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|--|---|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Makalu Binns | Abdominal Ultrasound: -4x6.5cm splenic mass, heterogeneous and hypoechoic (solid, non cavitary) L adrenal 13mm, R adrenal covered by colonic gas so unable to detail full gland L kidney maintains CMT, same with right. Bladder NAD Pancreas normal echogenicity and regular edges, no FF around it and no peri pancreatic reactivity No biliary obstruction seen .Mets check before splenectomy. Patient has inhalatory crackles on auscultation and lung parenchyma on x-rays has bronchial-interstitial pattern. Not obvious metastatic pattern, but not a clean x-ray. CT (thorax + abdomen) before going for surgery to further characterise this lung pattern and because he does have crackles on auscultation. |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: ALP 321 U/L (23-212) Albumin 41 g/L (22-39) Phosphorus 0.69 mmol/L (0.81-2.2) |
| Canine | |
| BREED | |
| Labrador Retriever | |
| SEX | COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN |
| MN | Plain and post contrast studies are available for review. |
| AGE | COMPUTED TOMOGRAPHIC FINDINGS |
| 10Y, 5M | Thorax |
| WEIGHT | 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. |
| 39kg | The cardiovascular structures including the pulmonary vasculature are within normal limits. |
| INTERPRETED BY | No pulmonary nodules, masses, or focal areas of consolidation are seen. |
| Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI | Mild diffuse bronchial wall thickening consistent with age related or chronic inflammatory airway disease pattern is seen. |
| IMAGING PERFORMED BY | There is no pleural effusion or pneumothorax. |
| Ana | Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation. |
| HOSPITAL NAME | Abdomen |
| Animal Trust - Bolton | The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. |
| REFERRING VET | 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. |
| Ana Valega | The left adrenal gland presents mild symmetric enlargement with the caudal pole measuring approximately 10mm in diameter. The right adrenal gland presents similar mild enlargement with the caudal pole measuring 9mm. Contrast uptake and shape of the adrenal glands are normal. |
| INVOICE | The spleen presents a 5 cm expansile isoattenuating well marginated mass within the splenic body without cavitation or mineralization. Contrast enhancement is uniform compared with the splenic parenchyma. |
| 72587 | |
| DATE | |
| 11-13-25 | |



PATIENT

Makalu Binns

SPECIES

Canine

BREED

Labrador Retriever

SEX

MN

AGE

10Y, 5M

WEIGHT

39kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

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Mild generalized enlargement of the liver with uniform attenuation and enhancement is seen. There is no evidence of focal liver lesions.

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

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

Multiple spondyloses are seen throughout the thoracolumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single solid splenic mass.
- Mild generalized hepatomegaly
- Mild bilateral adrenomegaly.
- Diffuse bronchial lung pattern
- No pulmonary nodules or metastatic disease identified.
- Multifocal spondylosis deformans.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass appears solid and well marginated. Differential diagnosis includes neoplasia such as sarcoma, hemangiosarcoma, as well as secondary neoplasia, nodular hyperplasia, and hematoma.

Evidence of abdominal or thoracic metastatic disease is not seen.

The bronchial changes appear to be mild and are consistent with chronic inflammatory or senescent airway changes rather than neoplastic or infectious disease.

The mild bilateral adrenomegaly may represent nonspecific hyperplasia, functional hyperplasia, stress induced hyperplasia, or anatomic variation. Correlation with the laboratory values recommended.

Splenectomy with histopathology is recommended for a definitive diagnosis and staging.

Supportive management for chronic bronchial disease can be considered if respiratory signs occur.



