



PATIENT

Nanook Davis

SPECIES

Canine

BREED

Husky

SEX

M

AGE

11

WEIGHT

35

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

74898

DATE

5-5-26

PRESENTING CLINICAL SIGNS

1mnt hx vomiting post meloxicam
- has worsened since ceasing meloxicam 3 wks ago
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 5 series. One pre-contrast series of the thorax and abdomen (soft tissue algorithm), one pre-contrast series of the thorax (lung algorithm), one pre-contrast series of the thorax and abdomen (bone algorithm), and one post-contrast series of the thorax and abdomen (soft tissue algorithm). One additional post-contrast series of head (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The thoracic esophagus is diffusely distended with gas and a small amount of fluid. No evidence of abnormalities is identified in the cardia region.

The trachea and main bronchi are within normal limits.

A gravity-dependent pulmonary consolidation is noted affecting the right middle lung lobe, without associated reduction in pulmonary volume expansion within this lobe. A small pulmonary bulla is identified in the right caudal lung lobe, measuring approximately 5.4 mm in diameter. The remaining pulmonary parenchyma demonstrates preserved attenuation, with no evidence of pulmonary nodules or masses.

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

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 vascular opacification is adequate.

The pleural space, diaphragm, and ribs are within normal limits.

There is subluxation between the third and fourth sternbrae, characterized by cranial and dorsal displacement of the fourth sternbra, associated with narrowing of the intersternbral space and small adjacent enthesiophytic/osteophytic proliferations.

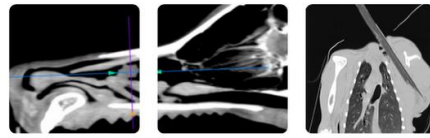
The remaining musculoskeletal structures are unremarkable.

ABDOMEN

The stomach is moderately distended and contains dependent hyperattenuating fluid material visible on both pre- and post-contrast series. No distinct gastric wall mass effect, mural thinning, marked mural thickening, or mural discontinuity is identified.



PATIENT	The gastric lymph node is slightly enlarged, measuring approximately 0.7 cm. The remaining abdominal lymph nodes are unremarkable.
Nanook Davis	The adjacent serosal fat demonstrates normal attenuation.
SPECIES	The right and left pancreatic lobes are within normal limits.
Canine	The duodenum and small intestines are nondilated and contain small amounts of fluid and gas. Normal wall thickness. No evidence of mechanical obstruction.
BREED	The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. Normal wall thickness.
Husky	The liver is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.
SEX	The kidneys exhibit mild irregular cortical contours with multifocal small areas of cortical retraction and a few linear cortical hypoattenuating defects. Otherwise, the kidneys are normal in size, and attenuation pre- and post-contrast. The renal pelvises and ureters are within normal limits.
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AGE	
11	
WEIGHT	The urinary bladder is moderately distended with homogeneously hypoattenuating fluid material admixed with contrast medium. Normal wall thickness.
35	The spleen is homogeneously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape.
INTERPRETED BY	The prostate gland is unremarkable.
Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet	The remaining musculoskeletal structures are unremarkable.
IMAGING PERFORMED BY	COMPUTED TOMOGRAPHIC DIAGNOSIS
Eamon	<ul style="list-style-type: none">• Moderate gaseous distension of the thoracic esophagus with a small amount of fluid content, without evidence of cardia abnormality. Differential diagnoses include esophageal dysmotility, secondary gastroesophageal reflux, or changes related to anesthesia.• Gravity-dependent pulmonary consolidation affecting the right middle lung lobe without significant volume loss. Differential diagnoses include aspiration pneumonia, early infectious pneumonia, and dependent atelectatic change.• Small pulmonary bulla in the right caudal lung lobe, likely incidental.• Moderately distended stomach containing dependent hyperattenuating fluid material, without evidence of mural disruption or obstructive lesion. Findings may represent hemorrhagic or proteinaceous gastric content. Differential diagnoses also include adherent mucosal material secondary to iatrogenic artifact.• Mild enlargement of the gastric lymph node, likely representing reactive lymphadenitis.• Minimal chronic degenerative renal changes, characterized by mild cortical scarring/retraction.• Mild sternbral subluxation between the third and fourth sternbrae, associated with mild chronic degenerative enthesiophytic/osteophytic changes.
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DATE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
5-5-26	The tomographic findings demonstrate moderate gastric distension with dependent hyperattenuating intraluminal material, without indirect evidence of gastric perforation, obstructive lesion, or marked



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mural abnormality. These findings may represent hemorrhagic or proteinaceous gastric content. An additional differential diagnosis includes adherent mucosal material related to sucralfate administration, as the aluminum content of sucralfate may result in hyperattenuating gastric surface material on CT examinations, potentially mimicking hemorrhagic content or adherent clot. Correlation with medication history is recommended.

Given the clinical history of vomiting following meloxicam administration, gastritis and possible gastric mucosal ulceration should still be considered.

Moderate gaseous distension of the thoracic esophagus with mild fluid accumulation may represent esophageal dysmotility, gastroesophageal reflux, or anesthesia-related change.

A focal gravity-dependent pulmonary consolidation is identified within the right middle lung lobe. Differential diagnoses include aspiration pneumonia, early infectious pneumonia, and less likely dependent atelectatic change. Clinical correlation and monitoring for respiratory signs are recommended.

Additional incidental findings include a small pulmonary bulla within the right caudal lung lobe, minimal chronic renal cortical scarring, and mild chronic degenerative change involving the sternebrae.

Empirical gastroprotective therapy and supportive care may be warranted based on the clinical presentation. Consider upper gastrointestinal endoscopy for further evaluation of possible gastric mucosal disease if clinically indicated.

