



PATIENT

Buddy Stoller

SPECIES

Canine

BREED

Jack Russell Terrier mix

SEX

MN

AGE

12

WEIGHT

16.3kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

ARR/ZH

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kimberly Winters

INVOICE

73094

DATE

12-22-25

PRESENTING CLINICAL SIGNS

Goal of CT is staging for possible surgical intervention. Came in for vomiting and diarrhea U/S revealed liver mass. Right side thoracic wall soft tissue mass -mesenchymal cells consistent with a sarcoma. The liver FNA- Hepatocytes with mild mixed cell inflammation History of a mass removal near the anus 4/7/2023. Came back as an benign perianal adenoma.

Abnormal PE/Chem/CBC/UA Results: CBC - normal red cell, white cell, platelet counts Chemistry panel 10 - liver values are a little higher than in October (ALT 168, AlkP 954), otherwise normal

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

No pulmonary nodules are identified.

The mediastinum and heart appear normal.

A 16 x 10 cm sized, well defined, uniformly fat attenuating mass is seen in the left lateral thoracic wall consistent with a benign subcutaneous lipoma. Evidence of intrathoracic extension is not seen.

A 10 x 6 cm sized irregular shaped, large, ill-defined, soft tissue attenuating mass is seen in the right lateral caudal thoracic wall. The mass presents heterogeneous enhancement and peripheral tumor feeding vessels are seen. There is no evidence of intrathoracic extension. No evidence of aggressive osteolysis of the underlying ribs is seen.

Abdomen

A 5 cm sized, complex, heterogeneously enhancing mass is seen in the right medial liver lobe close to the diaphragm. Heterogeneous attenuation and enhancement are seen. Small cystic areas are seen in the periphery of the mass. The remainder of the liver is unremarkable. The biliary system is normal.

Multiple up to 1 cm sized faintly hyperenhancing splenic nodules are seen and scattered throughout the splenic parenchyma.

A 1.3 cm sized, ill-defined, soft tissue attenuating mass is seen in the lateral aspect of the right anal sac.

The medial iliac, hypogastric, and sacral lymph nodes are normal.

The pancreas, adrenal glands, and kidneys present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right lateral thoracic wall mass consistent with history of soft tissue sarcoma.
- Right medial liver lobe mass meeting neoplastic criteria.
- Suspect right anal sac mass.
- Multiple splenic nodules.
- Left thoracic wall lipoma.



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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no evidence of pulmonary metastasis or mediastinal/abdominal lymphadenopathy.

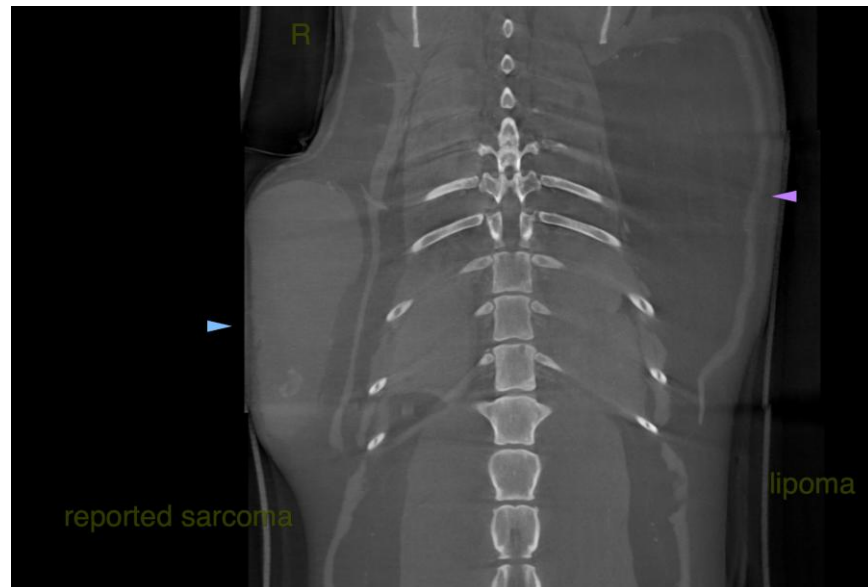
The complex hepatic mass is in close proximity to the diaphragm. Lobar origin from the right medial liver lobe should be considered. Differential diagnosis includes primary hepatocellular carcinoma vs secondary hepatic mass such as sarcoma or metastasis. Benign mass such as adenoma or nodular hyperplasia is thought unlikely.

