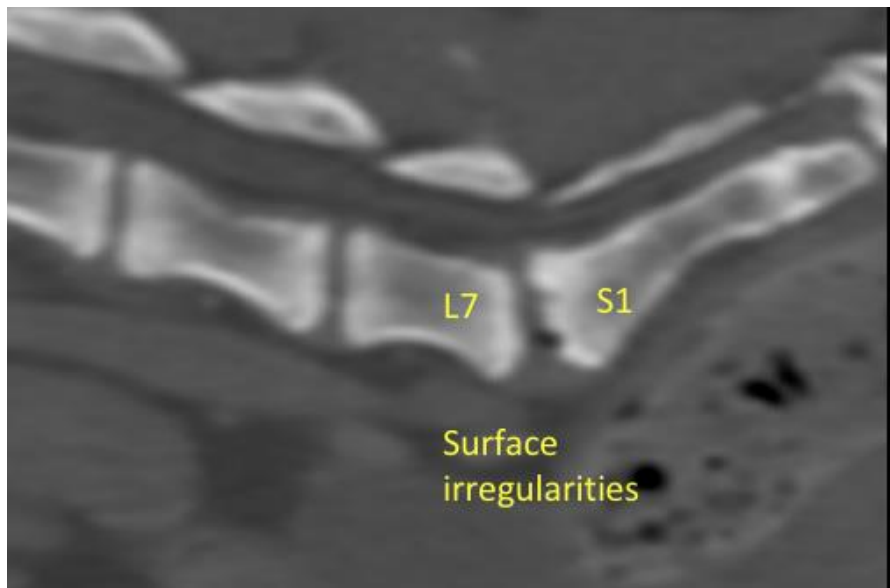
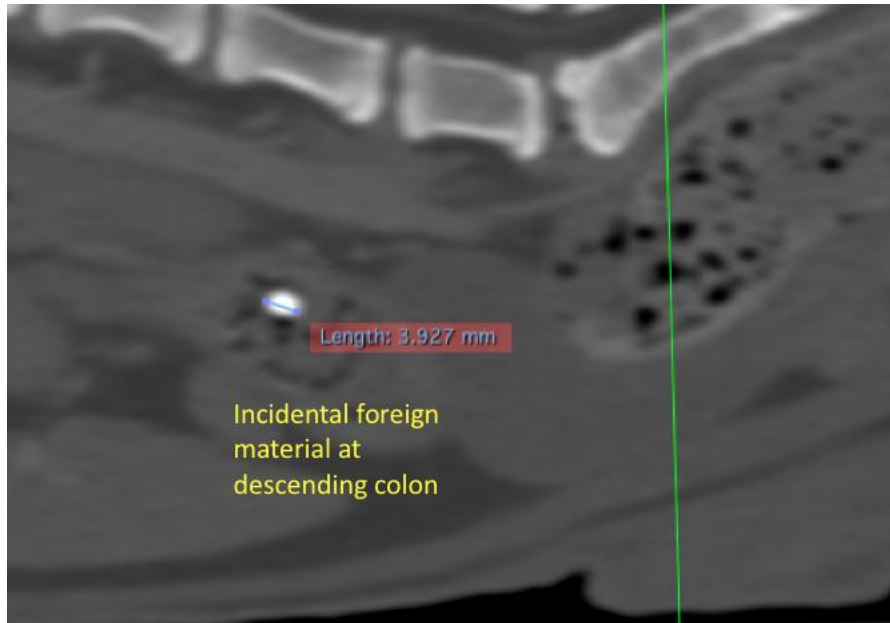
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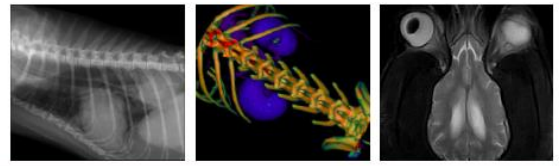
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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