



PATIENT

Crumpet Reid

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12

WEIGHT

6.5

INTERPRETED BY

Tilde Rodrigues Froes,
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Eamon

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5-26-26

PRESENTING CLINICAL SIGNS

tongue based mass

marked cardiac disease

Abnormal PE/Chem/CBC/UA Results: cbc/chem and histology pending

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 6 series. One pre-contrast series of the whole-body (soft tissue algorithm). One pre-contrast series of the thorax (lung algorithm). One pre-contrast series of the whole-body (bone algorithm). One post-contrast series of the whole-body (soft tissue algorithm). One pre-contrast series of the head (bone algorithm). One pre-contrast series of the head (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The tongue is partially retracted around the oronasal tube, mildly limiting evaluation of portions of the tongue at this region. No discrete tongue-base mass effect or abnormal contrast-enhancing lesion is identified.

The left medial retropharyngeal lymph node is mildly enlarged. The right medial retropharyngeal lymph node and mandibular lymph nodes are within normal limits.

The hyoid apparatus, laryngeal cartilages, thyroid cartilage, and cricoid cartilage are unremarkable.

Triadan teeth 110, 206, 311, 406, 407, and 411 are absent.

The nasal cavities are bilaterally patent with preserved turbinate architecture. The frontal sinuses are normally aerated. The cribriform plate is intact.

The nasopharynx, soft palate, and oropharynx are unremarkable.

The tympanic bullae are bilaterally air-filled and normal in appearance. The external ear canals are unremarkable.

The globes, retrobulbar spaces, extraocular musculature, and orbital structures are within normal limits.

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

No intracranial mass effect, midline shift, ventriculomegaly, or abnormal intracranial contrast enhancement is identified.

The calvarium and visualized osseous structures of the skull are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.

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



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

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

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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.

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ABDOMEN

The liver is normal in size and shape, with homogeneous soft tissue attenuation and uniform contrast enhancement. A small mineral attenuating focus is present adjacent to the region of the cystic duct. No gallbladder distension or biliary ductal dilation is identified. The gallbladder and common bile duct are otherwise unremarkable.

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The spleen is normal in size and shape, with homogeneous soft tissue attenuation and incidental mildly mottled contrast enhancement.

The pancreas and adrenal glands are within normal limits.

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The kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelves and ureters are unremarkable.

The urinary bladder is moderately distended with fluid and admixed contrast material. Urinary bladder wall thickness is within normal limits.

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The gastrointestinal tract is normally positioned and mildly gas/fluid filled, without abnormal mural thickening or obstructive pattern.

The descending colon and rectum contain gas and a small amount of heterogeneous fecal material. Wall thickness is within normal limits.

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One hepatic lymph node is mildly enlarged, measuring approximately 1.2 × 0.9 cm. Remaining abdominal lymph nodes are within normal limits.

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The serosal fat demonstrates normal attenuation.

There is a poorly defined lipomatous subcutaneous mass within the left flank region at the level of L3, containing multifocal dystrophic mineral foci.

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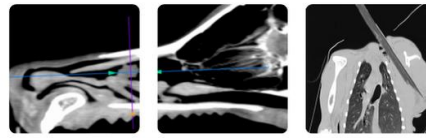
The visualized musculoskeletal structures are otherwise unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild enlargement of the left medial retropharyngeal lymph node, likely reactive/inflammatory; early metastatic lymphadenopathy cannot be entirely excluded.
- No CT evidence of a tongue-base mass is identified.



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- Small mineral focus adjacent to the cystic duct region without associated biliary obstruction or gallbladder distension; likely incidental mineralization change.
- Mild enlargement of a hepatic lymph node, likely reactive.
- Poorly defined left flank subcutaneous lipomatous mass with dystrophic mineralization, most consistent with a benign lipomatous lesion with chronic degenerative/mineralized change.
- No CT evidence of pulmonary metastatic disease. Normal thorax.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No discrete tongue-base mass is identified on the present CT examination. However, a small or superficial lesion cannot be excluded.

Mild enlargement of the left medial retropharyngeal lymph node may represent reactive lymphadenopathy; however, metastatic involvement cannot be completely excluded in the context of the reported clinical history.

No CT evidence of pulmonary metastatic disease. Otherwise, normal thorax.

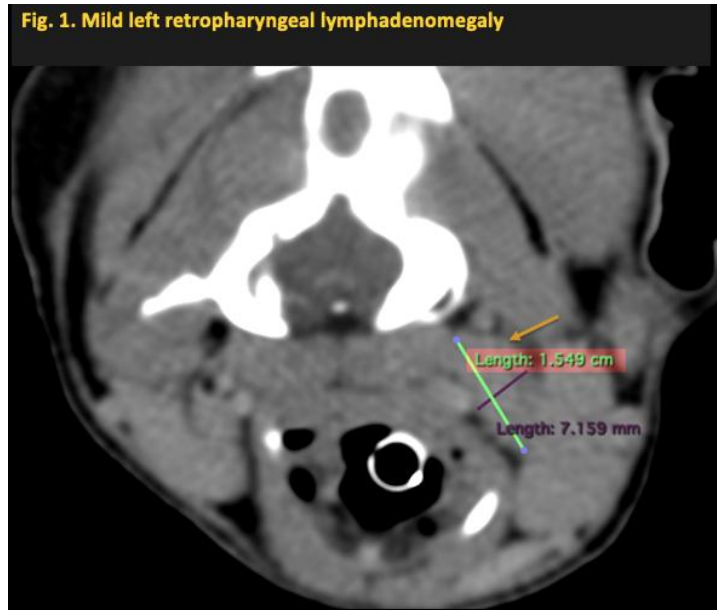
The mildly enlarged hepatic lymph node may represent a reactive change, unspecific origin.

