



PATIENT

Darwin Tisch

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

2Y

WEIGHT

29kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AS & JS

HOSPITAL NAME

My Pet Mobile Vet

REFERRING VET

Dr. Rene Garcia

INVOICE

74696

DATE

4-21-26

PRESENTING CLINICAL SIGNS

Born with one kidney, recurring ear infections and allergies. Owner wanting full body CT on wellness basis.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 4/20/26: Elevated SDMA (15), Decreased Reticulocyte Hemoglobin (22.4), Hemoglobin (14.2) Urinalysis 4/20/26: Decreased Specific gravity (1.015)

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, ABDOMEN, PELVIS AND STIFLE

A non-contrast CT study of the entire body is provided for review, totaling 9 series, acquired in transverse plane using bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The tympanic bullae are air-filled, with normal osseous contours. The petrous portions of the temporal bones are unremarkable.

There is mild, diffuse epithelial thickening of the external auditory canals, without evidence of intraluminal fluid accumulation or mass effect.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The oropharynx and nasopharynx are within normal limits.

The frontal sinuses are unremarkable.

No evidence of soft tissue intracranial abnormalities, considering the absence of post-contrast series.

The globes and retrobulbar spaces are within normal limits.
All teeth are within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

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

A few small, hyperattenuating subpleural mineral foci are present, consistent with pulmonary osteomas.

The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of micronodules, nodules, or masses.



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

The cardiac silhouette and pulmonary vessels are within normal limits.

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

ABDOMEN

The right kidney is not identified, consistent with reported congenital absence. The left kidney is subjectively enlarged, with normal shape, contour, and attenuation. Evaluation of the renal pelvis and ureters is limited due to the absence of contrast; no regional abnormalities are identified.

The liver is homogeneously soft tissue attenuating, with normal size and shape. The gallbladder and common bile duct are within normal limits.

Within the pyloric antrum, there is a well-defined, cylindrical intraluminal structure with heterogeneous layered attenuation and mild peripheral gas, measuring approximately 2.6 × 4.9 cm.

A small amount of heterogeneous hypoattenuating material is present within the gastric fundus, compatible with ingesta.

The duodenum and small intestine are mildly distended, containing small amounts of fluid and gas, with normal distribution and wall thickness.

There are small mineral debris within the descending colon, embedded within fecal material.

The urinary bladder is moderately distended with homogeneous fluid attenuation and normal wall thickness.

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

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

The serosal fat shows normal attenuation.

The prostate is small, intrapelvic, and within expected limits for a neutered patient.

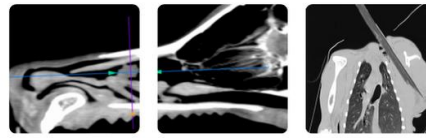
PELVIS AND STIFLE JOINT

The pelvic bones (ilium, ischium, pubis) and sacrum demonstrate normal morphology, alignment, and attenuation.

The coxofemoral joints are congruent. There is no evidence of subchondral sclerosis or osteophyte formation.

Two CT series including the stifle joints are available for review. In both series, the femorotibial and femoropatellar joints are congruent, no evidence of abnormalities. In one of the series, the patella is partially collimated.

The pelvic canal structures, including the rectum and surrounding soft tissues, are unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Congenital absence of the right kidney, with compensatory hypertrophy of the left kidney.
- Mild bilateral thickening of the external auditory canals. Differential diagnoses include current or previous of otitis externa.
- Intraluminal foreign body within the pyloric antrum, most consistent with a plant-based structure (e.g., corncob fragment). No evidence of obstructive process at this moment.
- Mild mineral debris within the descending colon (incidental).
- Incidental pulmonary osteomas.
- Normal pelvis and coxofemoral joints.
- No significant abnormalities identified in stifle joints.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

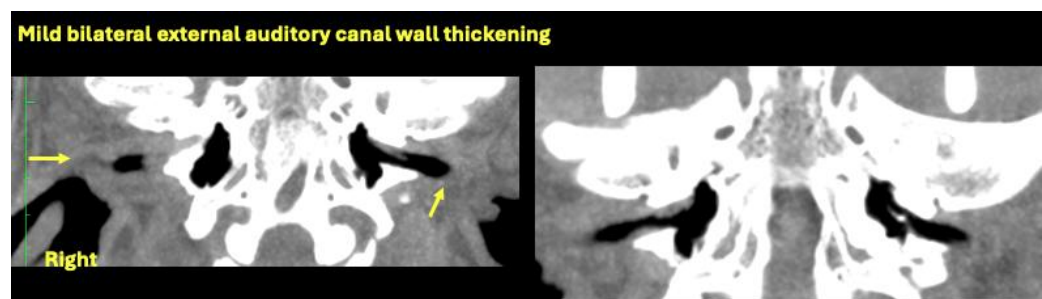
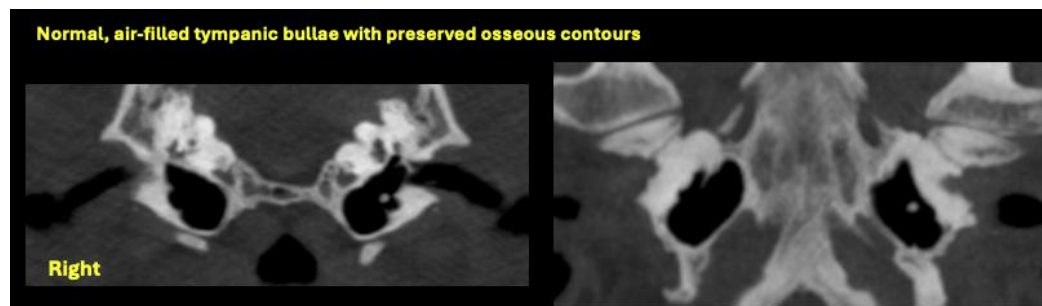
The absence of the right kidney is consistent with the patient's history. The enlargement of the left kidney is most consistent with compensatory hypertrophy. Correlation with renal laboratory tests (including SDMA and urine specific gravity) is recommended.

