



PATIENT

Bruno Harwood

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

MN

AGE

8Y

WEIGHT

47kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Zoe H.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kimberly Winters

INVOICE

73699

DATE

2-10-26

PRESENTING CLINICAL SIGNS

- 11/9/24 presented with with progressive GI symptoms
- 11/11/24 original abdominal CT
- 11/12/24 explore and ileocecal colic junction mass removal with R&A- intussusception secondary to mass
- Mass returned Leiomyosarcoma
- Doxo completed 2/26/25
- Re staged (chest rads and abd ultrasound) 1/13/26- clear
- Noticing dark coating on the stool the last few days and increased panting. Owners elected imaging to screen for any reoccurrence of disease

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the abdomen and post contrast study of the thorax are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

The region of prior surgery in the position of the ileocecal junction presents normal post-surgical appearance with no evidence of masses, obstructions, or intussusception. No free fluid is identified. There is no evidence of regional lymphadenopathy.

The ectopic splenic tissue is measuring 2.0 cm in diameter – unchanged and likely incidental.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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.

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 gastrointestinal tract presents normal wall thickness and enhancement. No structural lesions explaining melena are seen.

Thorax

No evidence of nodules or masses is identified.

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.

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

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.



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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.

Comparison of Pre-operative & Current CT

The prior pre-operative CT showed small intestinal intussusception and suspected ileocecal mass. The current CT shows resolution of intussusception and no reoccurring mass with normal presentation of the surgical region.

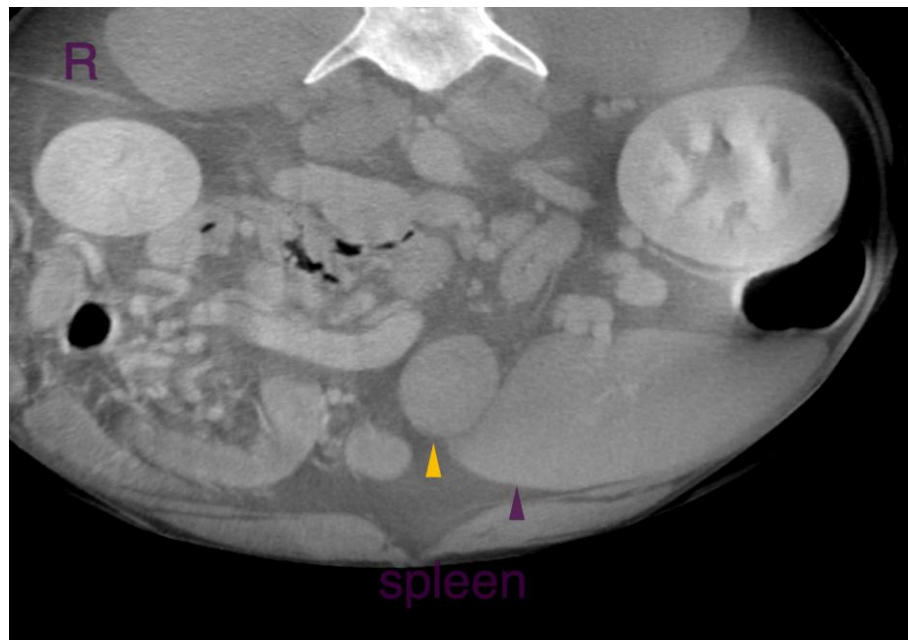
Ectopic splenic tissue is unchanged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No evidence of reoccurring leiomyosarcoma in abdomen.
- Normal CT presentation of the thorax.
- Normal post-surgical changes.
- Ectopic splenic tissue incidental.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No structural cause of the melena is identified on CT. Consider gastrointestinal mucosal bleeding not visible on CT, coagulopathy, dietary, or medication related causes. The panting is likely unrelated to abdominal findings. Consider cardiac or pain related causes. Further work up of melena could include fecal occult blood or GI panel as well as endoscopy if clinically indicated and not performed already. A cardiac echo could be considered depending on the clinical correlation.





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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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com