



## PATIENT

Merlin Taggart

## SPECIES

Canine

## BREED

Samoyed

## SEX

ME

## AGE

12

## WEIGHT

28

## 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

75278

## DATE

6-3-26

## PRESENTING CLINICAL SIGNS

seizures developed in the last month  
hypersexual

Abnormal PE/Chem/CBC/UA Results:   cbc/chem normal

## COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

A pre- and post-contrast CT study of the abdomen and head are provided for review totaling 6 series. Two pre-contrast series of the whole-body (soft tissue and bone algorithm). One pre-contrast series of the thorax (lung algorithm). Two pre-contrast series of the head (soft tissue and bone algorithm). One post-contrast series of the head (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

### HEAD

There is a focal extra-axial hyperattenuating mass-like lesion within the dorsal cranial vault, broadly based against the calvarium in the right parietal region. The lesion is amorphous in shape and measures approximately 1.1 × 0.7 cm. It is associated with mild focal mass effect and mild leftward midline shift. However, no definitive intracranial changes are detected to correlated with the midline shift.

No evidence of craniofacial muscular asymmetry.

Triadan teeth 110, 210, and 411 are absent. The incisive region is incompletely included within the field of view.

The nasal cavities, nasal turbinates, frontal sinuses, nasopharynx, oropharynx, tympanic bullae, external ear canals, globes, retrobulbar spaces, temporomandibular joints, salivary glands, mandibular lymph nodes, and medial retropharyngeal lymph nodes are unremarkable.

The cribriform plate is intact.

### ABDOMEN

An irregular mineral-attenuating intraluminal structure is present within the gastric pyloric antrum, it measures approximately 3.0 x 1.5 cm. There is no associated gastric dilation or evidence of outflow obstruction.

Small scattered mineral-attenuating intraluminal debris are present within the jejunum and colon. No evidence of gastrointestinal mechanical obstruction is identified at this time. The colon contains a moderate amount of fecal material mixed with intraluminal gas.

The liver is normal in size, shape, and attenuation. The gallbladder and biliary tract are unremarkable.

Mild diffuse thickening/enlargement of the right pancreatic lobe and pancreatic body is present.

The kidneys are asymmetric, with the right kidney mildly reduced in size. A focal cortical retraction and wedge-shaped cortical hypoattenuating defect are present at the caudal pole of the right kidney, consistent with chronic cortical scarring. Mild irregularity of the renal contour is noted. Renal pelves and ureters are within normal limits.



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The urinary bladder is moderately distended with fluid and has a normal wall thickness.

The prostate gland is mildly enlarged and contains a few small hypoattenuating cystic foci.

The spleen demonstrates mild mottled enhancement, considered likely incidental. Splenic size is within normal limits.

The adrenal glands, abdominal lymph nodes, and peritoneal/retroperitoneal fat are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small hyperattenuating extra-axial right parietal calvarial-based mass, with concurrent mild leftward midline shift. Differential diagnosis includes neoplasia, such as meningioma, focal extra-axial hemorrhagic lesion, or less likely inflammatory lesion.
- Bilateral mild renal degenerative changes, chronic right renal cortical scarring, possible previous infarct.
- Mild enlargement and thickening of the right lobe and body of the pancreas. Differential diagnosis includes early pancreatitis.
- Mild prostatomegaly with small prostatic cysts, compatible with sexual aging mature changes, benign prostatic hyperplasia/cystic prostatic change.
- Moderate in size mineralized gastric foreign body, without evidence of mechanical obstruction at this time.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

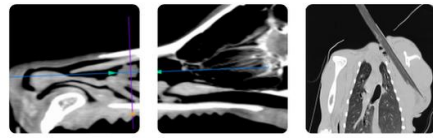
The CT findings of the head demonstrate a small extra-axial hyperattenuating right parietal calvarial-based lesion, with concurrent mild leftward midline shift. Differential diagnosis includes neoplasia, such as meningioma, focal extra-axial hemorrhagic lesion, or less likely, inflammatory lesion.

This lesion may provide an explanation for the recent onset seizures and may also be related to the reported behavioral abnormalities. Particularly because intra-axial parenchymal enhancement cannot be clearly assessed on CT (low contrast enhancement), MRI of the brain is recommended for further characterization, evaluation of adjacent parenchymal changes, and treatment planning.

Correlation with neurologic examination findings and cerebrospinal fluid analysis (spinal tap) is advised.

Mild abdominal changes, likely renal degenerative changes and possible early signs of incipient pancreatitis. Laboratory follow-up is suggested.

Moderate in size mineralized gastric foreign body, without evidence of mechanical obstruction at this time. Follow-up radiographs are recommended, particularly if the patient develops vomiting.



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Fig. 1. Small hyperattenuating calvarial-based extra-axial lesion in the right parietal region causing mild mass effect and leftward midline shift.

