



PATIENT

Rhoder Siddall

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Spayed Female

AGE

14Y

WEIGHT

85lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal
Hospital

REFERRING VET

Dr. Hall

INVOICE

74803

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Chronic Vomiting for 1 month. Was treated for diarrhea and improved. Excessive thirst. On Cerenia, Metro, Mirtaz, Famotidine and Amoxi. Weight loss.

Abnormal PE/Chem/CBC/UA Results: UTI, Elevated Globulin

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal limits.

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

There is reduced pulmonary volume, associated with a peripheral ground-glass opacity and consolidation pattern affecting the left lung lobes, consistent with atelectasis. Secondary leftward mediastinal shift is observed.

Within the more aerated pulmonary regions, multiple small mineral-attenuating foci are present, compatible with pulmonary osteomas. A solitary, soft tissue attenuating pulmonary small nodule measuring approximately 6.9 mm is identified in the ventral portion of the right caudal lung lobe.

A small pulmonary bulla is present in the left caudal lung lobe (approximately 0.6 cm).

There is a focal, mild thickening of the dorsal parietal pleura at the level of the fourth sternebra (approximately 0.8 cm). No additional pleural abnormalities are identified.

The diaphragm and ribs are unremarkable.

The thoracic esophagus is unremarkable.

Multiple, well-defined, homogeneous fat-attenuating masses are noted within the thoracic and thoracoabdominal wall, consistent with lipomas.

ABDOMEN

Both kidneys are reduced in size (approximately 6.5 cm bilaterally), with irregular contours and cortical undulation. The cortical attenuation is mildly heterogeneous. Renal pelvises and ureters are within normal limits.

Within the gastrointestinal tract, a segment at the level of the cecum (right-sided abdomen) containing mixed gas and fluid produces the appearance of focal mural thickening, measuring approximately 3.9 × 3.8 cm. This finding is most likely attributable to intraluminal content artifact; however, true mural thickening or an underlying mass lesion cannot be definitively excluded.



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The stomach contains a moderate amount of heterogeneous fluid and gas, without evidence of mural thickening or mass effect.

The remaining gastrointestinal segments, including the descending colon, are within normal limits in distribution, content, diameter, and wall characteristics.

The liver, gallbladder, cystic duct, common bile duct, pancreas, spleen, and adrenal glands are within normal limits.

The serosal fat shows normal attenuation.

Abdominal lymph nodes are within normal limits.

Uterus and ovaries are not identified (consistent with spayed status).

HEAD

The rostral aspect of the face is not included in the scan. Evaluation begins at the level of Triadan teeth 108 and 208.

A focal enamel defect/fracture is identified in Triadan tooth 108, with adjacent root resorption.

Alveolar bone resorption is present adjacent to the roots of Triadan teeth 110 and 210.

The evaluated nasal cavity is well aerated with preserved turbinate architecture.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

The brain and intracranial structures are within normal limits. No evidence of mass effect or midline shift.

The globes, retrobulbar spaces, and periorbital regions are within normal limits.

The temporomandibular joints are mildly incongruent bilaterally, with discrete subchondral microcysts and mild periarticular osteophyte formation.

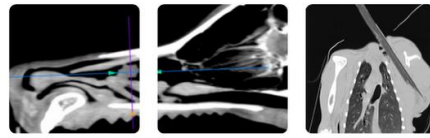
Foci of mineralization are present in the epiglottic region and arytenoid cartilages (incidental finding).

Mandibular and retropharyngeal lymph nodes are within normal limits.

Salivary glands (mandibular, parotid, and zygomatic) are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary small pulmonary nodule in the right caudal lung lobe. Differential diagnoses include granuloma, primary pulmonary neoplasia, or metastatic disease.
- Multiple pulmonary mineralized foci, consistent with pulmonary osteomas, and a small pulmonary bulla (incidental findings).
- Focal mild pleural thickening (nonspecific).



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- Bilaterally reduced renal size with irregular contours and cortical changes. Findings are most consistent with chronic kidney disease.
- Questionable focal intestinal mural thickening versus intraluminal content artifact.
- Dental disease characterized by an enamel defect/fracture of Triadan 108 with associated root resorption, and multifocal periodontal disease, more pronounced at the level of Triadan teeth 110 and 210.
- Mild bilateral temporomandibular joint incongruence with associated degenerative changes.
- Multiple subcutaneous lipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic findings are characterized by small solitary pulmonary nodule is identified and is of uncertain clinical significance; differential diagnoses include granulomatous disease and early neoplasia. Follow-up thoracic imaging is recommended.

