



PATIENT

Chester Swan

SPECIES

Canine

BREED

Maltese Shih Tzu

SEX

MN

AGE

14

WEIGHT

10

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

75067

DATE

5-19-26

PRESENTING CLINICAL SIGNS

coughing
progressive over the last 6mnt
Abnormal PE/Chem/CBC/UA Results: cbc - unremarkable chem alkp elevated usg 1030

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A non-contrast CT study of the thorax was provided for review, totaling 3 series. Two series of the thorax soft tissue and lung algorithms. One additional series of the head, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The trachea is normal in diameter, position, and attenuation.

There is focal narrowing with reduction of the luminal diameter involving the left cranial lobar bronchus and the left caudal lobar bronchus. The remaining visible bronchial tree demonstrates normal branching pattern and tapering toward the periphery, with no evidence of bronchiectasis or bronchial wall thickening.

A small peripheral pulmonary bulla/air-trapping focus is identified within the right cranial lung lobe. The remaining pulmonary parenchyma is normally aerated.

The pulmonary vessels are within normal limits in size and distribution.

The cardiac silhouette and great vessels are within normal limits.

The cranial mediastinum is unremarkable. No evidence of mediastinal mass effect is identified.

The sternal, cranial mediastinal, hilar, and tracheobronchial lymph nodes are within normal limits in size.

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

The thoracic esophagus is unremarkable.

The visualized thoracic wall, ribs, sternum, and included vertebral structures are within normal limits.

Within the included cranial abdomen, the liver is enlarged with convex hepatic margins. Additionally, moderate more dense material within the gravity-dependent portion of gallbladder.

Moderate periarticular ossifications are present involving both stifle joints, noted at the periphery of the examination.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Focal narrowing and loss of normal luminal diameter involving the left cranial and left caudal lobar bronchi.
- Small peripheral pulmonary bulla/air-trapping focus within the right cranial lung lobe, likely incidental.
- Mild hepatomegaly with rounded hepatic margins.
- Gallbladder sludge and/or cholestasis.



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- Moderate bilateral periarticular ossifications involving the stifle joints, compatible with chronic degenerative change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings tomographic demonstrate focal narrowing of the left cranial and left caudal lobar bronchi. Differential diagnoses include bronchomalacia and/or focal bronchial stenosis.

Correlation with clinical respiratory signs and bronchoscopic evaluation may be considered if clinically indicated.

Mild hepatomegaly with rounded hepatic margins is also present and may be associated with metabolic, inflammatory, or vascular hepatopathy.

Moderate periarticular ossifications involving both stifle joints are compatible with chronic degenerative osteoarthritic change.

Fig. 1. Focal narrowing with reduced luminal diameter of the left cranial and caudal lobar bronchi.

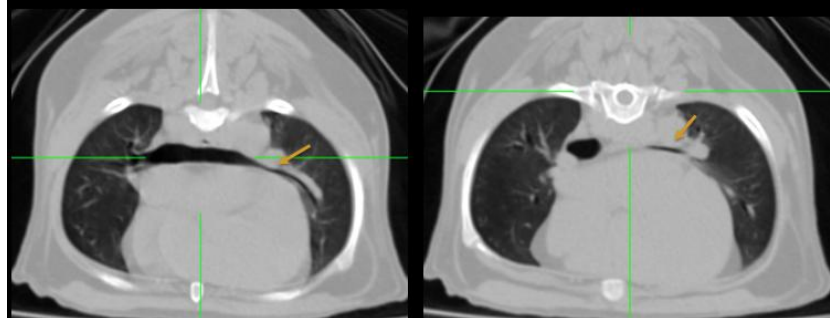
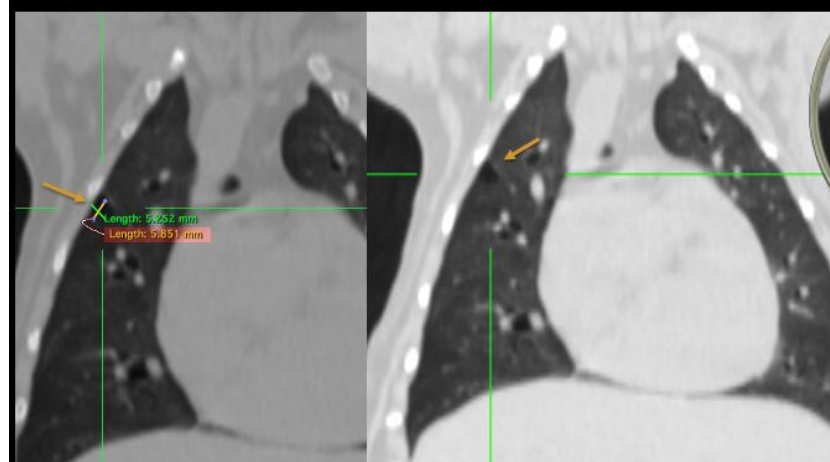


Fig. 2. Small peripheral bullous/air-trapping focus within the right cranial lung lobe.





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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.

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