



PATIENT

Tigger Foisy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13Y, 5M

WEIGHT

10.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Sarah Green

INVOICE

75126

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Presented 2 days ago for a second opinion regarding recommended enucleation of a non visual eye. Hypopion and hyphema noted in the anterior chamber, OD, IOP was 35 mmHg (IOP OS=10 mmHg). Presented today for CT to evaluate for an intraocular or retrobulbar mass. Minor emerging hypopion now evident at the temporal limbus OS
Abnormal PE/Chem/CBC/UA Results: Afebrile. CBC showed monocytosis, eosinophilia, no significant abnormalities on chemistry

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

A pre- and post-contrast CT study of the head and thorax are provided for review totaling 4 series. One pre-contrast series of the head bone algorithm. One post-contrast series of the head, bone algorithm. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the thorax soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

There is marked diffuse scleral and episcleral thickening of the right globe with moderate contrast enhancement. Mild diffuse increased attenuation of the anterior chamber and posterior chamber. Additionally, concurrent thickened of the ciliary body.

The retrobulbar space and retrobulbar fat are unremarkable.

The right globe is mildly enlarged compared to the left side, with increased cranio-caudal globe length. The right cranio-caudal globe length measures 2.39 cm. The left cranio-caudal globe length measures 2.19 cm.

The surrounding osseous orbital structures are unremarkable. No evidence of retrobulbar mass effect of abnormal orbital fat-body attenuation.

The left globe is unremarkable.

No evidence of orbital osteolysis or periosteal reaction is identified.

The nasal cavities and turbinates are within normal limits. The cribriform plate is intact. The frontal sinuses are unremarkable.

No evidence of intracranial mass effect or cerebral abnormality is identified.

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

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

The Triadan 307 and 407 are missing.

The salivary, parotid, and zygomatic glands are unremarkable.

THORAX



PATIENT

The trachea and main bronchi are within normal limits.

Tigger Foisy

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

SPECIES

There is a focal discrete subpleural honeycomb-like lucency pattern along the dorsal aspect of the left caudal lung lobe. Additionally, there is mild dependent increased pulmonary consolidation foci/ground-glass attenuation in the right caudal lung lobe, likely representing passive atelectatic change.

Feline

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The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of soft tissue pulmonary nodules, masses, or micronodules.

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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.

MN

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

AGE

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

13Y, 5M

The thoracic esophagus is unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked diffuse scleral and episcleral thickening with contrast enhancement affecting the right globe, associated with mild globe enlargement and increased attenuation of the anterior chamber, posterior chamber and thickened of the ciliary body region. Differential diagnosis includes severe inflammatory intraocular disease, including panuveitis/sclerouveitis, infiltrative neoplastic process involving the globe, including feline restrictive orbital myofibroblastic sarcoma, feline diffuse iris melanoma, or lymphoma. Infectious causes of feline uveitis should also be considered.
- No CT evidence of retrobulbar mass lesion.
- The left globe is unremarkable.
- Missing Triadan 307 and 407
- No tomographic evidence of thoracic metastatic disease.
- Focal discrete subpleural honeycomb-like lucency pattern affecting the dorsal aspect of the left caudal lung lobe, associated with mild adjacent dependent atelectatic change. Differential diagnosis represents focal discrete pulmonary emphysematous change.
- Otherwise, normal thorax.

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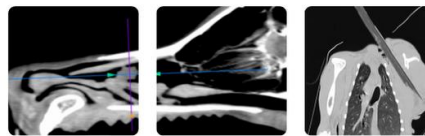
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal marked diffuse thickening and contrast enhancement of the right scleral and episcleral tissues, associated with mild globe enlargement (Mild right-sided buphthalmia), and increased attenuation of the anterior chamber and posterior chambers contents. Differential diagnosis includes severe inflammatory intraocular disease, including panuveitis/sclerouveitis, infiltrative neoplastic process involving the globe, including feline restrictive orbital myofibroblastic sarcoma, feline diffuse iris melanoma, or lymphoma. Infectious causes of feline uveitis should also be considered.

No retrobulbar mass effect or adjacent osseous destruction is identified.



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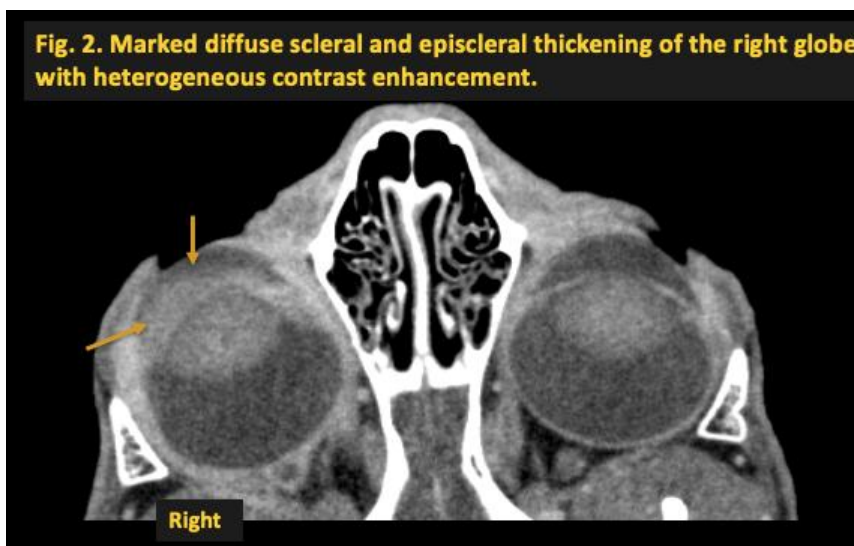
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Additionally, there is no tomographic evidence of thoracic metastatic disease. The pulmonary findings likely display low clinical relevance.

Correlation with complete ophthalmologic examination and ocular ultrasonography is recommended. Sampling of aqueous humor and correlation with infectious disease testing, like infectious/inflammatory etiologies of feline uveitis, should be considered. Histopathological evaluation may be required for definitive diagnosis.





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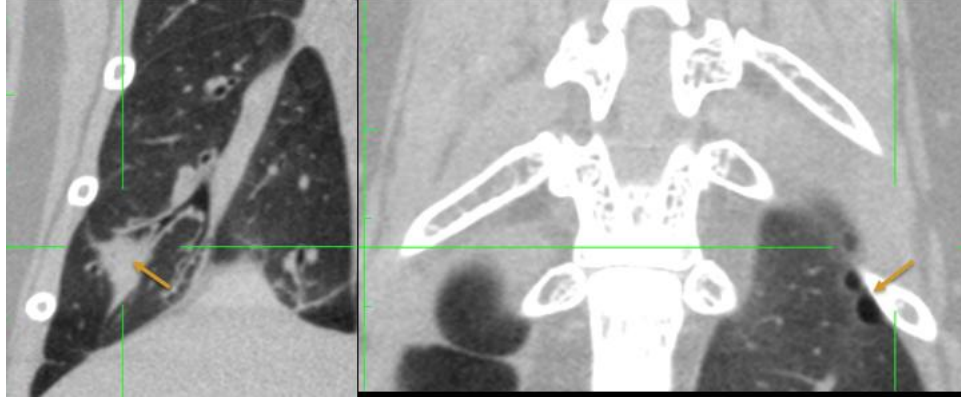
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Fig. 3. Focal subpleural honeycomb-like lucency pattern within the dorsal aspect of the left caudal lung lobe and mild gravity dependent consolidation foci in the right caudal lung lobe



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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