The mineralized subcutaneous lipomatous lesion in the left flank region is likely incidental and chronic in nature. Cytologic sampling may be considered if clinically indicated or if progressive enlargement is noted.

TECHNICAL COMMENTS

Evaluation of the oral cavity is mildly limited by tongue positioning and this relation with the oronasal tube, and the mouth is almost close.

Fig. 1. Mild left retropharyngeal lymphadenomegaly





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Fig. 2. Mild hepatic lymphadenomegaly

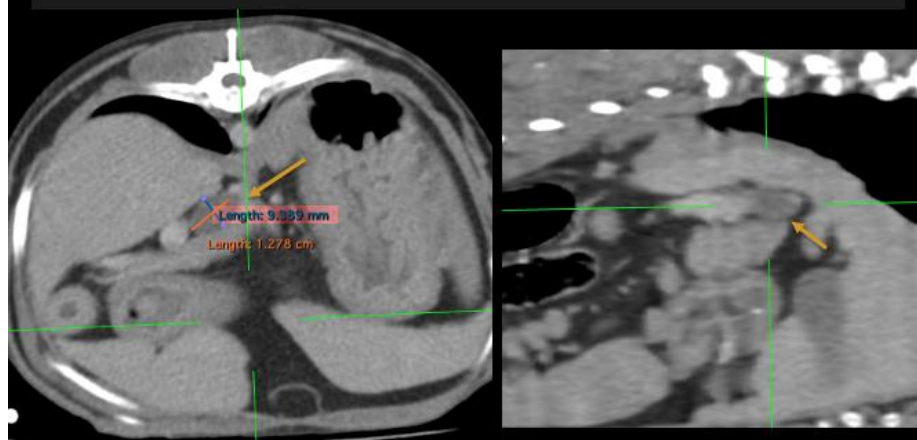
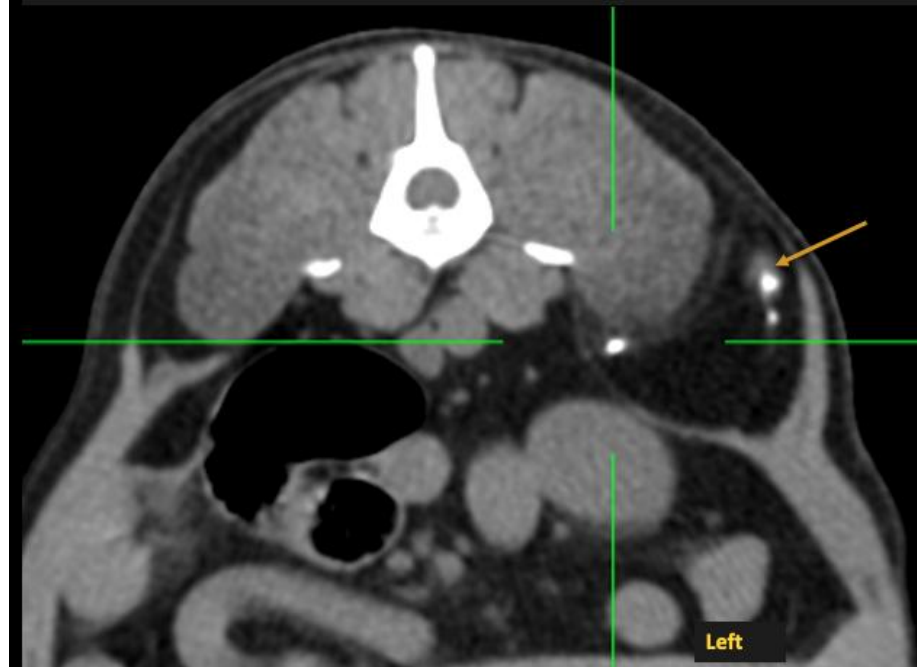


Fig. 3. Mineralized left flank lipomatous lesion





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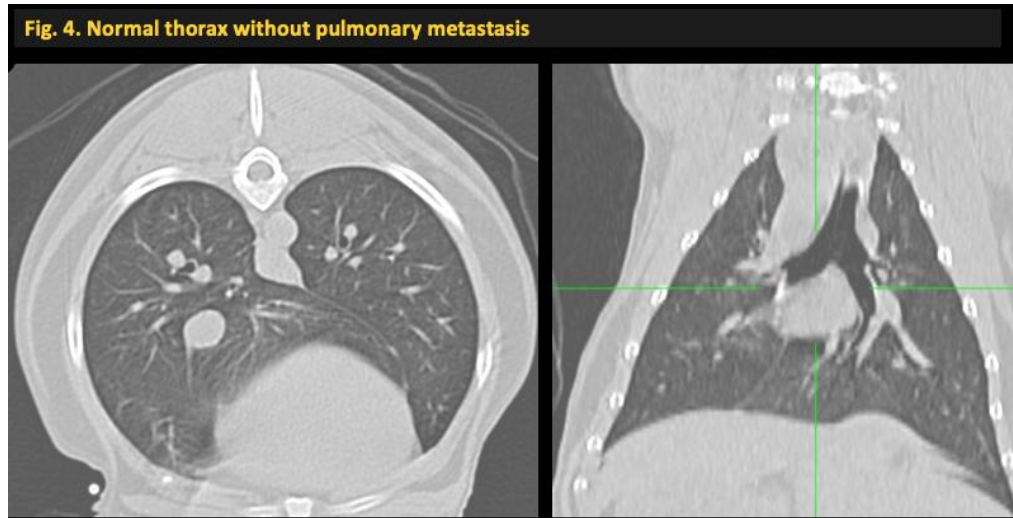
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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