



**PATIENT PRESENTING CLINICAL SIGNS**

Pippa Angela Warner

Pet history: Not eating for the past 2 days, getting weaker, unable to stand today. Pasty stool with fresh blood in waiting room (first episode). No diarrhea, no stool for the past few days. No vomiting but hypersalivation noted. No change of food apart from new flavour of treat. No known exposure to toxins. 1 other dog at home- 3 years old, healthy. Not spayed, preventives not up to date. On Frontline spray. Hx of tick fever few years ago. Laboratory result: Blood smear >> Normochromic and normocytic rbc morphology Band neutrophil (1+) seen Neutropenia unlikely, neutrophil count higher than reported Monocytosis unlikely, monocyte count within normal range Other leukocyte differential distribution and count as reported Normal platelet count No blood parasite seen No other significant abnormalities observed Ultrasound findings: Normoechoic hepatomegaly, Spleen - heterogeneous parenchyma. Cytology result as per attached (abdominal fluid)

**SPECIES**

Canine

**BREED**

Mongrel

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

**SEX**

Male

A pre- and post-contrast CT study of the thorax and abdomen are provided for review totaling four series. One pre-contrast series of the abdomen, soft tissue algorithm. One pre-contrast series of the thorax, lung algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm. One post-contrast series of the thorax, lung algorithm.

**AGE**

12 Years, 6 Months

**THORAX**

There is moderate volume of bilateral pleural effusion, resulting in dorsal retraction of the lung lobes. There is minimal pleural enhancement. No evidence of pleural thickening, mass effect, or irregularities. The attenuation of the pleural effusion is homogeneous, and measures between 18 to 20 HU.

**INTERPRETED BY**

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

The trachea is normal in luminal diameter and position. The esophagus is not distended and unremarkable.

The lumen of the main bronchus is normal.

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The lung lobes are reduced in volume expansion due to pleural effusion. There is a peripheral ground glass attenuation in the ventral borders of the lung lobes, more prominent at the cranial lung lobes. In addition, two pulmonary bullae are seen within the cranial subsegment of the left cranial lung lobe and in the left caudal lung lobe, measuring 1.2cm and 0.8cm, respectively. No pulmonary soft tissue nodules are identified.

**REFERRING VET**

Dr. Sivan

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

The tracheobronchial lymph nodes are normal.

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

The pleural space and diaphragm are normal.

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The ribs and thoracic wall are unremarkable.



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ABDOMEN

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There is a moderate amount of diffuse peritoneal effusion. The attenuation of the peritoneal effusion is homogeneous, and measures between 16 to 21 HU. The mesenteric fat has a fat stranding appearance, and the mesenteric and hepatic lymph nodes are mildly enlarged in size; however, with normal shape, attenuation, and enhancement. The remaining abdominal lymph nodes are unremarkable.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder wall is unremarkable. Mild hyperattenuating material is noted in the ventral dependent portion.

The spleen is mildly enlarged, normal shape, homogeneously attenuating, and enhancing.

The pancreas and adrenal glands are normal.

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. Normal pelvis. The ureters are normal in size with correct insertion in the trigone region. The renal length is 6.1cm in the right kidney. The renal length is 6.4cm in the left kidney.

The urinary bladder is mildly filled, with the apex in the plane of L7, and is homogeneously soft tissue opaque.

The stomach is mildly filled and normally positioned, containing a small amount of gas admixed with homogeneous soft tissue attenuating material – fluid.

The small intestines are nondilated and contain a small amount of fluid attenuating material and gas.

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

The ovaries are seen with a few microcysts. The right ovary measures 1.8cm in diameter. The left ovary measures 1.3cm in diameter. The uterus is also identified, thin tubular structures, normal wall and measures approximately 0.6cm in diameter.

The musculoskeletal structures and abdominal wall are unremarkable.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bicavitary effusion, differentials diagnosis includes modified transudate, exudate or neoplastic.
- For pleural effusion considerations, there is no evidence of pleural thickening or irregularities, thoracic mass, pulmonary mass, mediastinal mass, or signs of radiopaque foreign material.
- Two pulmonary bullae, incidental.
- Passive pulmonary atelectasis linked with the pleural effusion.
- No evidence of pulmonary soft tissue nodules.
- For peritoneal effusion, no evidence of abdominal mass, mild concurrent reactive lymphadenitis.
- Mild sediment accumulation in the ventral dependent portion of the gallbladder, biliary stasis.



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings identified bicavitary, pleural, and peritoneal effusions with similar densities, no mass effect, and no possible identification of the causes of the effusion. Consider as a differential diagnosis inflammatory, pyothorax, or neoplastic. A mesothelioma is another possible differential diagnosis; however, it is not clear whether it corresponds to the presented pathology description. No evidence of mediastinal abscess, radiopaque foreign body, or pneumonia.





