



**PATIENT PRESENTING CLINICAL SIGNS**

Otis Licalzi History of ultrasound showing mass around/in spleen. Ultrasound done elsewhere, CT done to evaluate mass and check for possible metastasis

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

Canine Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

Greyhound Mix Part of the splenic tail and liver are not included in the collimated field of view.

**SEX** There is generalized splenomegaly with multiple cystic nodules of up to 2 cm diameter in the splenic tail. Multiple splenic myelolipomas are seen as well as occasional small faintly hyperattenuating nodules.

MN

A multicystic mass of approximately 3.5 cm diameter is seen in the right medial liver lobe. A similar mass with clusters of cystic lesions of 2 cm diameter is present within the caudate liver lobe.

**AGE**

12 Years A 1 cm sized cystic mass is seen within the mesenteric side of the jejunal wall with no overt loss of wall layering. The remainder of the small and large intestine present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

No mesenteric lymphadenomegaly is noted.

There is moderate degenerative lumbosacral stenosis.

**HOSPITAL NAME**

Bergen Veterinary  
Hospital

**Thorax**

Multiple pulmonary osteomas are seen throughout the entire lung. A cavitated and partially gas containing 2 cm sized nodule is seen in the dorsal aspect of the left caudal lung lobe. Faint miliary nodules are seen in the proximity of this nodule. No additional nodules are noted in the remainder of the lung lobes.

**REFERRING VET**

Dr. Suss

The mediastinal lymph nodes present within normal limits.

No evidence of cardiovascular pathology is seen.

Mild C6/7 intervertebral disc protrusion is noted.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multicystic splenic nodules, splenic myelolipomas, & hyperattenuating splenic nodules.
- Multicystic liver masses in the right division of the liver.
- Single mass like and multiple miliary nodules within the left caudal lung lobe.
- Single cystic small intestinal nodule.
- Chronic intervertebral disc disease in the lower cervical spine and lumbosacral junction.

**DATE**

11-1-22



**PATIENT**

Otis Licalzi

**SPECIES**

Canine

**BREED**

Greyhound Mix

**SEX**

MN

**AGE**

12 Years

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

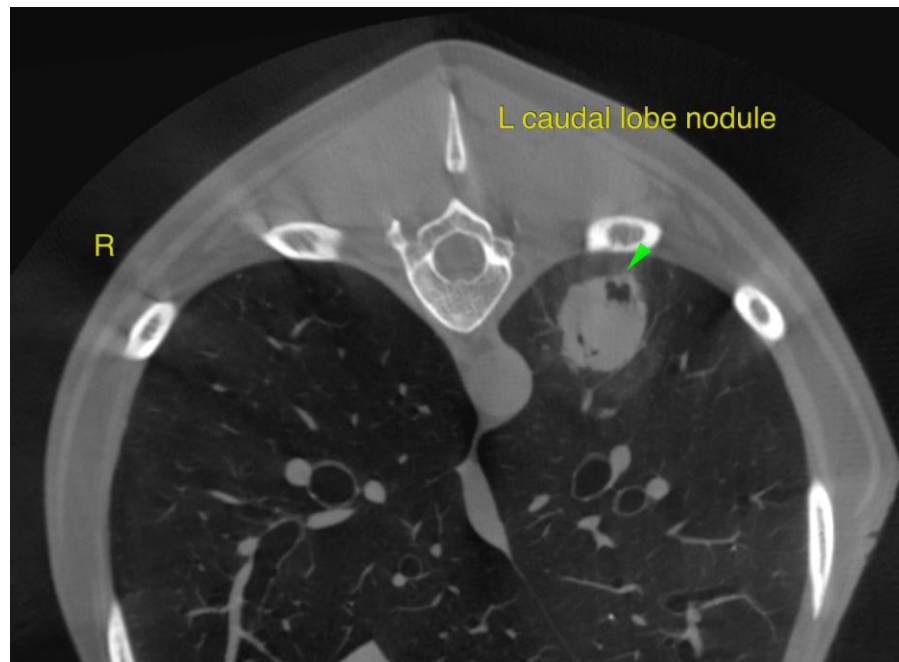
A large splenic mass is not seen. Multiple cystic splenic nodules, hyperenhancing splenic nodules, and splenic myelolipomas are noted which may represent benign nodular hyperplasia, foci of extramedullary hematopoiesis, cysts, or metastatic disease.

The multicystic liver masses may represent cystic carcinoma, cystic biliary adenoma, or adenocarcinoma, uncomplicated liver cysts, and hepatoma. Secondary neoplasia of the liver is a lower potential.

The mass like nodule in the left caudal lung lobe is likely to represent either primary neoplasia of the lung such as bronchial carcinoma or secondary neoplasia including metastatic disease. The mass like nodule is covered by approximately 1 cm aerated lung dorsally and may be accessible for ultrasound guided fine needle aspiration. However, the sampling would be challenging.

Further definition of the hepatic and splenic nodules/masses by means of ultrasound guided fine needle aspiration or biopsies could be considered.

The cystic small intestinal nodule may represent an uncomplicated cyst or neoplasia including primary and secondary with central tumoral necrosis. No signs of inflammation are seen. There is no luminal extension or compression, and the findings are not compatible with a polyp.