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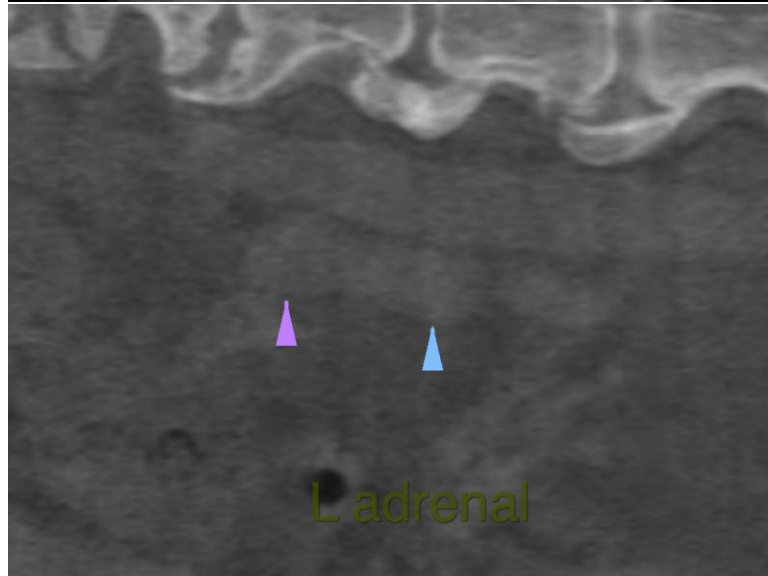
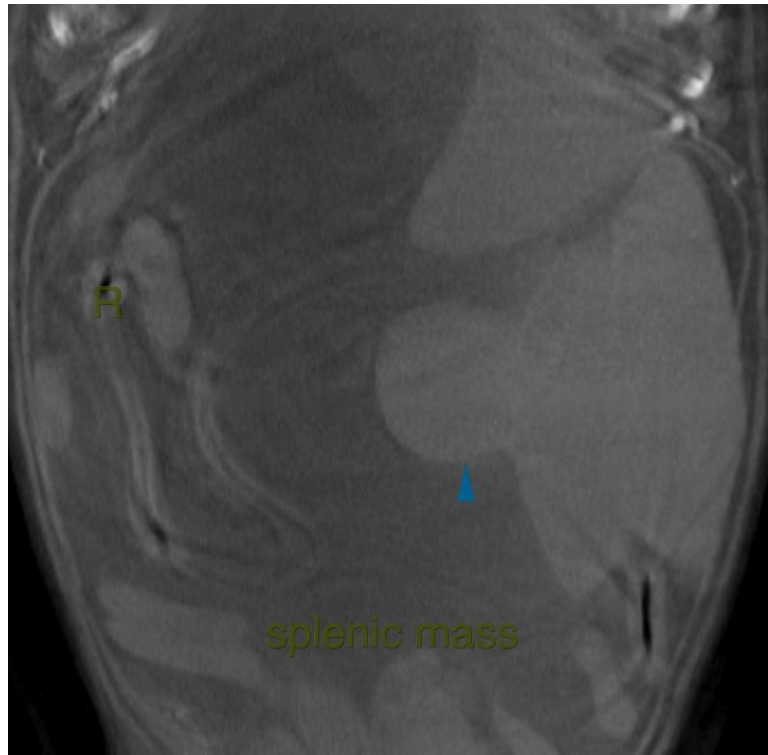
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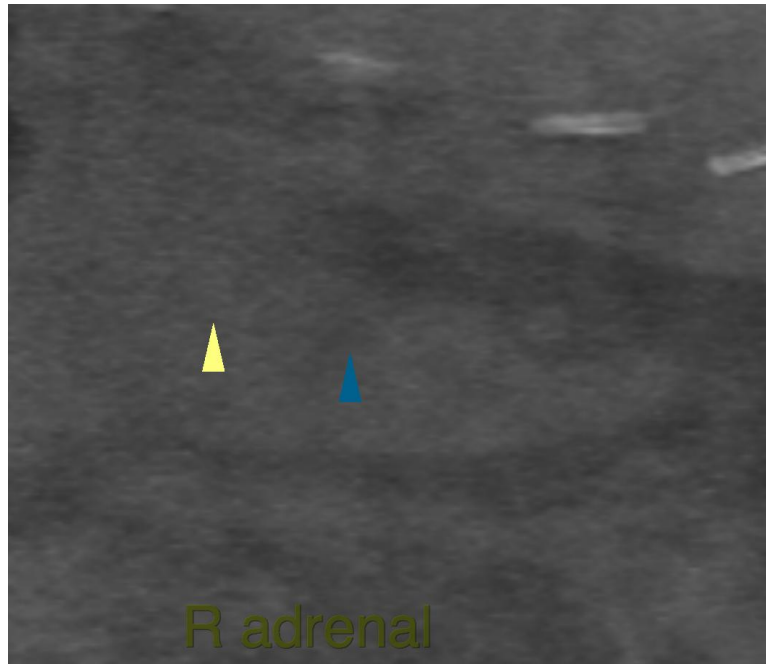
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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