



## PATIENT

Moxie Dissanayake

## SPECIES

Canine

## BREED

Bernese Mountain Dog

## SEX

Neutered Male

## AGE

3Y

## WEIGHT

150lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sidney

## HOSPITAL NAME

East Hill Animal  
Hospital

## REFERRING VET

Laura Hall

## INVOICE

74513

## DATE

4-7-26

## PRESENTING CLINICAL SIGNS

- Elevated liver enzymes
- bruised epiglottis
- Currently on amoxicillin
- - On gabapentin for travel anxiety
- - Recent improvement: drinking better (though not normal), more interactive with family, sitting with owners
- - Previous dog (Burner) died at 6 years old from spinal tumor growing into spinal cord
- - Client concerned about missing early signs of illness due to previous experience

Abnormal PE/Chem/CBC/UA Results: elevated liver enzymes

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the whole body was provided for review, totaling 7 series. Only pre-contrast series of the head and neck were obtained. Pre- and post-contrast series of the thorax and abdomen were acquired using a soft tissue algorithm. The post-contrast images were obtained in a delayed phase.

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD & NECK

No evidence of intracranial mass effect or midline shift.

The oropharynx and nasopharynx are within normal limits.

The hyoid apparatus, soft palate, thyroid cartilage, and adjacent soft tissues are unremarkable.

The nasal cavities and turbinates are within normal limits.

The cribriform plate is intact.

The frontal sinuses are unremarkable.

The tympanic cavities and external auditory canals are within normal limits.

The globes and retrobulbar spaces are unremarkable.

Dentition and adjacent alveolar bone are within normal limits.

The temporomandibular joints are bilaterally congruent.

The medial retropharyngeal and mandibular lymph nodes are within normal limits.

The mandibular, parotid, and zygomatic salivary glands are unremarkable.

The thyroid glands are within normal limits.

The cervical trachea and esophagus are unremarkable.



<b>PATIENT</b>	The cervical spine is unremarkable.
Moxie Dissanayake	<b>THORAX</b>
<b>SPECIES</b>	The trachea and main bronchi are within normal limits.
Canine	Mild enlargement of the sternal and cranial mediastinal lymph nodes. Largest sternal lymph node measure: approximately 2.5 × 1.7 cm. Largest cranial mediastinal lymph node measure: approximately 3.4 × 1.7 cm
<b>BREED</b>	
Bernese Mountain Dog	The axillary lymph nodes are mildly enlarged, more pronounced on the left (approximately 3.2 × 2.7 cm).
<b>SEX</b>	The tracheobronchial lymph nodes are within normal limits.
Neutered Male	The pulmonary parenchyma shows normal attenuation, with no evidence of nodules, masses, or micronodules.
<b>AGE</b>	
3Y	The bronchial tree demonstrates normal branching and tapering. Bronchial walls are thin and smooth.
<b>WEIGHT</b>	The cardiac silhouette and pulmonary vasculature are within normal limits, with adequate contrast opacification.
150lbs	The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.
<b>INTERPRETED BY</b>	The thoracic esophagus is unremarkable.
Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet	<b>ABDOMEN</b>
<b>IMAGING PERFORMED BY</b>	The liver is normal in size, shape, and attenuation, with homogeneous contrast enhancement.
Sidney	The gallbladder, cystic duct, and common bile duct are within normal limits.
<b>HOSPITAL NAME</b>	The kidneys are normal in size, shape, contour, and attenuation. The renal pelvis and ureters are unremarkable.
East Hill Animal Hospital	The urinary bladder is moderately distended with normal wall thickness.
<b>REFERRING VET</b>	The spleen is normal in size, shape, and enhancement pattern.
Laura Hall	The gastrointestinal tract shows normal distension, content, and distribution, with no evidence of mural thickening or mass effect.
<b>INVOICE</b>	The colon contains fecal material and gas, with normal wall thickness.
74513	The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.
<b>DATE</b>	The serosal fat demonstrates normal attenuation.
4-7-26	The prostate is not included in the field of view.
	The musculoskeletal structures are unremarkable.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

