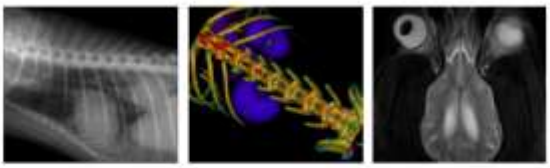

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1-800-838-4268 info@sonopath.com

PATIENT

Furgie Mitchell

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

8 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

49571

DATE

1-13-22

PRESENTING CLINICAL SIGNS

*DVM pet. Mid abdominal mass, unable to determine organ of origin on abd US. Cytology non diagnostic.
Abnormal PE/Chem/CBC/UA Results: *DVM pet. Attached ultrasound report for reference.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the abdomen and post contrast study only of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

A 6.5 x 5.0 cm sized irregular shaped more or less ovoid cavitating and heterogeneously enhancing mass is seen in the right mid abdomen. There appears to be focal connection between the mass and splenic tail (see image below.) However, one jejunal loop appears to be tightly associated with the mass as well and the wall of this jejunal loop cannot be separated from the mass. No evidence of mechanical ileus is seen. The lesion margins are ill-defined. Peripheral fat stranding and minimal free fluid are seen in the proximity of the mass. The remainder of the small and large intestine present within normal limits. No other mesenteric lymphadenomegaly is seen.

Thorax

A 2.5 cm sized subcutaneous lipoma is seen in the right ventral axillary region.

The left 5^{th} and 6^{th} ribs present chronic fractures in their mid-third.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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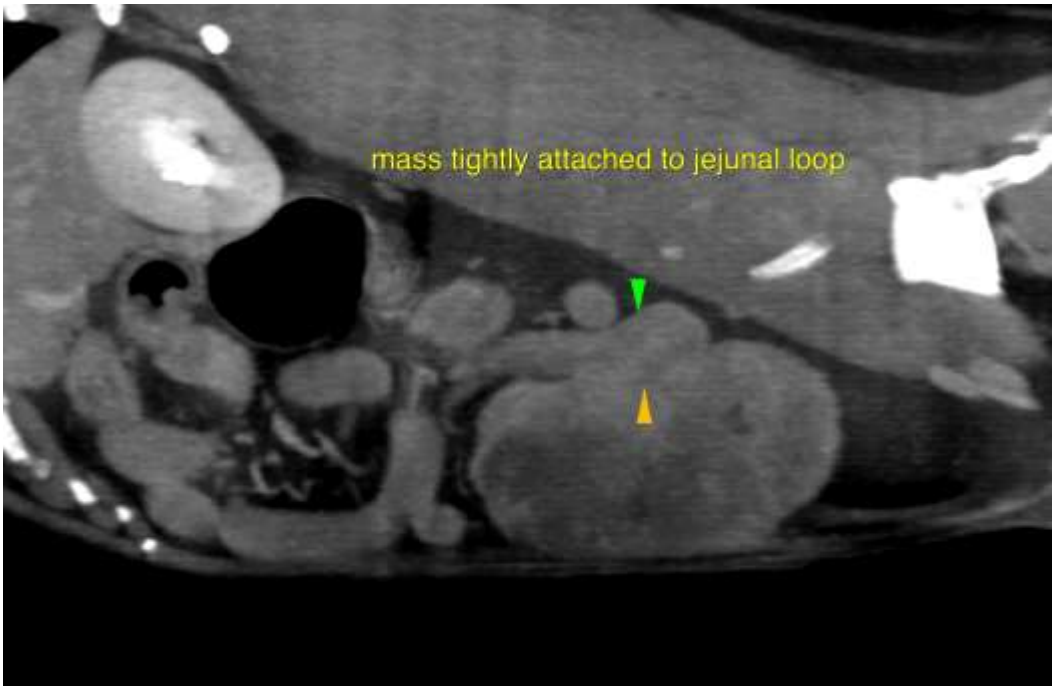
Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitating mesenteric mass in the right mid abdomen meeting neoplastic criteria.
- Normal age related lung and bronchial tree.
- Chronic rib fractures 5th and 6th left ribs.
- Lipoma in the right axillary region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cavitating mass within the right mid abdomen definitely involves one jejunal loop and appears to share tissue with the intestinal wall. Hence, intestinal origin is one potential; however, it is somewhat unusual that a mass of this size is merely eccentric and extraluminal with no signs of mechanical ileus. The connection with the spleen is very small and focal and may simply represent border effacement; however, I cannot rule out splenic origin of the mass with small intestinal involvement entirely. Based on the CT appearance, a neoplasia with aggressive biological behavior appears most likely and I would consider other differentials such as granuloma, organizing hematoma, hemangioma, leiomyoma, and other an unlikely differential diagnosis in this case. However, final diagnosis will require histology and since this seems to be a solitary mass with no evidence of metastatic disease, surgical exploration would be recommended.