Mild thickening of the external auditory canals is compatible with mild chronic inflammatory changes, correlating with the history of recurrent otitis externa.

Additionally, a gastric intraluminal foreign body is identified within the pyloric antrum, with imaging characteristics strongly suggestive of a plant-based material, such as a corncob. At the time of imaging, there is no evidence of gastric outflow obstruction or secondary intestinal obstruction. Consider radiographic or ultrasonographic follow-up, particularly if the patient develops vomiting.

TECHNICAL COMMENTS

No lateral markers are present in the stifle joint series.





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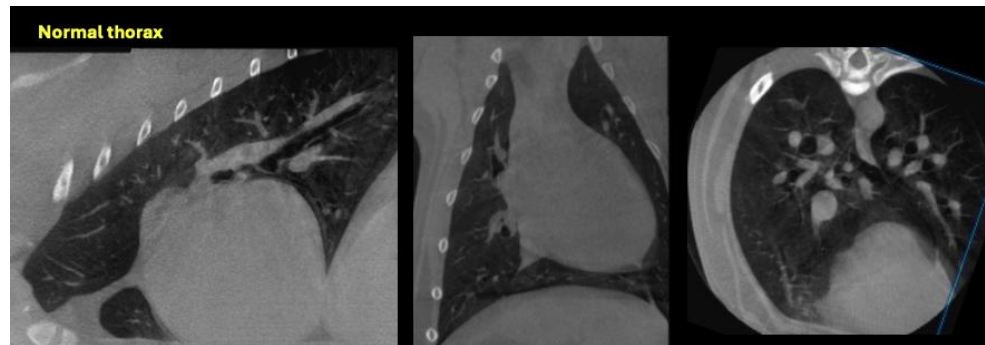
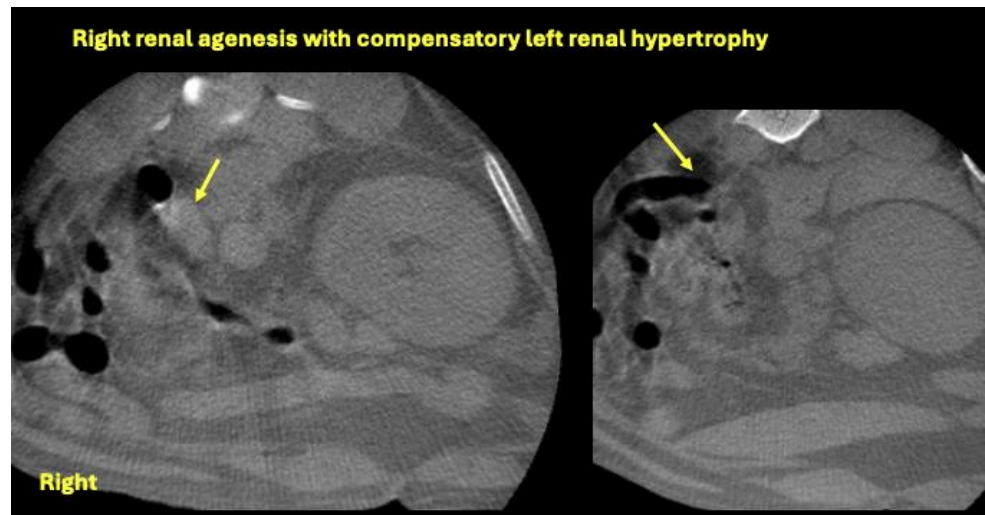
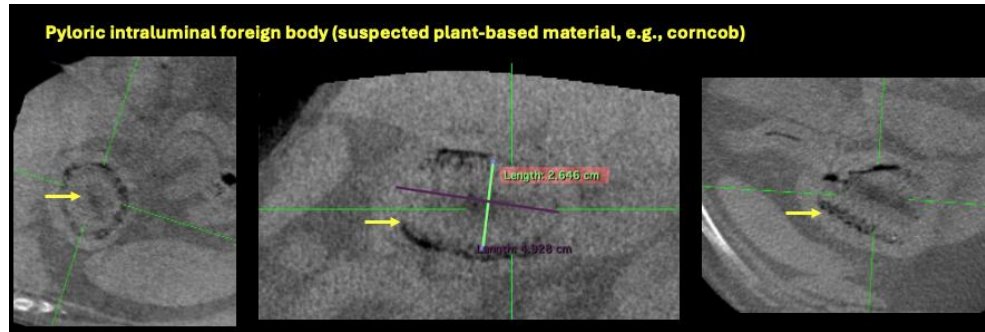
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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