



PATIENT PRESENTING CLINICAL SIGNS

Bibble McNaught Lethargy for around 5 days now. Pyrexia on presentation. No reported vomiting or diarrhoea. Inappetence for the last day.
 Abnormal PE/Chem/CBC/UA Results: Anaemic Tachycardic and tachypnoeic

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen are provided for review. One pre-contrast CT soft tissue algorithm, one pre-contrast CT bone algorithm, and one post-contrast CT soft tissue algorithm.

BREED

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COMPUTED TOMOGRAPHIC FINDINGS

The liver is mildly enlarged in size and this finding is correlated with the patient's age. The parenchyma is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal shape and contour.

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The gallbladder wall is unremarkable.

The spleen is normal in size, regular contour and normal shape, homogenous enhancing.

AGE

9 Weeks

The mesenteric lymph nodes are unremarkable. No evidence of mass effect or peritoneal effusion.

The stomach is moderately filled and normally positioned, containing gas admixed with homogeneous soft tissue attenuating ingesta.

INTERPRETED BY

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

The small intestines are nondilated and contain a minimal amount of hypoattenuating fluid attenuating material and gas. No evidence of mechanical gastrointestinal disease, gastrointestinal foreign material, or plication.

The colon and rectum contain gas admixed with mild heterogeneously soft tissue attenuating fecal material.

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The pancreas is normal in size, shape, and attenuation.

The renal silhouettes are normal in size, shape, contour, and attenuation. The renal length is 3.5cm in the right kidney and 3.4cm in the left kidney.

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The ureters are not filled with contrast media, due to phase of the contrast exam. However, no evidence of abnormal dilatation or radiopaque calculi.

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

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The urinary bladder is moderately to severely filled, with the apex in the plane of L4, and is homogeneously soft tissue opaque.

Normal open physis.

DATE

6-20-23

Within the collimated thorax, a focal ground glass attenuation is seen ventrally in the right caudal lung lobe.



PATIENT The caudal thoracic esophagus is gas filled and mildly distended, likely correlated to anesthesia.

Bibble McNaught

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Normal abdominal computed tomography.
- No evidence of peritoneal effusion or enlarged lymph nodes.
- Urinary bladder retention, likely correlated to normal retention. No evidence of urethral obstruction.
- On the collimated thorax, a focal, ventral, ground glass pulmonary attenuation is noted. The differential diagnosis includes focal bronchopneumonia, aspiration pneumonia, passive atelectasis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of specific morphological tomographic changes in the abdominal cavity that could be correlated to the clinical signs or indirect signs that could be correlated with FIP. However, in the collimated thorax, a focal ground glass attenuation is noted. The differential diagnosis such as bronchopneumonia, could be correlated to the clinical signs of tachycardia, tachypnea, and pyrexia. A complete thoracic x-ray exam is suggested for better evaluation of this finding.

AGE

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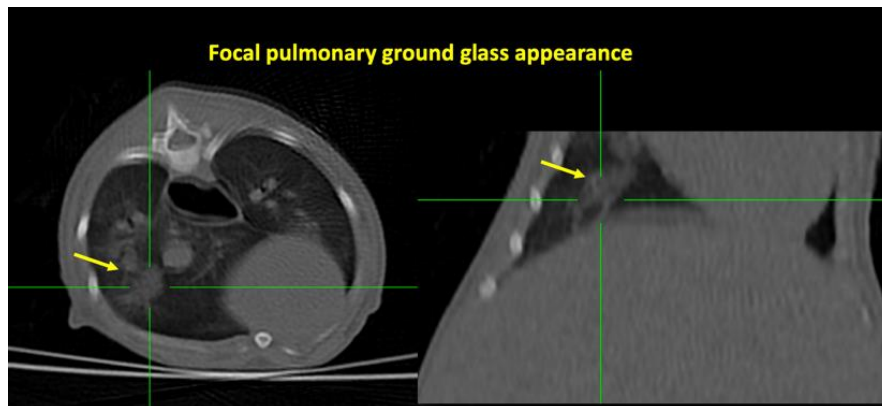
Shan Li

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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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