



PATIENT

Archer Moseley

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Male Neutered

AGE

12Y

WEIGHT

36lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

CAB

HOSPITAL NAME

Parrish Creek
Veterinary Clinic

REFERRING VET

Dr. Jennifer Shuck

INVOICE

73736

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- Patient presented for routine blood work before a dental and elevated liver values were noted. On abdominal ultrasound a mass was noted on the liver. CT was recommended.

Abnormal PE/Chem/CBC/UA Results: Jan 30th - Significant findings included an elevated MCV of 81 fL, and a low MCHC 30 g/dL. The serum chemistry profile showed an ALT of 385 U/L, an ALP of 205 U/L and a GGT of 24 U/L. Feb 12th - Significant findings included an MCV of 66 fL, an elevated MCH of 24.8 pg, and an elevated MCHC of 37.4 g/dL. The serum chemistry showed an ALT of 462 U/L, and an ALKP of 190 U/L.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The liver presents moderate generalized enlargement with multiple isodense nodules. No dominant discrete mass is identified.

The gallbladder contains multiple small nonobstructive calculi up to 4mm in diameter. Wall thickness is normal. There is no evidence of biliary obstruction.

The spleen presents multiple small faintly hyperenhancing nodules within the splenic parenchyma. Additional nodular tissue is noted in the left craniodorsal abdomen consistent with ectopic splenic tissue (splenosis or accessory spleen).

The right adrenal gland presents a well defined 2.5 cm sized mass with areas of mineralization. No evidence of vascular invasion is noted. The left adrenal gland is normal in size and morphology.

The right kidney presents a 3.0 cm sized cranial pole cystic lesion with thick wall. Both kidneys present multiple small cortical and medullary cysts.

The mesenteric and retroperitoneal lymph nodes present within normal limits.

The pancreas and gastrointestinal tract are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with multiple isodense nodules - no discrete dominant mass seen.
- Multiple small gallbladder stones without obstruction.
- Right adrenal gland mass with mineralization.
- Right cranial pole renal cystic lesion and small bilateral renal cysts.
- Multiple small hyperenhancing splenic nodules and accessory splenic tissue.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The hepatic nodules are nonspecific. Differential considerations include nodular hyperplasia, regenerative nodules, and less likely early neoplasia. Lack of discrete dominant mass reduces concern for a single focal neoplasia though serial monitoring or biopsy may be warranted if clinical suspicion remains high.

The right adrenal gland mass is concerning for a functional neoplastic lesion such as adenoma. Adenocarcinoma, pheochromocytoma, incidentaloma cannot be ruled out but are considered less



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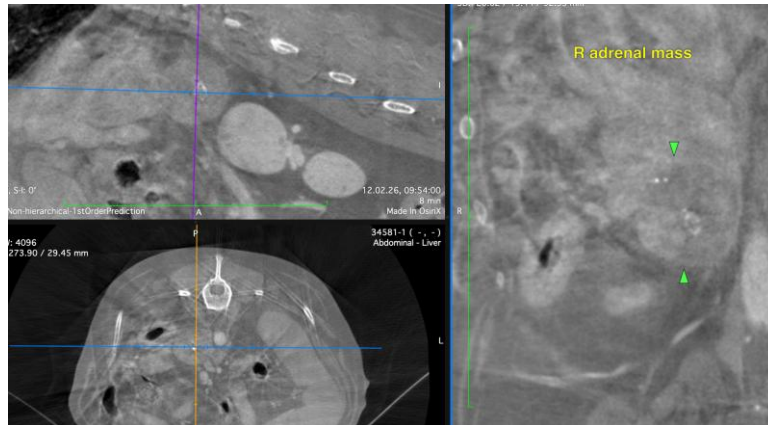
DATE

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likely. Evidence of vascular invasion is not seen at this time. Adrenal function testing may be indicated. Adrenalectomy could be considered.

The renal cysts are likely incidental but complex. The cyst in the cranial pole of the right kidney may represent a simple cyst, however, abscess, neoplasia with necrosis, and hemocele cannot be ruled out. Correlation with ultrasound recommended. Sampling could be considered for further definition.

The splenic nodules and ectopic splenic tissue are most consistent with benign changes. Aggressive features are not directly noted. Ultrasound guided FNA could be considered for further definition.





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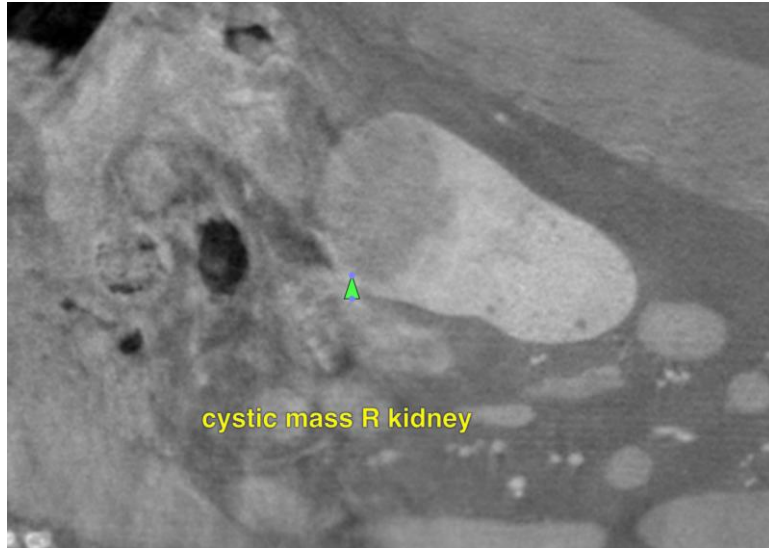
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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