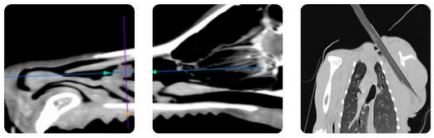


PATIENT

Jasper Bandenoch

SPECIES

Canine

BREED

Weimaramer

SEX

MN

AGE

6

WEIGHT

38

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

74998

DATE

5-13-26

PRESENTING CLINICAL SIGNS

long stonading IBD
seizures 6mnt
- commence phenobarb and increased to 4mg/kg bid, mid range therapy
reduced appetite and increased liver enzymes
Abnormal PE/Chem/CBC/UA Results: alkp/tbil ggt elevated

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 7 series. Two pre-contrast series of the head (bone and soft tissue algorithm). One post-contrast series of the head (soft tissue algorithm). Two pre-contrast series of the whole-body (bone and soft tissue algorithm). One pre-contrast series of the thorax (lung algorithm). One post-contrast series of the whole-body (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is mild dilation of the lateral ventricles, subtly asymmetric. The third ventricle and remaining intracranial structures are within normal limits. No evidence of intracranial mass effect or abnormal contrast enhancement. The suprasellar region is unremarkable.

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.

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

The globes and retrobulbar spaces are within normal limits.

All visualized teeth are within normal limits; however, the rostral-most teeth are not completely collimated within the study.

The temporomandibular joints are bilaterally congruent.

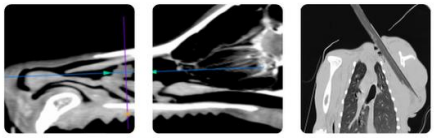
The medial retropharyngeal and mandibular lymph nodes are unremarkable.

The salivary glands are within normal limits.

ABDOMEN

The liver is within normal limits in size, shape, contour, attenuation, and contrast enhancement.

The gallbladder is moderately distended with mildly heterogeneous hypoattenuating content and a small amount of gravity-dependent hyperattenuating material. The cystic duct and common bile duct are within normal limits.



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The pancreas and spleen are within normal limits in size, shape, contour, attenuation, and enhancement characteristics.

The stomach is moderately distended, containing mixed gas, soft tissue fluid, and heterogeneous ingesta, predominantly within the pyloric antrum. No evidence of mechanical obstruction is identified.

The duodenum is mildly distended by fluid content, with preserved wall thickness and normal mucosal enhancement.

The remaining small intestinal loops are normally distributed, with no evidence of severe mural thickening or mural mass lesions.

The abdominal lymph nodes are within normal limits.

The adrenal glands are within normal limits in size, shape, contour, and attenuation.

The descending colon contains a small amount of gas content and is otherwise unremarkable.

The kidneys are within normal limits in size, shape, contour, and attenuation. The renal pelves and ureters are unremarkable.

The urinary bladder is moderately distended with homogeneous hypoattenuating fluid content. Wall thickness is within normal limits.

The abdominal serosa and mesenteric fat demonstrate normal attenuation characteristics.

The prostate gland is not included within the field of view.

The adjacent musculoskeletal structures are within normal limits.

THORAX

The trachea and main bronchi are within normal limits.

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

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

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

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

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

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild asymmetric dilation of the lateral ventricles, considered incidental.
- No evidence of intracranial mass lesion or abnormal intracranial enhancement.

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- Mild heterogeneous gallbladder content with a small amount of dependent hyperattenuating material, compatible with biliary sludge - stasis.
- No significant tomographic abnormalities identified within the abdomen and thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates no significant intracranial abnormalities that could explain the reported seizure activity. Mild asymmetric dilation of the lateral ventricles is considered incidental.

The abdominal examination reveals mild biliary sludge accumulation within the gallbladder and mild fluid distension of the proximal duodenum without evidence of mechanical obstruction or severe gastrointestinal mural disease. No focal hepatic lesions or significant hepatobiliary abnormalities are identified on CT despite the reported increase in liver enzymes.

No significant thoracic abnormalities are identified.

Correlation with biochemical testing and ongoing clinical monitoring of hepatobiliary parameters is recommended. Given the history of seizures and phenobarbital therapy, hepatocellular enzyme induction or medication-related hepatopathy should be considered clinically.

Consider that CT has lower sensitivity than abdominal ultrasonography for assessment of gastrointestinal mural architecture and layering. Therefore, complementary abdominal ultrasonography is suggested for further evaluation, particularly given the clinical history of chronic inflammatory bowel disease. However, there is no CT evidence of mural mass effect, severe mural thickening, gastrointestinal obstruction, or abdominal effusion.

