



PATIENT

Bashi Wener

SPECIES

Canine

BREED

Poodle

SEX

MN

AGE

13Y

WEIGHT

16lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73243

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Abdominal breathing episode. Golf-ball size mass palpated in abdomen, also noted on radiograph.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large cavitated, heterogeneously enhancing mass measuring approximately 8 x 10 cm is seen in the mid abdomen. The mass appears to connect to the distal end of the right limb of the pancreas sharing vascular supply. Moderate nonuniform contrast enhancement with heterogeneous internal structure is noted. No direct lymphadenopathy is detected. Small superficial tumor feeding vessels are seen.

A small amount of free peritoneal fluid is present.

Small nonobstructive calculi and mild degenerative changes of both kidneys are seen.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

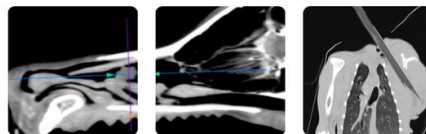
The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitated heterogeneous pancreatic mass involving the distal right pancreatic limb.
- Mild free peritoneal fluid.
- Small renal calculi and degenerative changes in both kidneys.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The mass is most consistent with primary pancreatic neoplasm given its location and shared vascularity. Differential considerations include pancreatic carcinoma primarily. Secondary neoplasia of the pancreas or other mesenteric neoplasia cannot be completely excluded but appears less likely. Surgical excision can be considered, however, may be challenging based on the size, vascularity, and patient's comorbidities. Mesenteric involvement cannot be completely excluded. Consider surgical consultation to plan surgical excision followed by histopathologic examination of the mass after complete staging.



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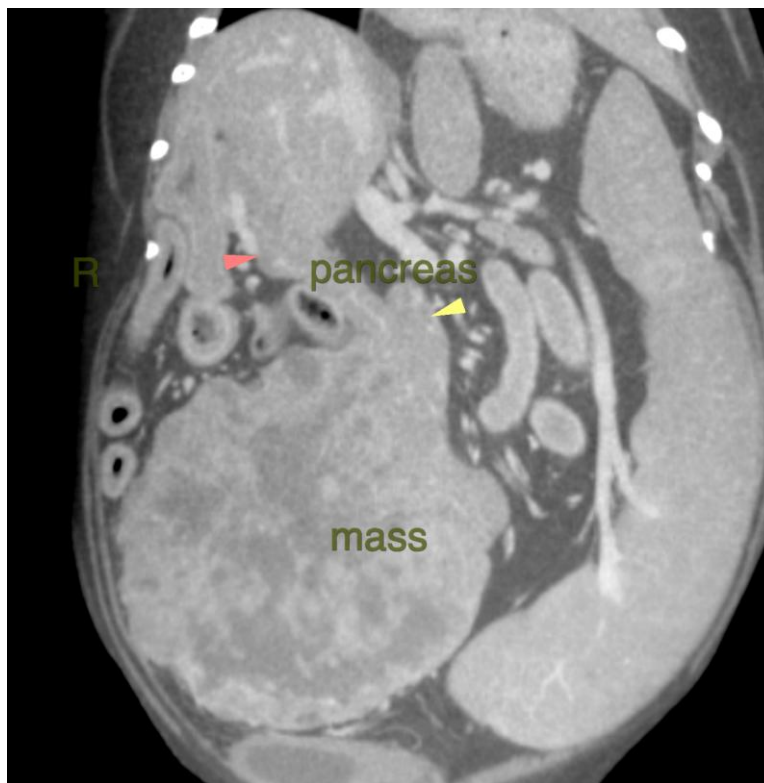
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com