



PATIENT PRESENTING CLINICAL SIGNS

Allie Basho Hx of elevated liver enzymes, which prompted an abdominal ultrasound. U/S showed a splenic mass (2.5cm) and poss right sided liver mass. Splenic mass incidental. Hx of bilateral TTA/Meniscectomies Chest rads 11/25 were normal

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

BREED

Mix

The caudate liver lobe appears mildly enlarged with irregular outline and slightly heterogeneous perfusion. A 2 cm sized isodense nodule is identified in the right lateral aspect of the right lateral liver lobe. Evidence of a discrete mass is not seen.

SEX

FS

No large discrete mass of the spleen is identified. Multiple small faint nodules are scattered throughout the splenic parenchyma. Signs of cavitation or necrosis are not seen.

AGE

11.5

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
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The adrenal glands are within normal limits for size, shape and organ architecture.

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.

HOSPITAL NAME

Crown Veterinary
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The bony and surrounding soft tissue structures reveal no abnormalities.

REFERRING VET

Dr. Ariel Schlag

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Enlarged caudate liver lobe with heterogeneous perfusion
- Right lateral liver lobe nodule
- Multiple small splenic nodules
- No evidence of vascular invasion or abdominal effusion

INVOICE

23070

DATE

11/26/2025

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with focal hepatic and splenic nodular lesions. The splenic nodules are subtle and may represent benign lymphoid hyperplasia, extramedullary hematopoiesis or early neoplastic changes. The liver nodules are small and without evidence of necrosis or cavitation.

However, histopathologic sampling is required to determine etiology between benign nodular hyperplasia, hematopoietic nodules or early neoplasia. Ultrasound guided fine needle aspiration or core biopsy of the caudate liver lobe and right lateral liver lobe nodule and /or splenic nodules can



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be considered for definitive diagnosis. Surgical consultation can be considered if resection is a primary option

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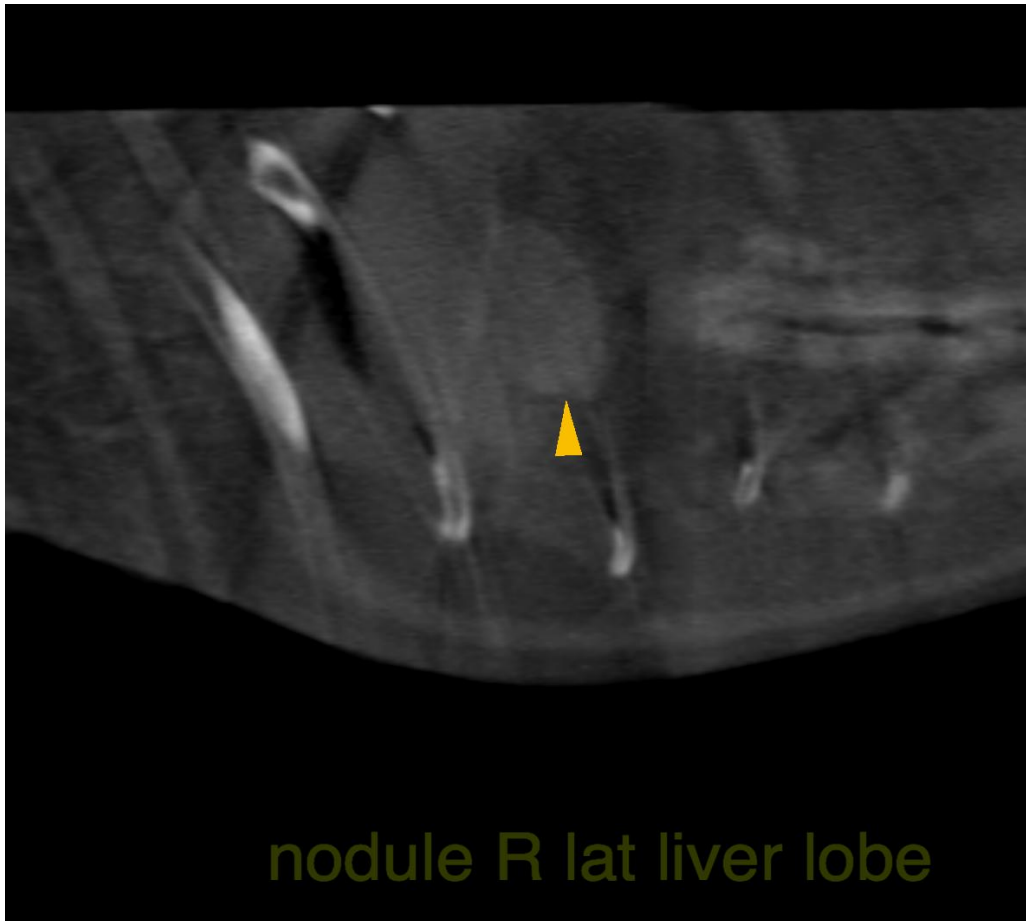
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Allie Basho

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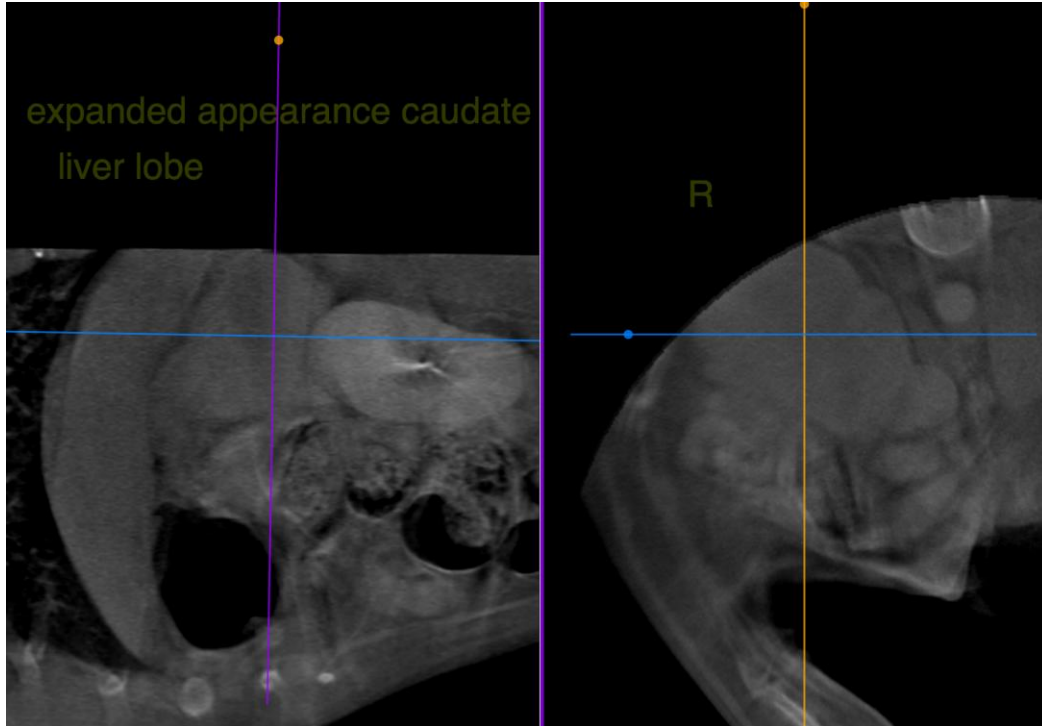
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Crown Veterinary
Specialists

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