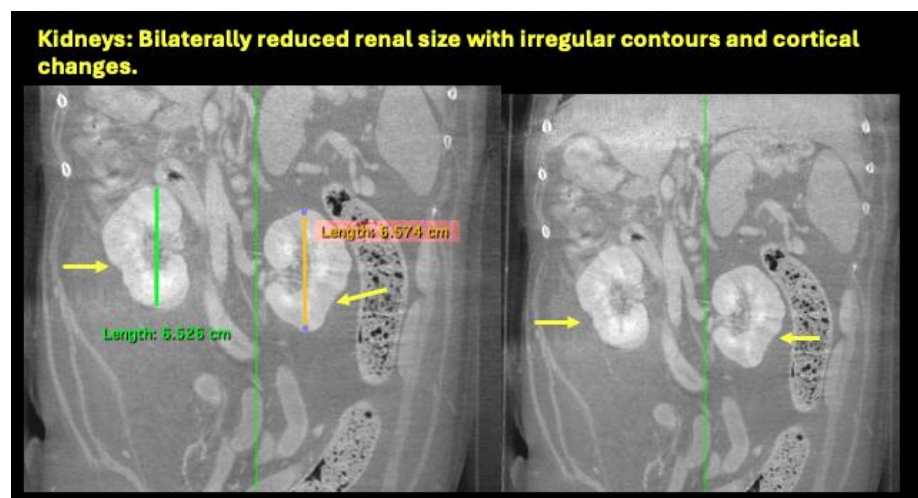
Renal findings are consistent with chronic kidney disease and correlate with the reported clinical history. Laboratory evaluation, including renal function tests and SDMA, is recommended.

Apparent focal intestinal mural thickening at the level of the cecum should be interpreted with caution, as intraluminal content may mimic true wall thickening. Abdominal ultrasound is recommended to assess wall layering and to exclude underlying pathology such as inflammatory or neoplastic disease.

Dental and periodontal disease are present and warrant clinical correlation and appropriate dental management. Also, temporomandibular degenerative changes.

The remaining findings, including subcutaneous lipomas, pulmonary osteomas, and laryngeal mineralization, are considered incidental.

Overall, correlation with clinical and laboratory findings is recommended, with adjunct abdominal ultrasound for further evaluation of the gastrointestinal tract.





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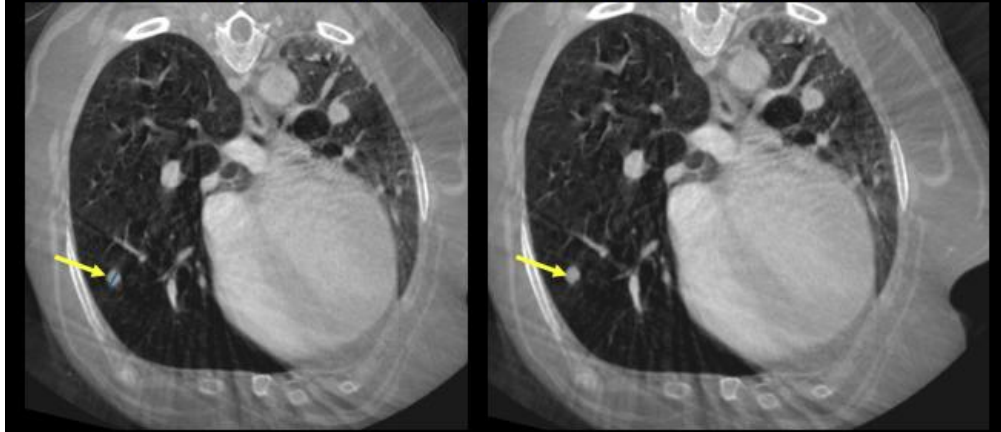
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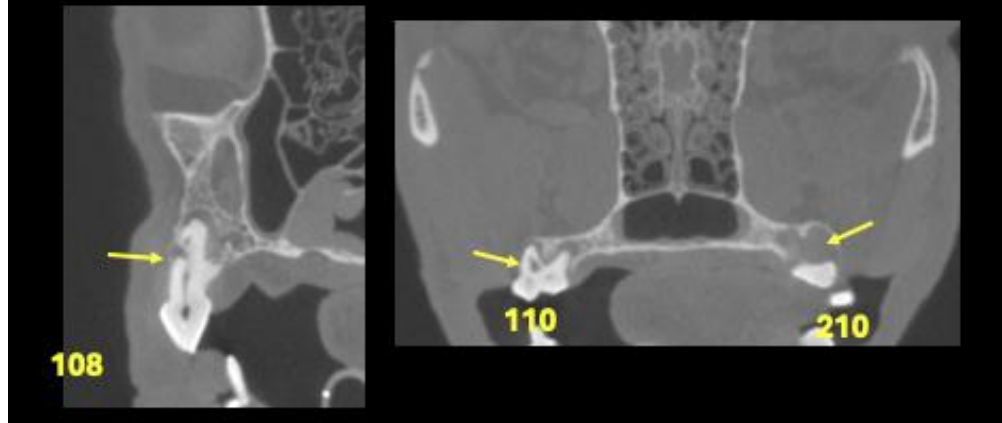
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Small soft tissue pulmonary nodule in the right caudal lung lobe.

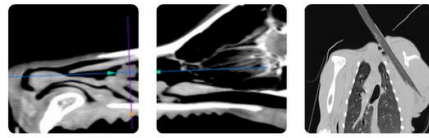


Focal dental disease with enamel defect (Triadan 308), root resorption, and focal periodontal disease.



TMJ: Mild bilateral temporomandibular joint degenerative changes with incongruence.





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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