



PATIENT PRESENTING CLINICAL SIGNS

Snorfy Elliot presented for TPLO - left stifle effused and draw present radiographs/palpation - effusion excessive - chest xrays marked calcified change
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, AND STIFLE JOINTS

A pre- and post-contrast CT study of the head, thorax and stifle joints are provided for review, totaling six series. One full-body pre-contrast series, soft tissue algorithm. One full-body pre-contrast, lung algorithm. One full-body pre-contrast series, bone algorithm. One full-body post-contrast series, soft tissue algorithm. One pre contrast series of the head, soft tissue algorithm, and one post-contrast series of the head bone algorithm.

BREED

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COMPUTED TOMOGRAPHIC FINDINGS

SEX

HEAD

MN

A large semicircular to ovoid-shaped broad base mass effect with strong enhancement and mildly heterogeneously center is noted intracranial in the topographic region of the left parietal and frontal lobe, causing a mild falx cerebri shift. In addition, hyperostosis of the contiguous calvarium bone is noted. It measures approximately 1.5cm x 1.4cm x 1.2cm.

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The osseous facial and calvarium structures are mildly asymmetrical, likely correlated to positional artifact.

INTERPRETED BY

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

The nasal cavities, choana nasopharynx, and larynx are normal.
The sphenoidal and frontal sinuses are unremarkable.
There is mild diffuse horizontal and vertical bone loss adjacent to the maxillary and mandibular teeth. The triadans 101 and 201 are missing.

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The globes and retrobulbar spaces are unremarkable.
The cribriform plate is intact.
The left tympanic bulla is almost completely filled with hypoattenuating luminal fluid material. Also, expansile appearance and hyperostosis are noted. The right tympanic bulla and left external auditory canal are unremarkable.

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The medial retropharyngeal lymph nodes and mandibular lymph nodes unremarkable.

THORAX

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There are multifocal ill-defined to nodular or tubular soft tissue opacities in the pulmonary parenchyma, affecting all pulmonary lobes, and showing a tree-in-bud pattern. In addition, embedded to these opacities are multifocal pinpoint foci of mineralization. The lesions are more prominent in the ventral lung lobes, especially at the caudal subsegment of the left cranial lung lobe, and in the right cranial lung lobe.

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PATIENT The trachea is normal in luminal diameter and position.

Snorfy Elliot The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

SPECIES The tracheobronchial lymph nodes are normal.

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

The pleural space and diaphragm are normal.

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The collimated abdomen is unremarkable.

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STIFLE JOINTS

SEX There is moderate to severe extra-articular swelling contiguous to the left stifle joint. The synovial soft tissue swelling obliterates the margins of the infrapatellar fat pad. At least three mineral osseous bodies/fragments overlies the soft tissue swelling, and a small subchondral irregularity is seen in the intercondylar eminence of the tibia, and in the lateral surface.

MN

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A more dislocated small mineral osseous body is seen in the medial articular soft tissue surface, correlated to the topographic region of the medial collateral ligament.

8 The left patella is superimposed with the respective femoral trochlea.

The right stifle joint and fat-pad is unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary left sided, focal, strongly enhancing, intracranial, likely extra-axial mass, and contiguous calvarium hyperostosis. The differential diagnosis includes neoplasms, for example, meningioma.
- Left side otitis media.
- Mild diffuse periodontal disease, and absent triadans 101 and 201.
- Moderate multifocal pulmonary bud in tree appearance, and broncholithiasis. The differential diagnosis includes chronic lower respiratory disease, chronic inflammatory bronchitis, infectious bronchitis, and concurrent lobar pneumonia affecting the left lung lobe.
- Left stifle joint swelling, extra-articular swelling, and mineral chip fracture fragments, likely correlates to traumatic stifle injury. The differential diagnosis includes concurrent ligament injuries, for example, the cruciate ligament and collateral ligaments.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary differential diagnosis for the intracranial mass is meningioma due to the tomographic characteristics of the mass and correlated neurological findings.

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The tree-in-bud pulmonary appearance is correlated with chronic inflammatory lower airway disease. Broncholithiasis is an uncommon condition that is also associated with chronic inflammatory lower airway disease. Some cats develop broncholithiasis secondary to an inflammatory lower airway disease with mineralization of the secretions. The optimal treatment of broncholithiasis in cats is unknown but may involve treatment for an underlying airway inflammatory disease. Another, less likely differential



PATIENT diagnosis is primary lung tumor with dystrophic mineralization. Correlate these tomographic findings with the present respiratory clinical findings.

Snorfy Elliot

The tomographic findings presented in the left stifle joint are correlated to the orthopedical and previous radiographic exam, and the main differential diagnosis is correlated to a traumatic stifle injury.

