

**PATIENT**

Gilli Wiebe

PRESENTING CLINICAL SIGNS

Three weeks of decreased appetite, went off food this weekend. Found to have a large abdominal mass. Ultrasound inconclusive – either attached to spleen or liver. Surgery with Dr. Bebchuk for resection is scheduled for April 25, 2023. Bloodwork unremarkable and thoracic rads clear

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

BREED

Lab X

COMPUTED TOMOGRAPHIC FINDINGS

A large expansile mass of approximately 18 cm length, 16 cm width, and 12 cm height is emerging from the splenic body. Lesion margins are ill-defined. The mass is hypoattenuating and hypoenhancing compared with the splenic parenchyma. Predominance of peripheral and heterogeneous enhancement is seen overall. The surface of the mass is irregular. Peripheral fat stranding and a moderate amount of free peritoneal fluid are seen. There is a mass effect on all abdominal viscera accentuated in the cranial abdomen with deviation and compression of the stomach and liver.

SEX

FS

AGE

4 Years

There are multiple hypoattenuating and hypoenhancing nodules of up to 2 cm diameter within the liver.

The kidneys, adrenal glands, gallbladder, gastrointestinal tract, and abdominal lymph nodes present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large expansile ruptured splenic mass with presumed abdominal hemorrhage.
- Multiple liver nodules.

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large expansile splenic mass and peritoneal effusion likely to represent hemascos. Differential diagnosis includes splenic neoplasia such as hemangiosarcoma and hemangioma. Hematoma is a potential differential diagnosis.

The liver nodules may represent metastases. Benign nodular hyperplasia, regenerative nodules, and cysts with hypertenacious content cannot be ruled out as potential differential diagnoses.

REFERRING VET

Dr. Cavanagh

INVOICE

57915

DATE

4-20-23



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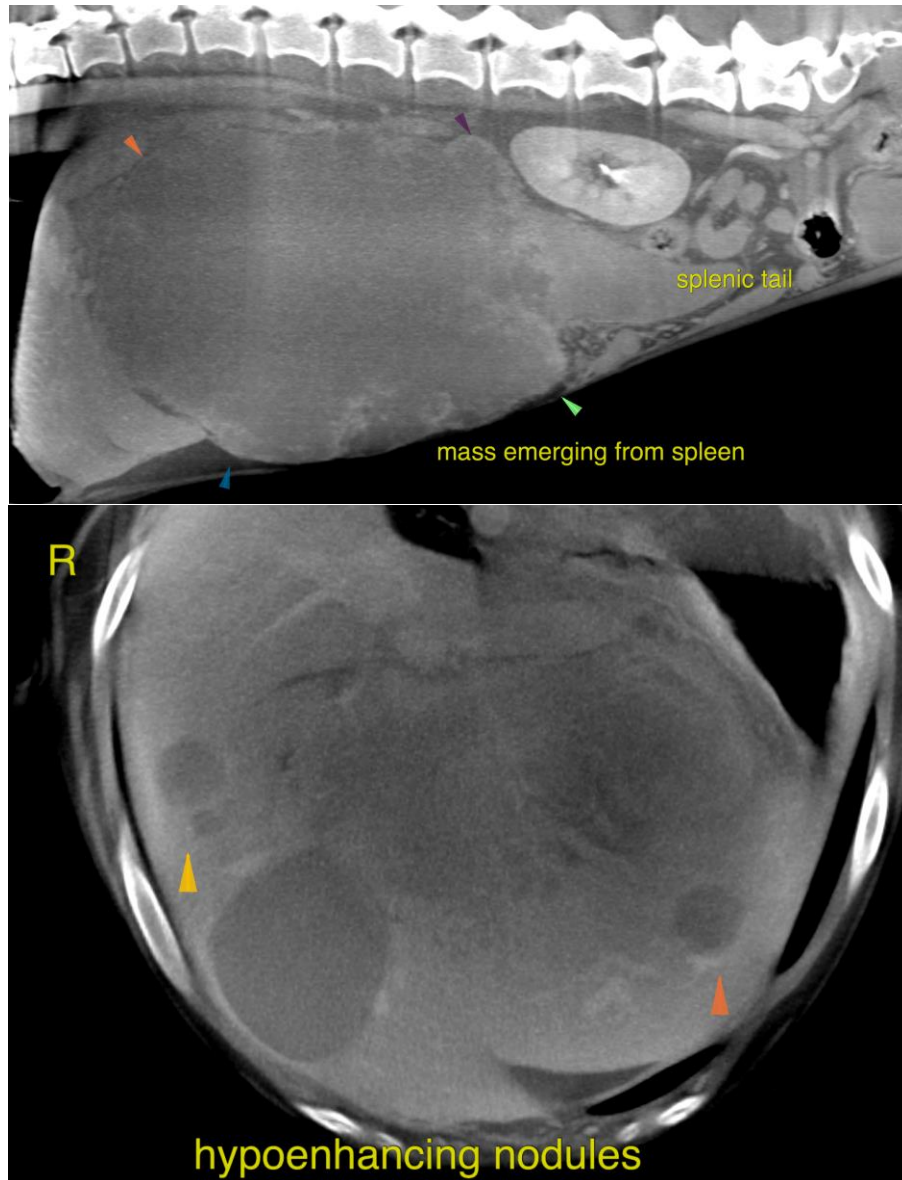
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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