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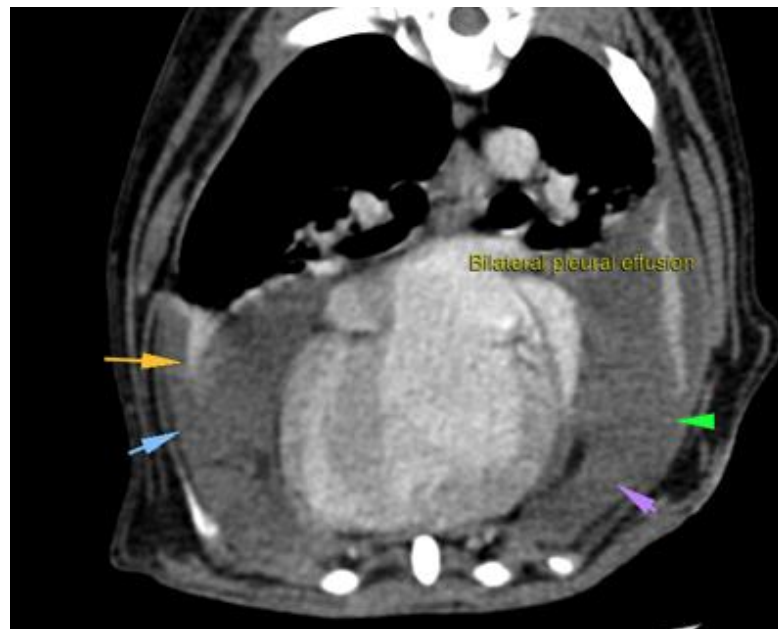
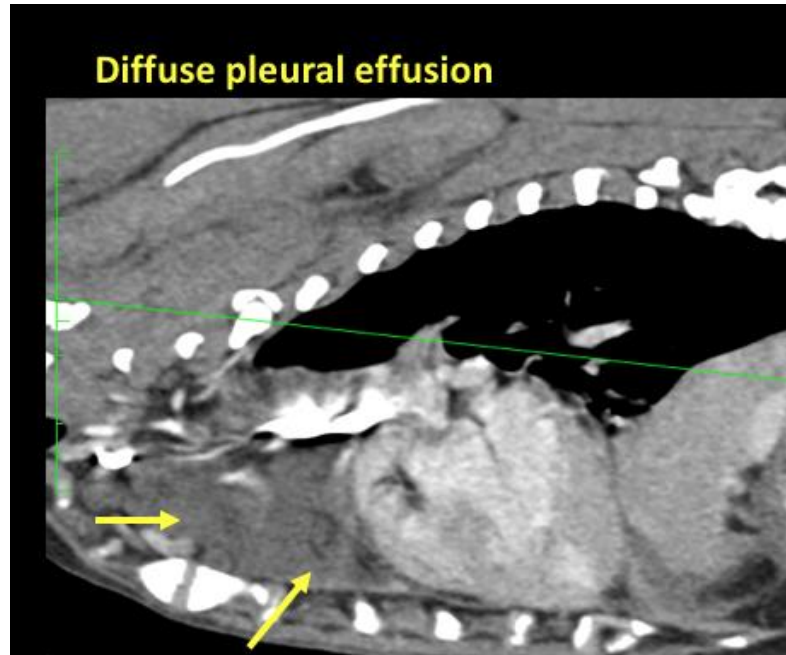
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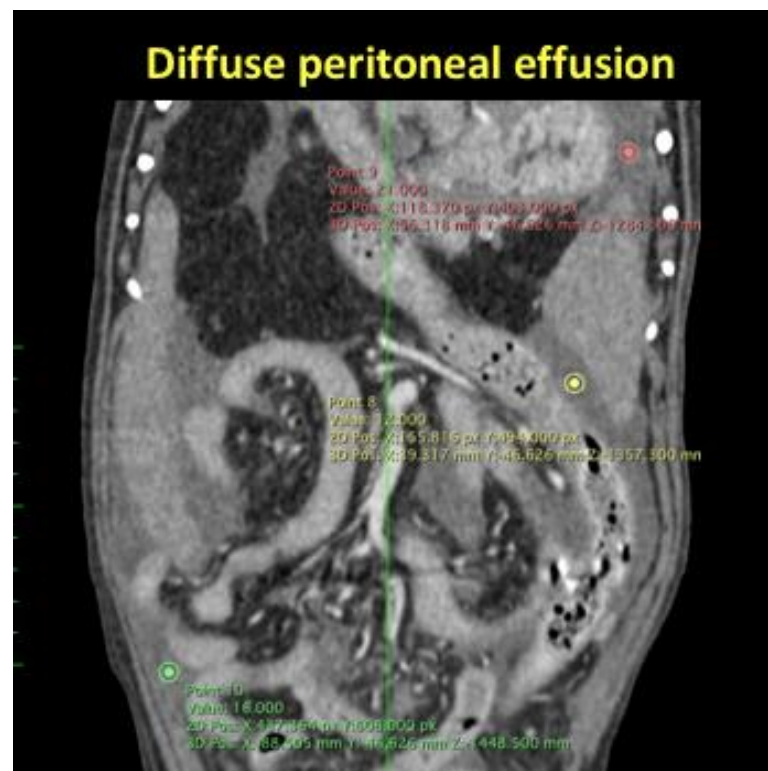
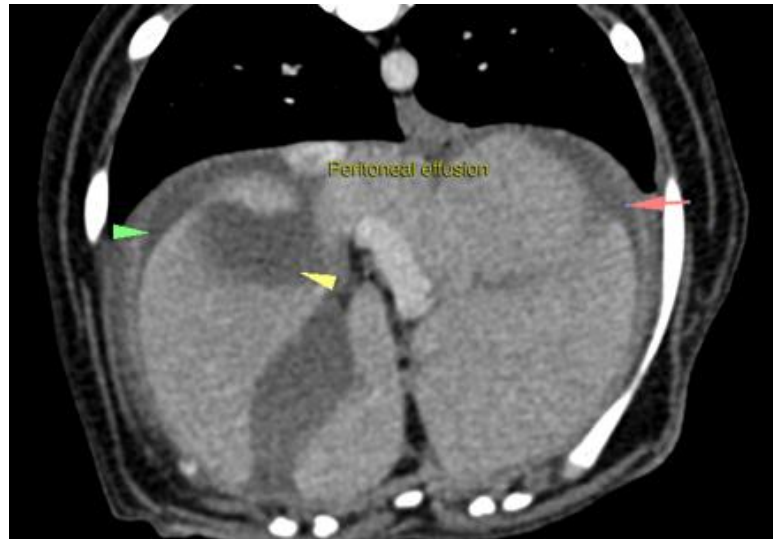