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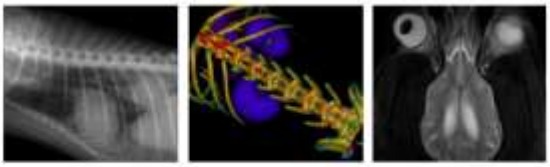

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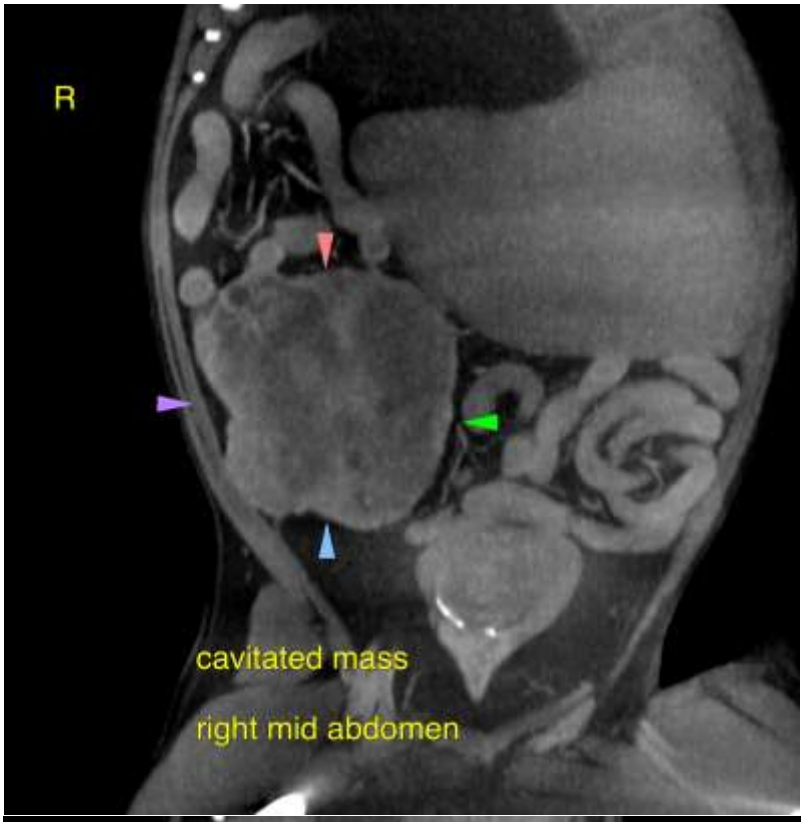

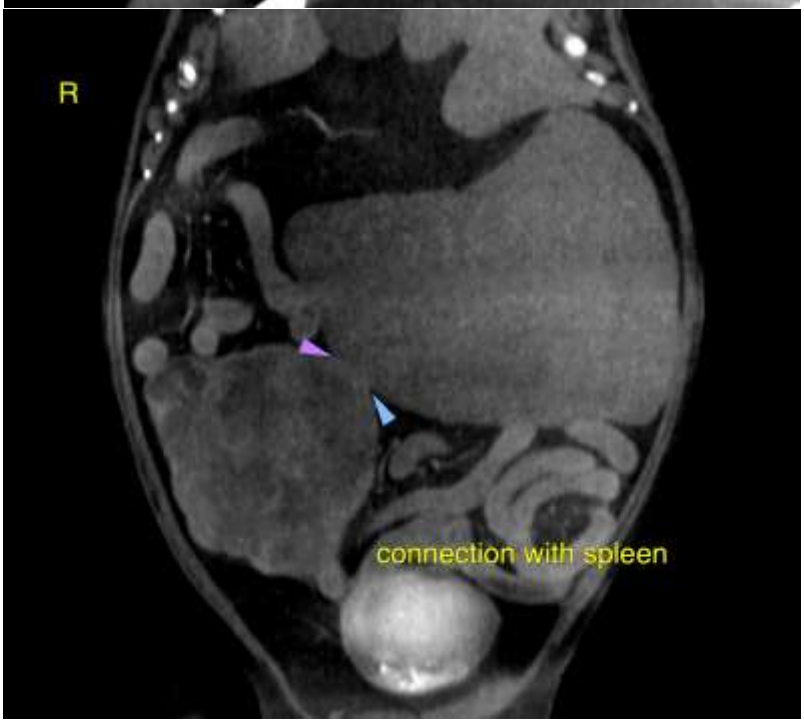

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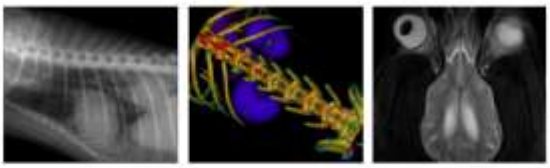

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com