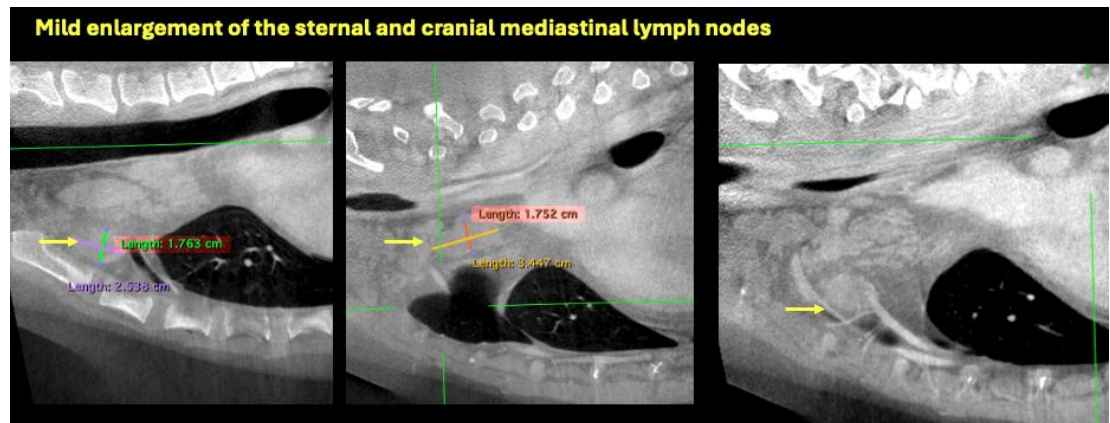
- Mild lymphadenomegaly involving the sternal lymph nodes, cranial mediastinal lymph nodes, and axillary lymph nodes (left > right).
- No evidence of pulmonary, abdominal, or primary mass lesions identified on this study.
- Normal Head and neck CT

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary CT finding is mild enlargement of multiple thoracic and cranial peripheral lymph nodes. The distribution raises consideration for reactive lymphadenopathy (e.g., inflammatory or infectious processes) versus early systemic disease, including lymphoproliferative disorders.

Given the history of recent clinical improvement and current antibiotic therapy, a reactive process is considered a reasonable differential diagnosis. However, if clinically feasible, follow-up ultrasound guided fine-needle aspiration (FNA) of accessible lymph nodes (e.g., axillary lymph nodes) is suggested for further characterization. Clinical follow-up and imaging reassessment are advised depending on the progression or resolution of the lymphadenopathy.

The liver appears within normal limits on CT despite reported biochemical abnormalities. No evidence of hepatic large nodules or masses. Microscopic hepatic disease (e.g., hepatocellular injury, vacuolar hepatopathy, or early inflammatory disease) remains possible differential diagnosis.





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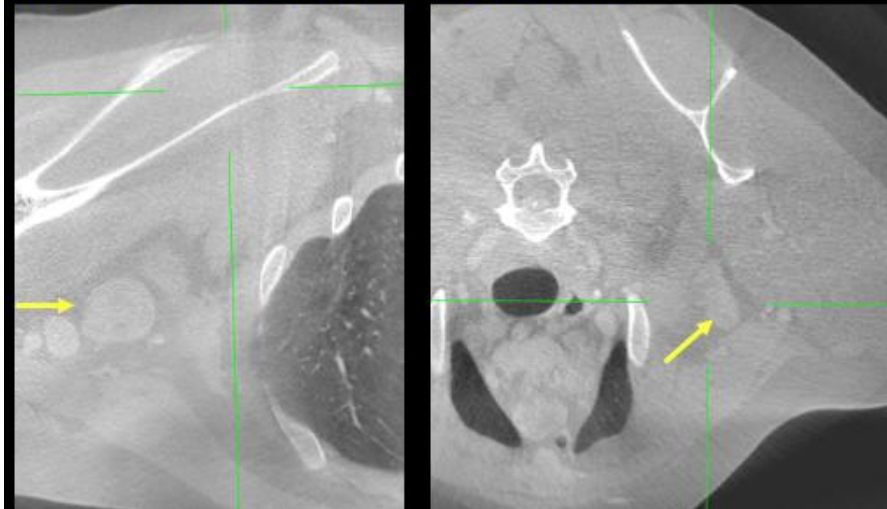
## INVOICE

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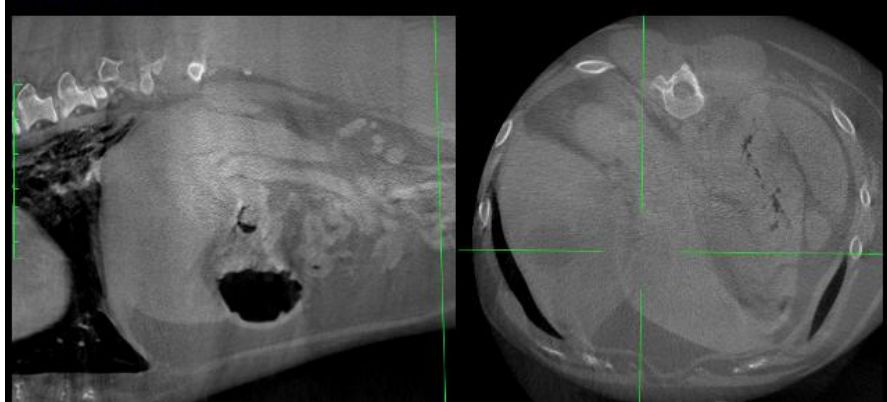
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### Mild enlargement of the left axillary lymph node



### Normal liver



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  
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