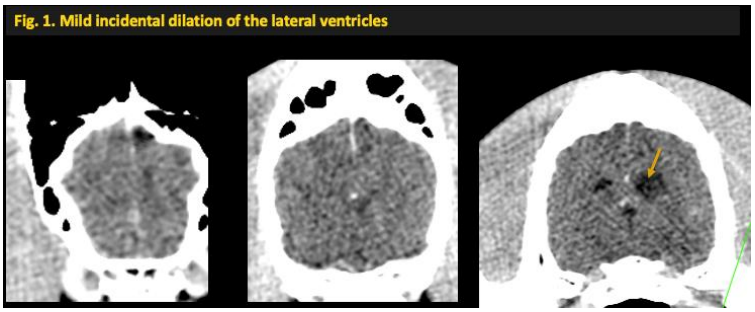

Fig. 1. Mild incidental dilation of the lateral ventricles

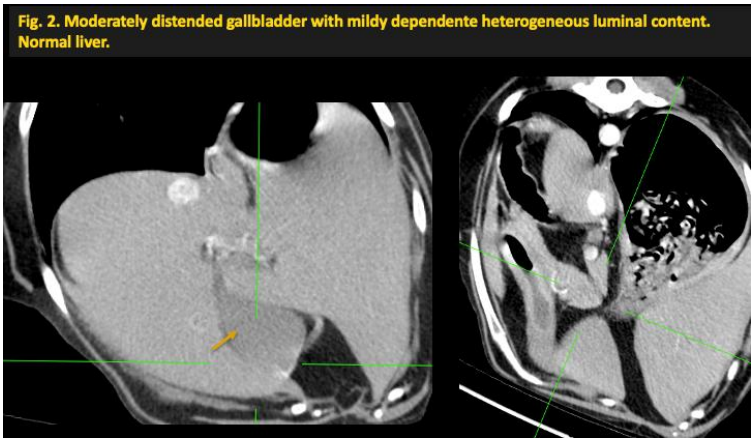

Fig. 2. Moderately distended gallbladder with mildy dependente heterogeneous luminal content. Normal liver.

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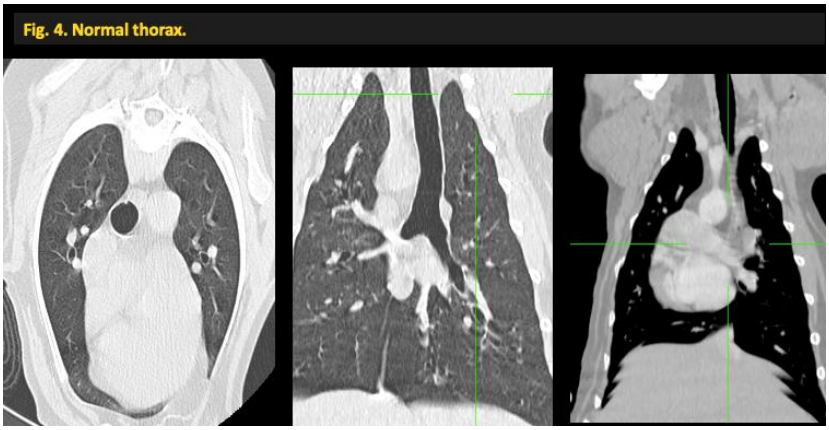

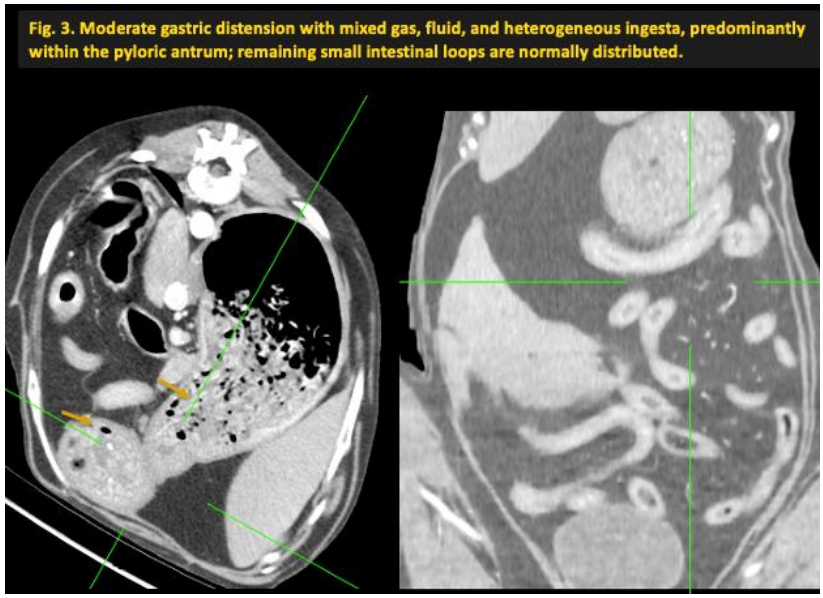

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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