



**PATIENT PRESENTING CLINICAL SIGNS**

Charlee Evers Dog with previous splenectomy (benign etiology). Elevated liver enzymes recently. Incidentally identified large cranial abdominal mass on ultrasound - uncertain of organ of origin. Aspirated mass after CT as well. Trying to identify organ of origin and if resectable.  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: Tense abdomen.

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

Plain studies in soft tissue, bone, and lung windows available for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

**Beagle Abdomen**

**SEX** The patient has a history of splenectomy.

**FS** An approximately 7.5 cm sized irregular shaped mass is seen in the left cranial abdomen caudal and adjacent to the gastric fundus, caudodorsal to the caudal extremity of the left lateral liver lobe, and lateral to the left limb of the pancreas. The mass is multilobulated in appearance with cavitating areas and appears to blend into the tissue of the left limb of the pancreas. The mass is adjacent to but not interfering with the portal vein.

**AGE** 12 Years, 9 Months The portal lymph nodes present within normal limits.

**INTERPRETED BY** The shape and size of the liver present within normal limits as well.

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI The kidneys, adrenal glands, and intestine present within normal limits.  
 Multiple small calculi are seen within the gallbladder.

**HOSPITAL NAME Thorax**

Animal Health Partners The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

**REFERRING VET** The cardiovascular structures including the pulmonary vasculature are within normal limits.

Dr. Ashley Gold The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**INVOICE** 55796 The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**DATE**

12-22-22



**PATIENT**                      **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Charlee Evers

- History of splenectomy.
- Large cavitating mass meeting neoplastic criteria in the left cranial abdominal quadrant with potential connection with the pancreas.
- Biliary microlithiasis.
- No evidence of pulmonary metastases.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Beagle

The CT study confirms presence of a large irregular shaped mass in the left cranial abdominal quadrant. The most likely tissue of origin is the pancreas since the mass appears to blend into the pancreas. However, it cannot be determined whether the pancreas and the mass actually do share vascularity. Recurring splenic neoplasia, lymph node derived mass, are potential but less likely differential diagnoses. Hepatic origin is considered highly unlikely. Ultrasound guided fine needle aspiration or biopsy could be considered to further define the tissue of origin and dignity of the mass prior to potential surgery. The mass however appears to be in a resectable position.

**SEX**

FS

**AGE**

12 Years, 9 Months

**INTERPRETED BY**

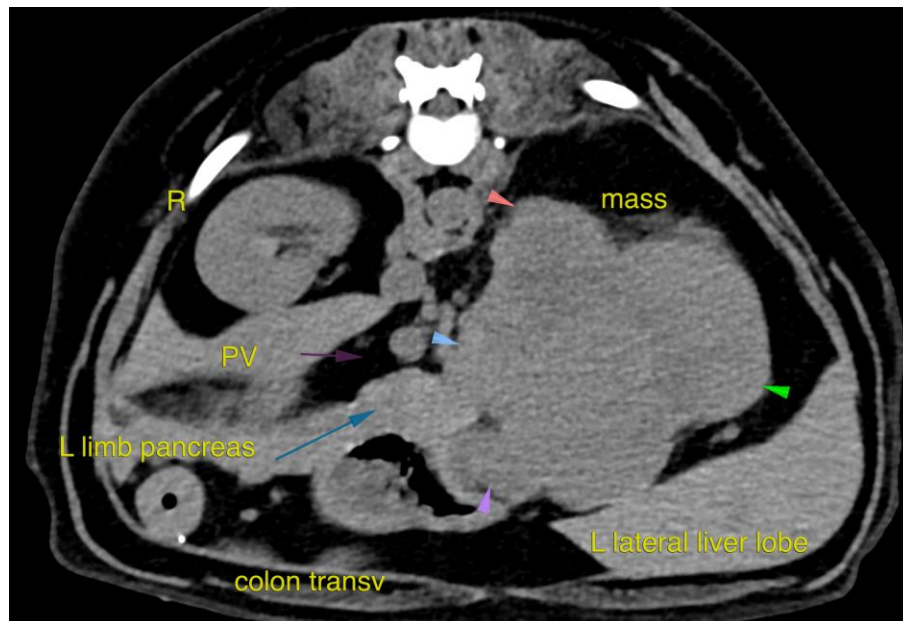
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**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Ashley Gold



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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.

**DATE**

12-22-22

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