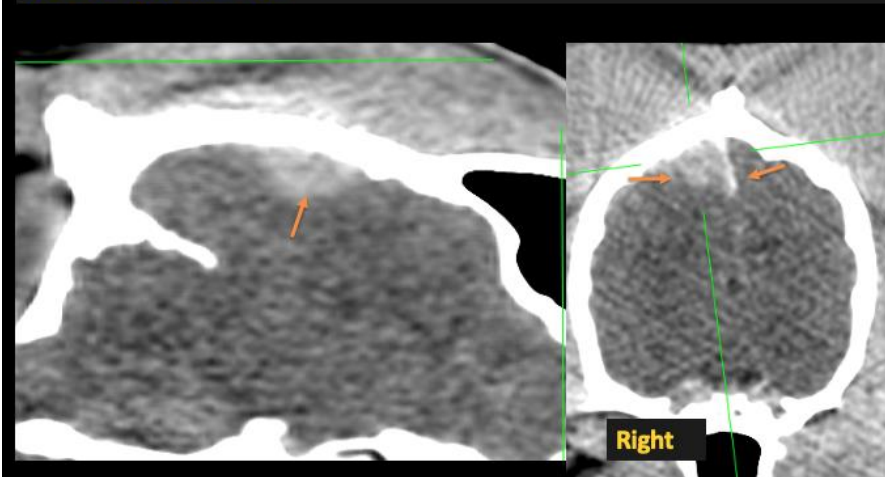
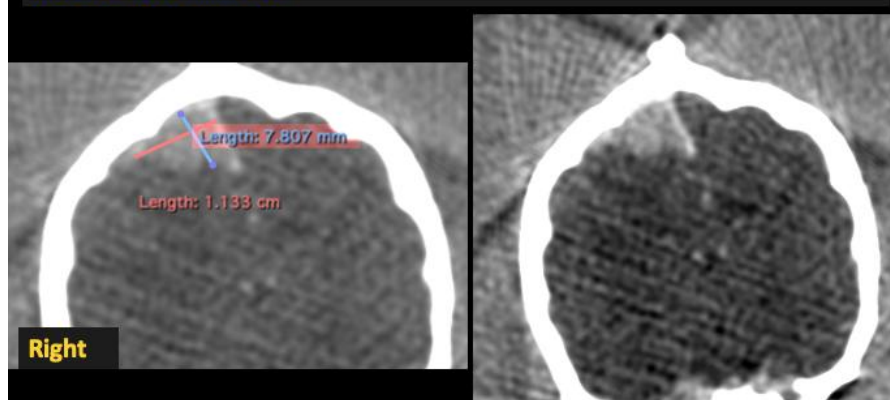


Fig. 2. Small hyperattenuating calvarial-based extra-axial lesion in the right parietal region causing mild mass effect and leftward midline shift.





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Fig.3. Visible leftward midline shift.

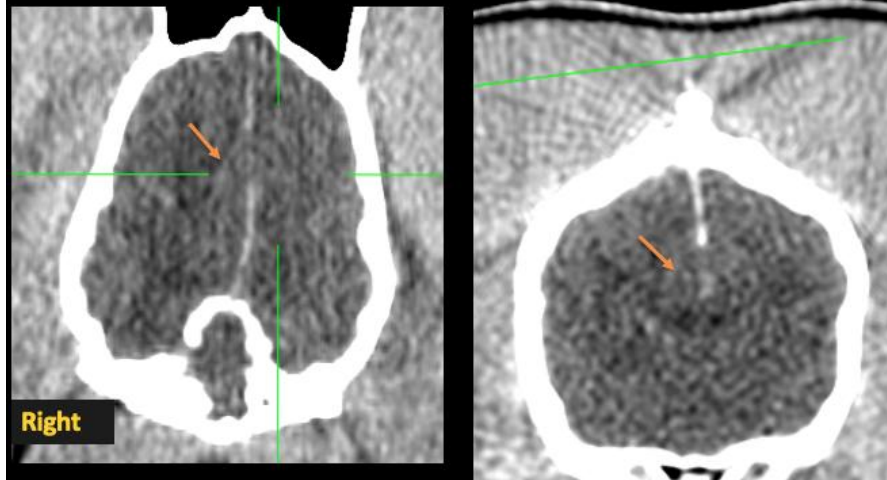
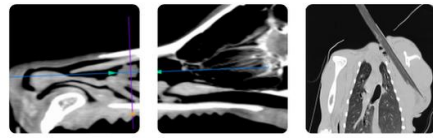


Fig. 4. Gastric mineralized foreign body





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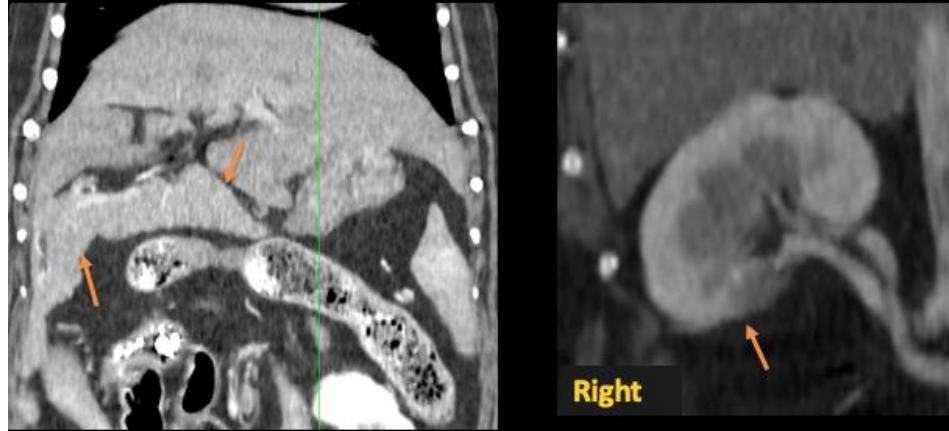
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**Fig. 5. Focal cortical retraction and wedge-shaped cortical hypoattenuating defect at the the right kidney and mild pancreatic enlargement**



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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