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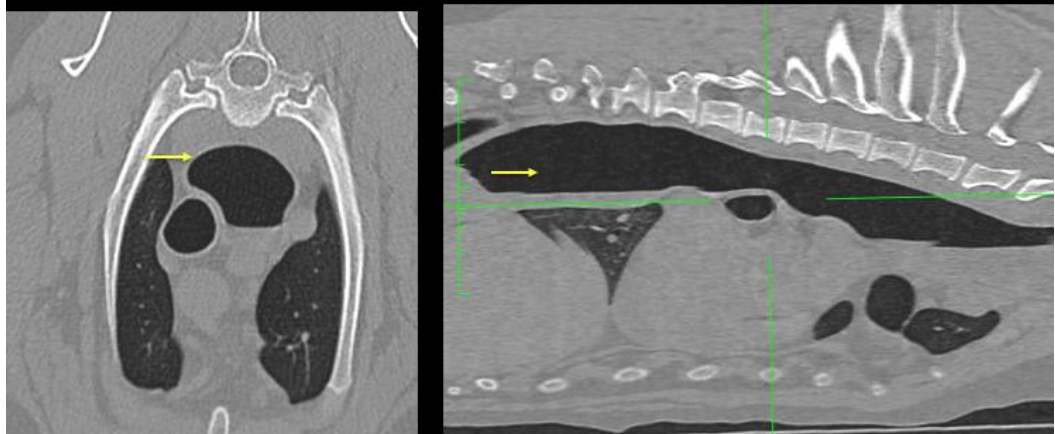
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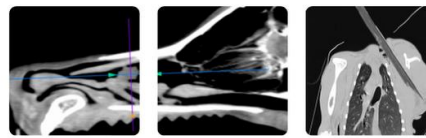
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Fig. 1. Moderate gaseous distension of the thoracic esophagus with a small amount of fluid content, without evidence of cardia abnormality..





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Fig. 2. Focal pulmonary consolidation affecting the right middle lung lobe, compatible with aspiration, infectious, or atelectatic change.

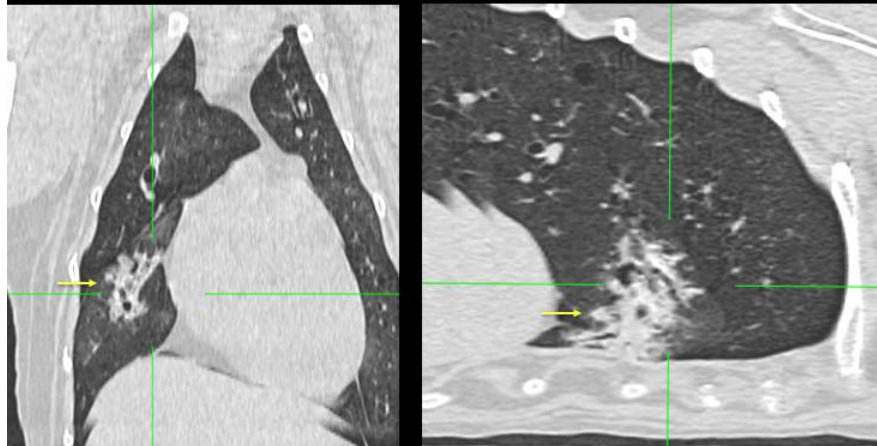


Fig. 3. Gastric fluid distension
Moderately distended stomach with dependent hyperattenuating fluid material.

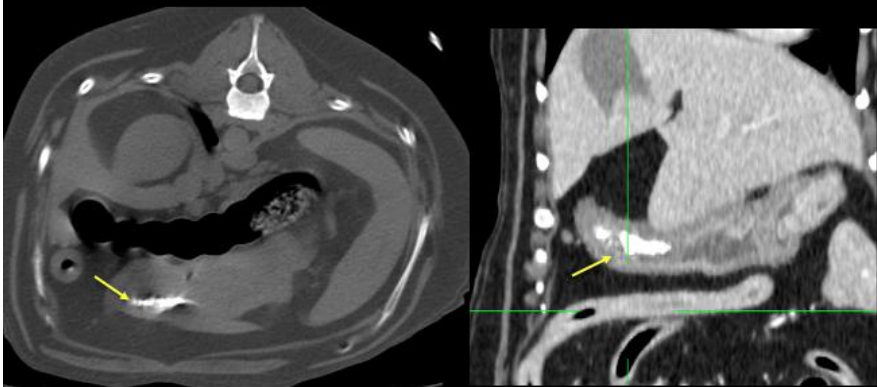
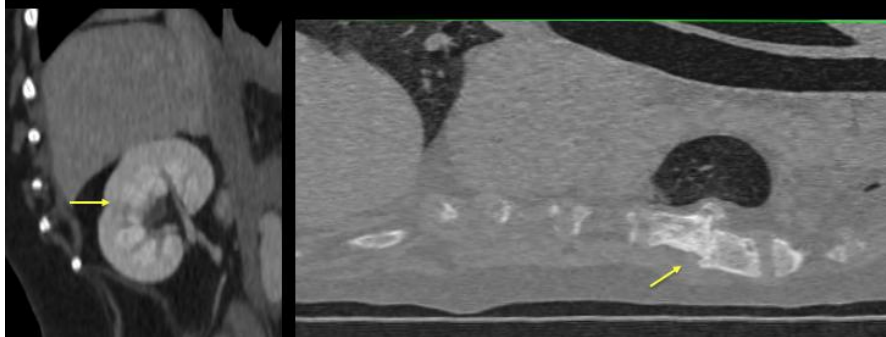


Fig. 4. Mild sternbral subluxation and minimal chronic cortical renal scarring.





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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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