



PATIENT

Dino Watson

SPECIES

Canine

BREED

Old English Sheep Dog

SEX

MN

AGE

8

WEIGHT

34

INTERPRETED BY

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

IMAGING PERFORMED BY

Henry Xue

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Henry Xue

INVOICE

74815

DATE

4-29-26

PRESENTING CLINICAL SIGNS

old english sheep dog

History: chronic weight loss

NQR

elevated iCa

Abnormal PE/Chem/CBC/UA Results: elevated iCa

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review, totaling 3 series of the abdominal region: two pre-contrast and one post-contrast (soft tissue and bone algorithm). Two additional series of other regions, including the thorax and cranium, are also included in the files.

COMPUTED TOMOGRAPHIC FINDINGS

A mild focal bulging is observed along the ventral and mesenteric margins of the left lateral hepatic lobe. This is associated with a poorly defined, mildly hypoattenuating area within the hepatic parenchyma measuring approximately 2.2 × 2.0 cm. The remaining hepatic parenchyma demonstrates normal size, shape, contours, attenuation, and contrast enhancement.

The gallbladder is moderately distended and contains predominantly hypoattenuating material, with a small amount of more hyperattenuating sediment layering gravity dependently.

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

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

The kidneys are normal in size, shape, contour, and attenuation, with no abnormalities detected. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately distended with homogeneous hypoattenuating content and has a normal wall thickness.

The pancreas and adrenal glands are unremarkable.

The gastrointestinal tract is normally positioned and distributed, with no evidence of abnormal distension, mural thickening, or mass effect.

There is no evidence of enlargement of the mesenteric, jejunal, hepatic, splenic, gastric, iliac, or sacral lymph nodes.

The serosal fat shows normal attenuation

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

A metallic prosthesis is present within the left proximal femur, appropriately positioned, with no evidence of peri-implant osteolysis or periosteal reaction. Mild periarticular osteophyte formation is present in left acetabular border and in the right coxofemoral joint.

Additionally, a focal area of mild palisading to irregular periosteal reaction is identified along the ventral margin of the left pubis.



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Multifocal complete and incomplete bridging ventral endplate spondylosis deformans is also noted, along the spine.

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The thyroid and parathyroid glands, evaluated in additional series, are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- A focal, poorly defined slightly hypoattenuating lesion within the left lateral hepatic lobe, associated with mild contour bulging. Differential diagnoses include nodular hyperplasia, benign regenerative nodule, less likely primary hepatic neoplasia, or metastatic disease.
- Mild gallbladder distension with dependent sediment, mild cholestasis, incidental.
- Discrete focal palisading periosteal reaction at the left pubis. Left side femoral prosthesis and discrete acetabular degenerative changes.
- Mild right side coxofemoral osteoarthritis, and degenerative changes within the left acetabula.
- Multifocal spondylosis deformans.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The tomographic abdominal findings demonstrate a subtle poorly defined nodule is present in the left lateral hepatic lobe. Nodular hyperplasia is favored given the patient's age and imaging features; however, given the clinical context of hypercalcemia, neoplastic etiology should remain on the differential.

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Within the collimated musculoskeletal region, a focal area of palisading periosteal reaction is identified at the left pubis, separate from the well-seated left femoral prosthesis. In the context of hypercalcemia and chronic weight loss, osseous metastasis is the primary differential; primary bone neoplasia and prior traumatic remodeling are also considered.

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Follow-up CT or bone biopsy is recommended for definitive characterization.

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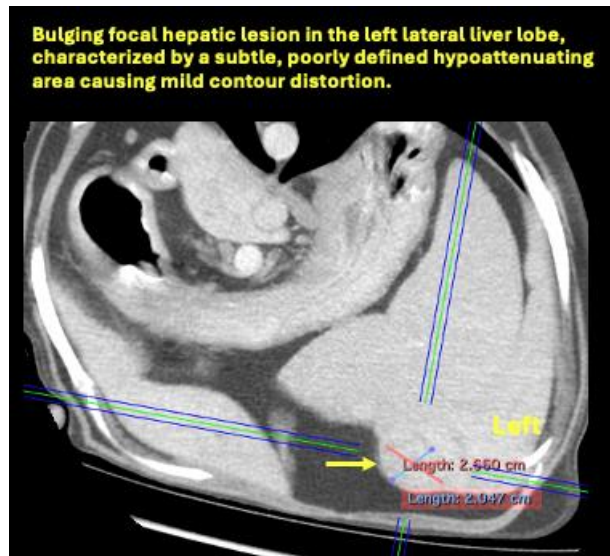
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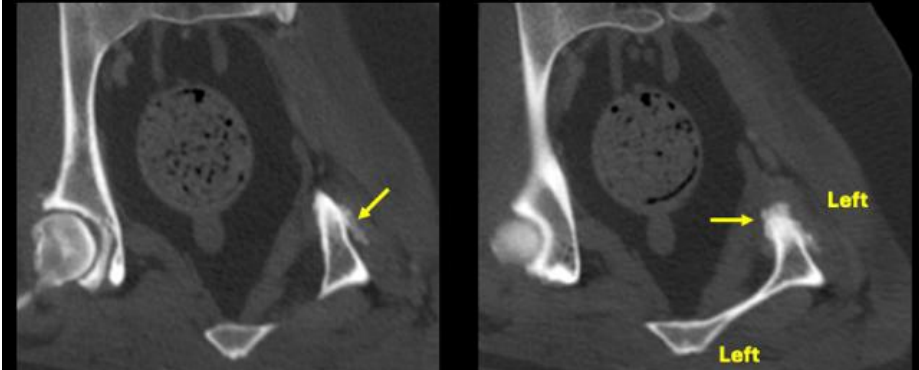
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Focal mild palisading periosteal reaction along the left pubis



Focal mild palisading periosteal reaction along the left pubis. 3D



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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