The findings of the right lateral thoracic wall mass are consistent with the history of sarcoma. Thoracic extension is not seen, however, reconstruction techniques of the thoracic wall will be required when resecting the mass with surgical safety margins.

The right anal sac mass is small, however, the possibility of anal sac adenocarcinoma should be considered. Adenoma such as perianal or other cannot be excluded but appear less likely. FNA is recommended for further definition.

The sublumbar lymph center reveals no evidence of metastatic disease at this point.

The splenic nodules are likely to represent benign lymphoid hyperplasia or extramedullary hematopoiesis. Metastasis cannot be ruled out entirely but is considered unlikely.





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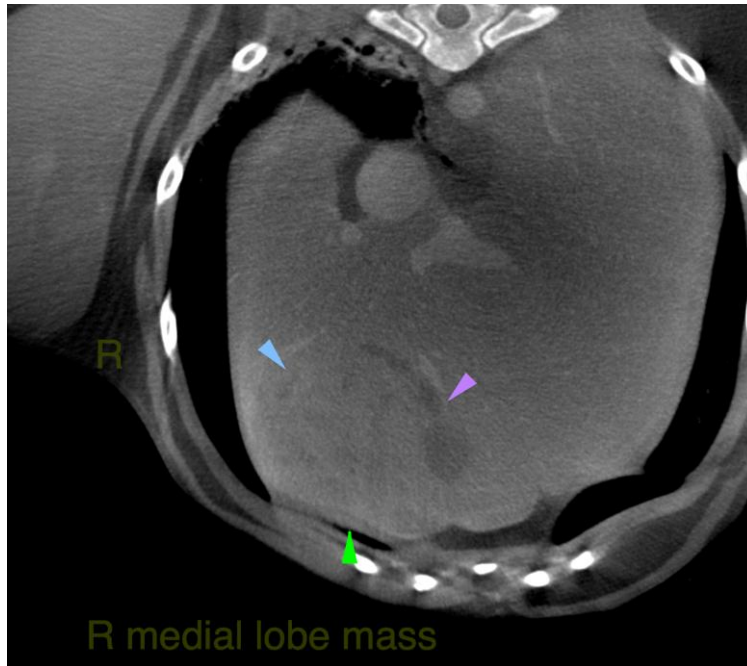
Kimberly Winters

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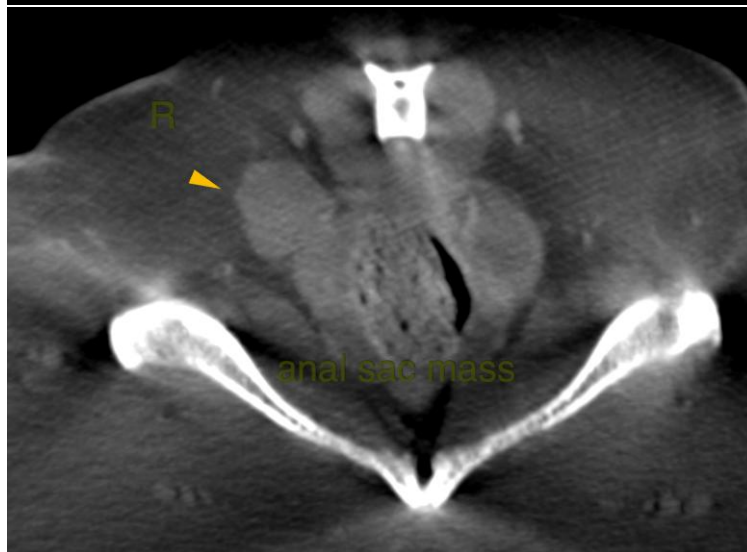
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R medial lobe mass



anal sac mass

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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