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**SEX**

MN

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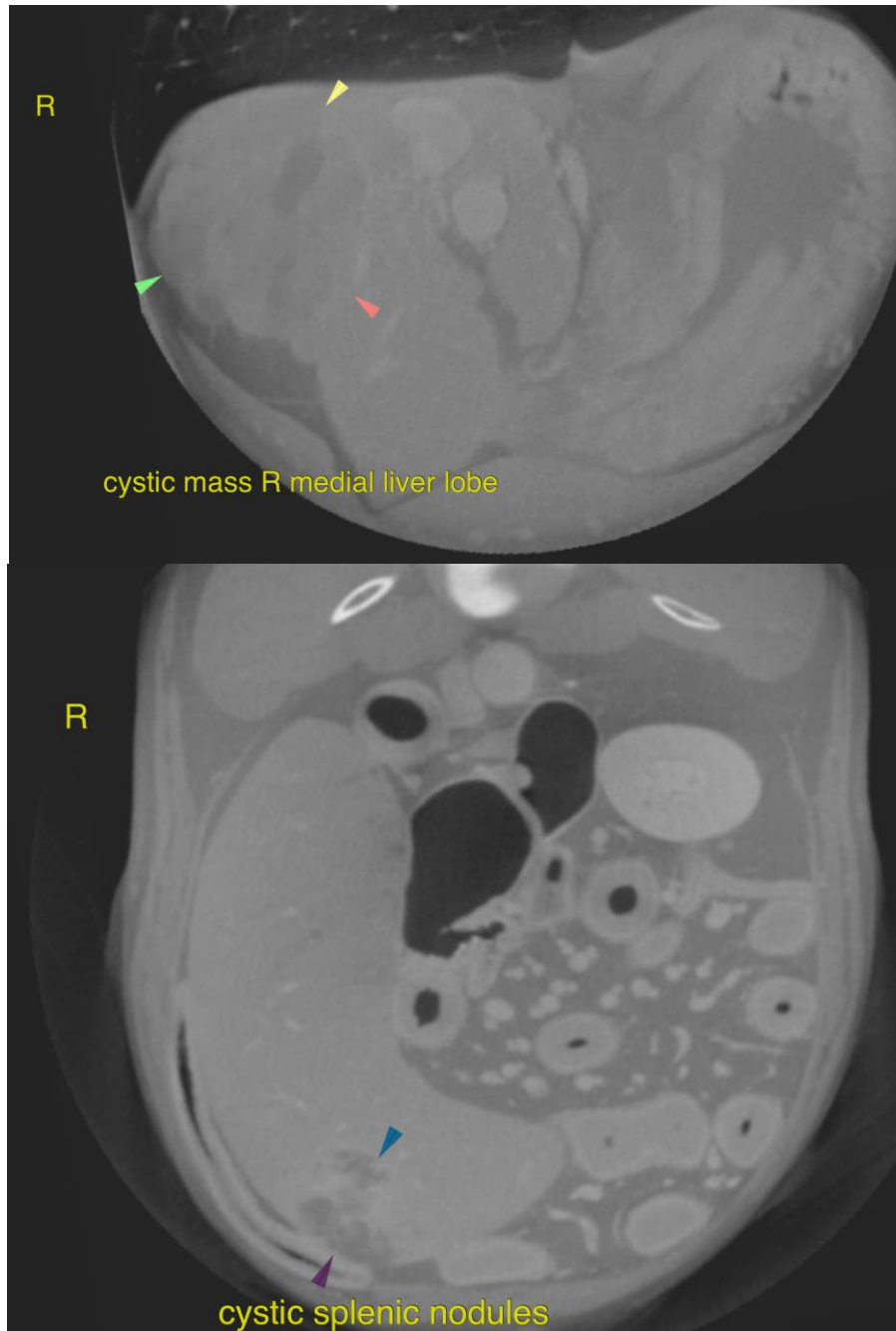
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cystic mass R medial liver lobe

cystic splenic nodules



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Canine

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**AGE**

12 Years

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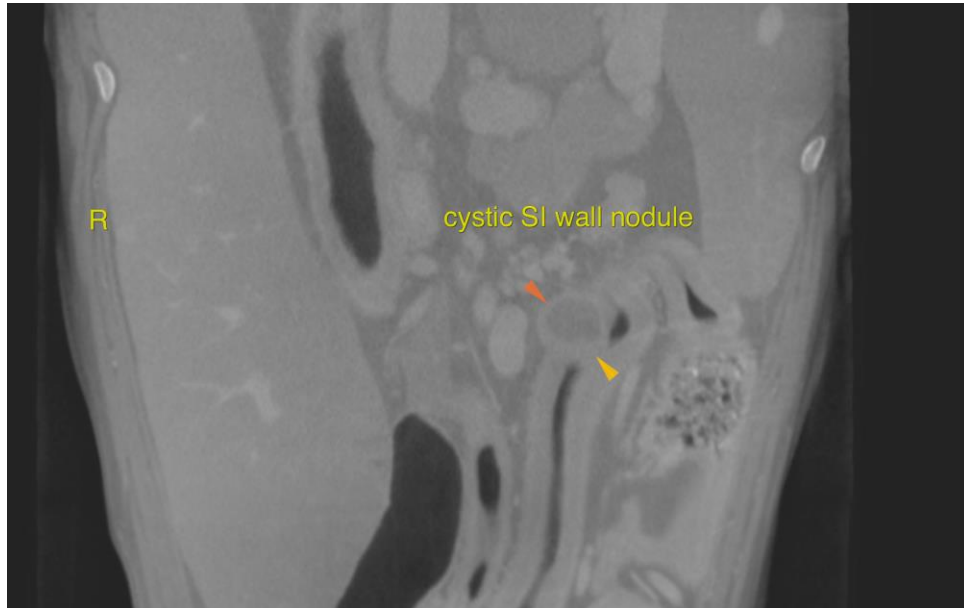
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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