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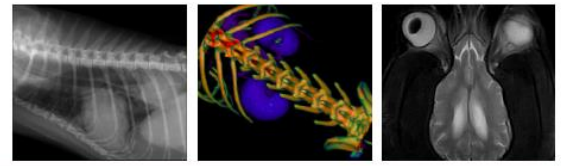
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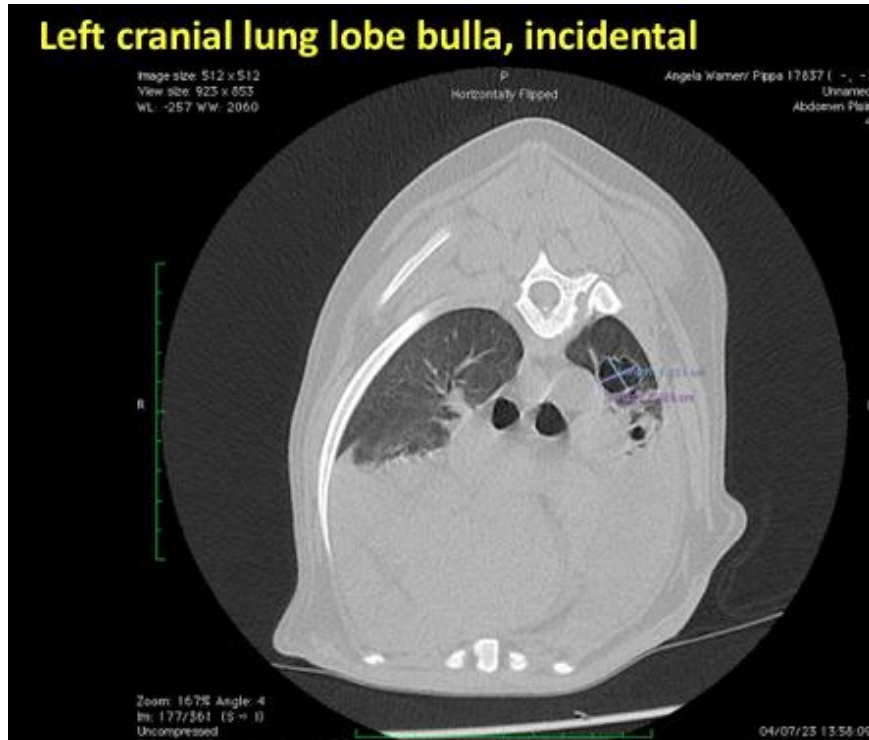
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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