



PATIENT PRESENTING CLINICAL SIGNS

Nia Williams Patients presents to MVCT for a double study of the thorax & abdomen. . Images submitted in soft tissue algorithm. Pre & 1 min Post contrast. Patient has history of mammary cancer (treated with chemotherapy/mastectomy). Nia was treated at an ER after presenting acutely non ambulatory. U/S FAST findings - caudal abdominal mass. CT needed to locate mass origin & rule out metastatic process. Radiographs 6 months ago did not show any metastatic lesions.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

BREED

Plain and post contrast studies in soft tissue windows available for review.

Alaskan Malamute

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

SEX

FS

A 7 cm sized expansile cavitating mass is seen in the splenic tail. Most of the mass is fluid attenuating, however, irregular shaped and perfuse peripheral tissue components are seen. The mass deviates the splenic capsule. A second 2.5 cm sized cavitary mass is seen immediately caudal to the describe cavitary splenic mass within the splenic tail. Multiple smaller splenic vein thrombi are seen in the veins of the splenic hilus.

AGE

12

A well delineated ovoid 5 x 6 cm sized cavitary mass is seen in the right caudal abdomen adjacent to the large cavitary mass within the splenic tail. Mild peripheral fat stranding is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

At this time there is no evidence of peritoneal effusion.

Multiple cortical renal infarcts are seen in both kidneys as well as small mineral attenuating foci in the bilateral renal diverticuli.

HOSPITAL NAME

Mobile Veterinary CT

The left medial iliac lymph node is enlarged at 3 cm diameter with heterogeneous contrast enhancement accentuating the periphery and a large fluid attenuating contrast negative center.

The liver presents within age related normal limits. The gallbladder is moderately distended. A moderate amount of mineral attenuating sediment and small calculi are seen within the gallbladder.

REFERRING VET

April Clark, DVM

The portal lymph node presents mild symmetric enlargement.

Small hypoenhancing nodules are seen within the cranial and caudal pole of the left adrenal gland. Cranial and caudal pole diameter is approximately 10mm each. The right adrenal gland presents within normal limits.

INVOICE

54425

The left coxofemoral joint presents mild osteoarthritic changes.

There is a large intermuscular lipoma in the lateral aspect of the left upper hind limb.

DATE

10-4-22

A small subcutaneous nodule with mineralizing center is seen dorsal to the root of the tail to the right of the midline.

Thorax



PATIENT

Nia Williams

Patient has a history of presumably left sided mastectomy.

No evidence of pulmonary metastases is seen.

SPECIES

Canine

There is no evidence of mediastinal lymphadenomegaly.

No significant cardiovascular changes are seen.

The trachea and esophagus present within normal limits.

BREED

Alaskan Malamute

Large subcutaneous and intermuscular lipomas are seen in the left axillary region.

Mild subcutaneous emphysema is noted in the left flank (likely iatrogenic).

SEX

FS

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe left medial iliac lymphadenomegaly meeting neoplastic criteria.
- 2 cavitory splenic masses.
- Large cavitory mass in the right caudal abdomen.
- Biliary microlithiasis.
- Mild portal lymphadenomegaly.
- Bilateral hypercalcemic chronic nephropathy with multiple infarcts.
- Small nodular changes within the left adrenal gland.
- Large intermuscular and subcutaneous lipomas.
- Mild left sided coxofemoral joint osteoarthritis.
- Subcutaneous nodule dorsal to the root of the tail.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Mobile Veterinary CT

The CT study reveals two large cavitory splenic masses. Differential diagnosis includes neoplasia such as hemangiosarcoma or hemangioma as well as hematoma.

The mass in the free right caudal abdomen is likely to represent organizing hematoma or peritoneal tumor seeding. Mesenteric lymphadenomegaly with neoplastic criteria cannot be ruled out entirely, however, is thought less likely.

REFERRING VET

April Clark, DVM

The medial iliac lymphadenomegaly is meeting neoplastic criteria. Metastatic disease of the mammary carcinoma appears to be a primary differential diagnosis. Metastatic disease of another primary tumor such as splenic cannot be ruled out entirely but is thought less likely. Reactive hyperplasia or lymph node abscessation are possible but also very unlikely differential diagnoses.

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The small nodular changes within the left adrenal gland may represent age related remodeling, myelolipomas, adenomatous changes, as well as early adenoma, or early other neoplasia including metastatic disease.

DATE

10-4-22

Considering the multiplicity of the changes, the options of ultrasound guided sampling to further define the nature of the changes needs to weighed thoroughly against direct surgical exploration with splenectomy and excision of the mesenteric mass as well as potentially the left medial iliac lymph node, especially since metastasizing neoplasia of either mammary or splenic origin has to



PATIENT

be considered a high potential in this patient.

