



PATIENT

Mitzi Cassady

SPECIES

Canine

BREED

Schnauzer

SEX

Female spayed

AGE

15Y

WEIGHT

7.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kirsten Bodie

HOSPITAL NAME

Bluegrass Veterinary
Specialists

REFERRING VET

Dr. Kelly Gavin

INVOICE

73578

DATE

2-2-26

PRESENTING CLINICAL SIGNS

- Body wall lesion confirmed malignant neoplasia on aspiration cytology (r caudal abdomen)
- Negative Lymphoma DX
- lateralized vestibular disease

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies in soft tissue and lung windows are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A 4.5 x 3.0 cm sized soft tissue attenuating mass is seen in the right lateral caudal abdominal wall involving and infiltrating paraxial musculature. Lesion margins are ill-defined; contrast enhancement is heterogeneous and moderate. The mass likely corresponds to the previously confirmed malignant neoplasia. No evidence of osseous infiltration or spinal canal infiltration is seen.

Multiple small pulmonary nodules up to 0.5 cm in size are seen suggesting metastatic disease.

There is no evidence of pleural effusion.

The heart presents normal for size and morphology.

No significant mediastinal lymphadenomegaly is noted.

Multiple small splenic and hepatic nodules with variable enhancement are seen. The spleen also presents benign myelolipomas. Small incidental cysts are seen within the hepatic parenchyma.

Portal and colonic lymph nodes are moderately enlarged.

A small nonobstructive gallbladder calculus is seen.

Small renal mineralizations/calculi are seen which are currently nonobstructive.

There is no evidence of free abdominal fluid.

Multiple subcutaneous nodules are seen throughout the body wall.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Malignant right caudal abdominal wall soft tissue mass with muscular invasion.
- Multiple small pulmonary nodules compatible with pulmonary metastatic disease.
- Multiple hepatic and splenic nodules of undetermined etiology, metastatic disease not excluded.
- Benign hepatic cysts and benign splenic myelolipomas.
- Multiple subcutaneous nodules.
- Enlarged portal and colonic lymph nodes, reactive vs metastatic.
- Small nonobstructive gallbladder and renal mineralizations.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The primary body wall neoplasia shows local muscular infiltration and heterogeneous enhancement. Soft tissue sarcoma is a primary differential diagnosis. Correlation with the results of cytology



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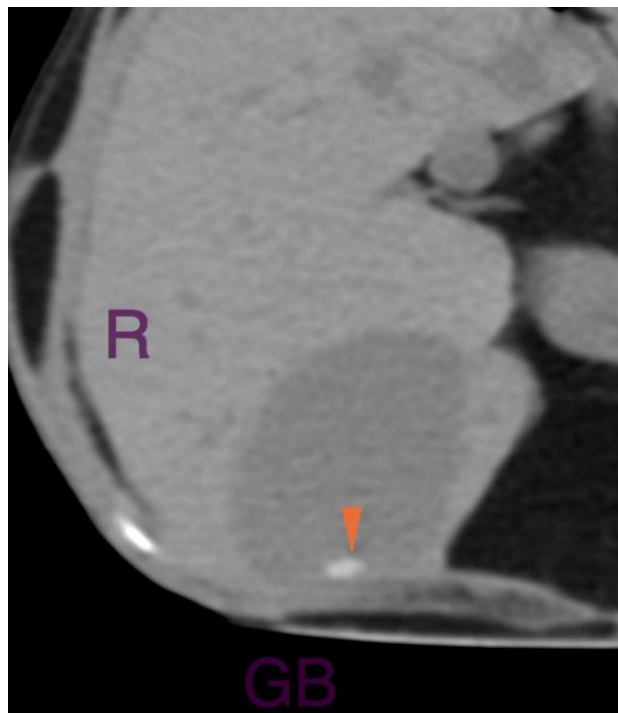
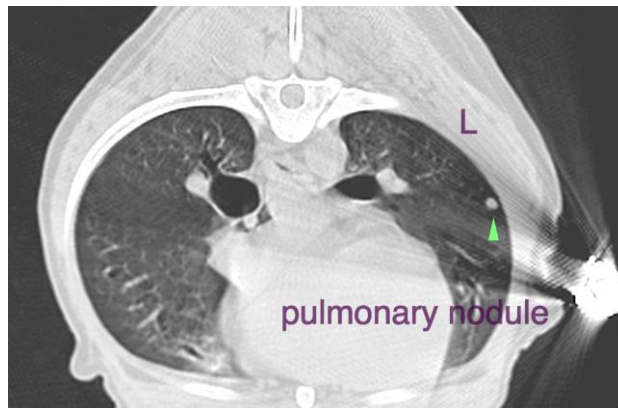
recommended. Evidence of spinal infiltration is not seen at this time. However, the mass is directly adjacent to the transverse processes of the lumbar vertebrae.

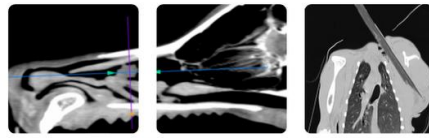
Pulmonary and abdominal nodules raise concern for metastatic spread though some findings are likely benign and incidental.

The lymphadenopathy may reflect reactive change or tumor involvement. Clinical correlation and possibly cytology of the lymph nodes, hepatic and splenic nodules under ultrasonographic guidance could be considered for further definition and definitive diagnosis of potential metastatic disease.

The pulmonary nodules should be considered consistent with metastasis until proven otherwise.

Unfortunately, the prognosis appears to be very guarded to poor.





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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
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