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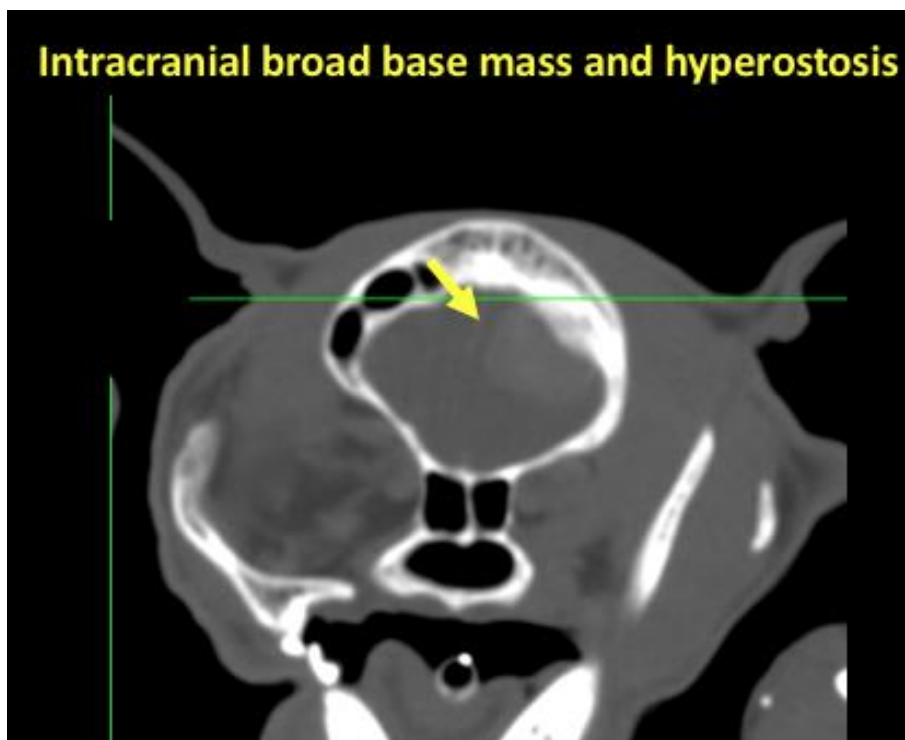
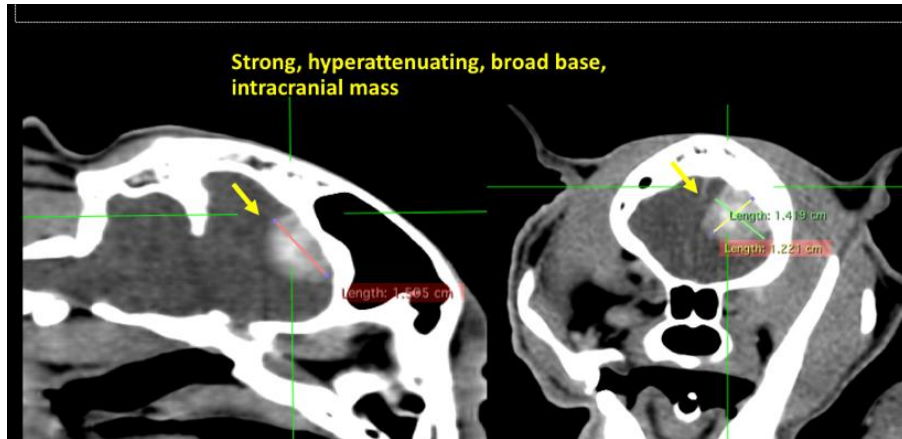
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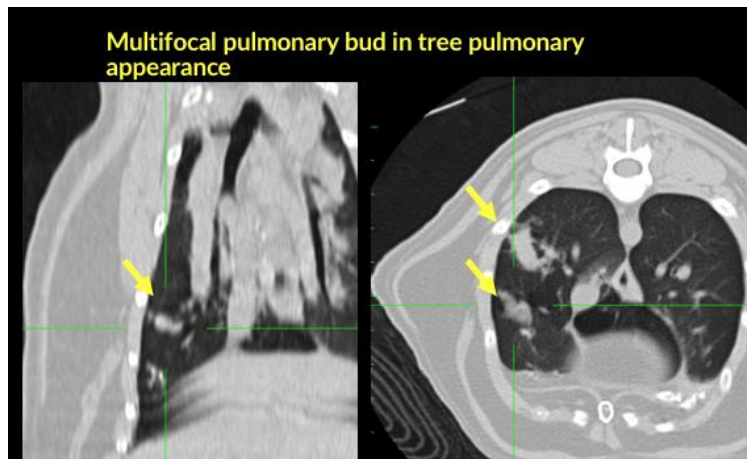
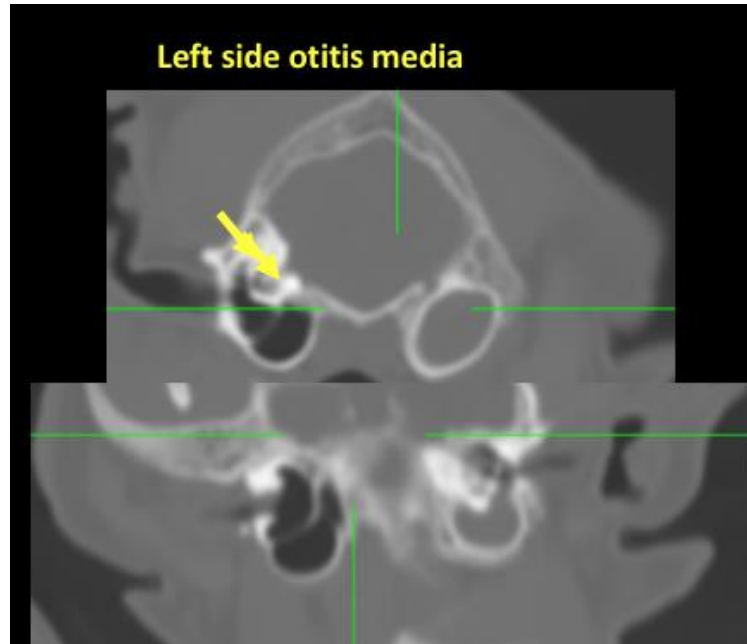
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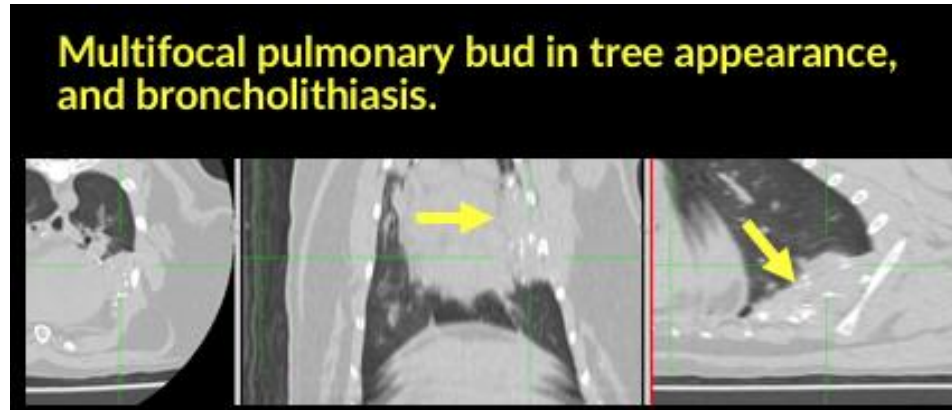
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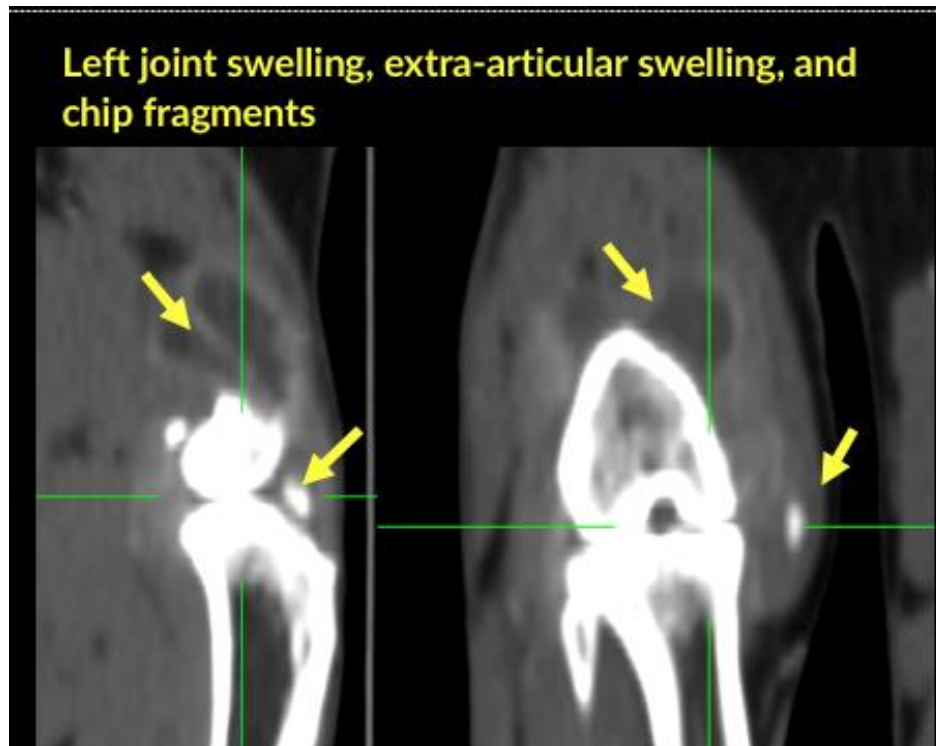
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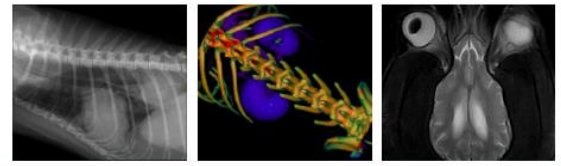
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Left joint swelling, extra-articular swelling, and chip fragments

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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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