Nia Williams

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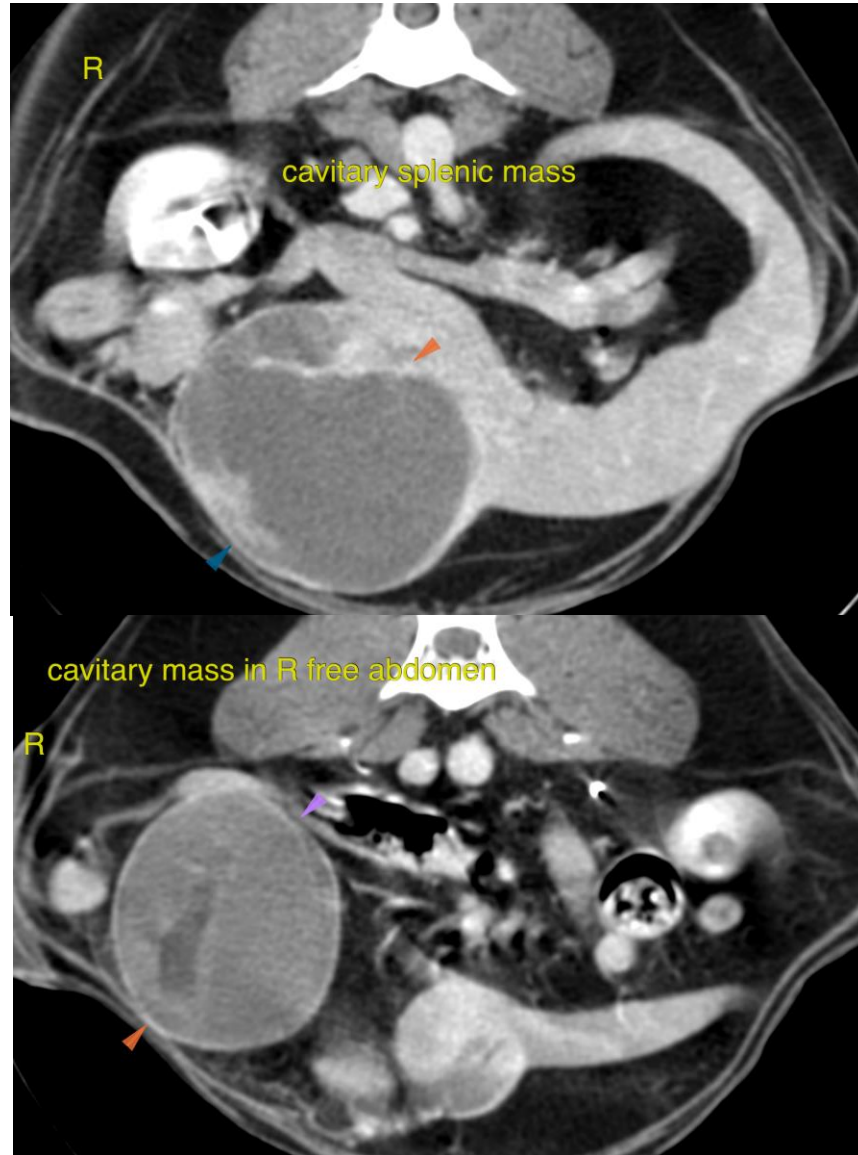
April Clark, DVM

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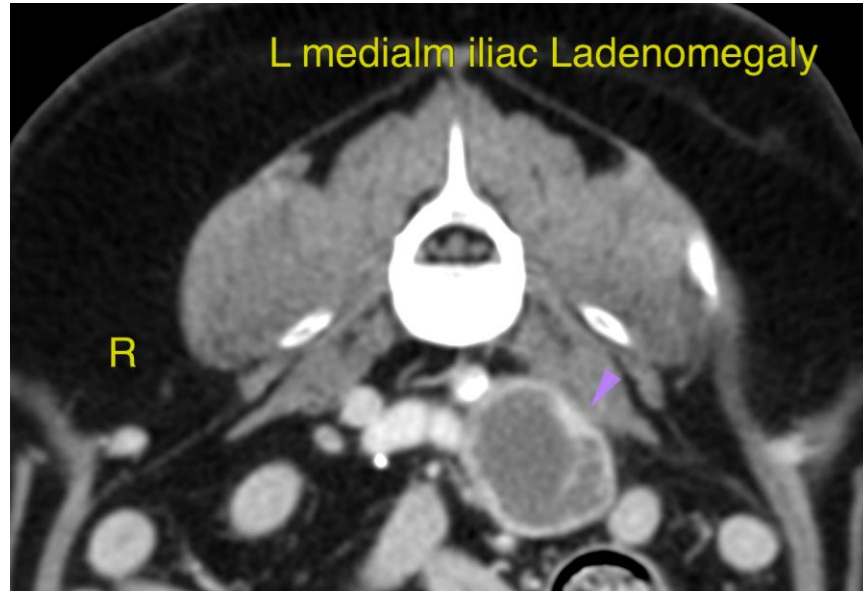
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INVOICE

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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