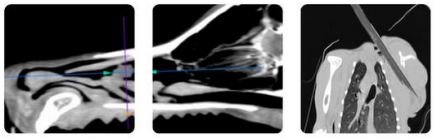

PATIENT

Polo Hernandez

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

5Y

WEIGHT

6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal Hospital

REFERRING VET

Randy Dominguez

INVOICE

74777

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Presented referred from Pets and Hearts Animal Clinic with a history of chronic vomiting unresponsive to treatment. Upper GI study performmed revealing thickness of the stomach mucosa and 2 ulcer-like lesions. Pending biopsy results.
Abnormal PE/Chem/CBC/UA Results: Elevated WBC, Neutrophilia, Elevated BUN, Creatinine and Phosphorus levels, ALP elevated.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Within the left craniodorsal abdomen, there is a well-defined encapsulated mass measuring approximately 6 x 8 cm. The internal composition is represented by mixed fat and fluid attenuation. No significant internal contrast enhancement is seen. No clear organ of origin can be identified, and no evidence of invasive behavior is noted.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

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

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

No discrete mass lesion of the stomach is identified. Mild diffuse gastric wall thickening is suspected though subtle and potentially below resolution of the CT limits.

Mild mesenteric fat stranding is present in the cranial abdomen.

No significant lymphadenopathy is detected.

Mild focal fat stranding is seen in the right flank's subcutaneous tissue most consistent with injection related change.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Well defined fat and fluid containing mass in the left craniodorsal abdomen most consistent with lipoma with cystic degeneration/necrosis. Suspicion for aggressive neoplasia or abscess formation low based on imaging characteristics.
- No CT evidence of a discrete gastric mass but may be below CT detection threshold.
- Mild cranial abdominal fat stranding – likely inflammatory.
- Right flank subcutaneous fat stranding compatible with injection site or infection reaction.

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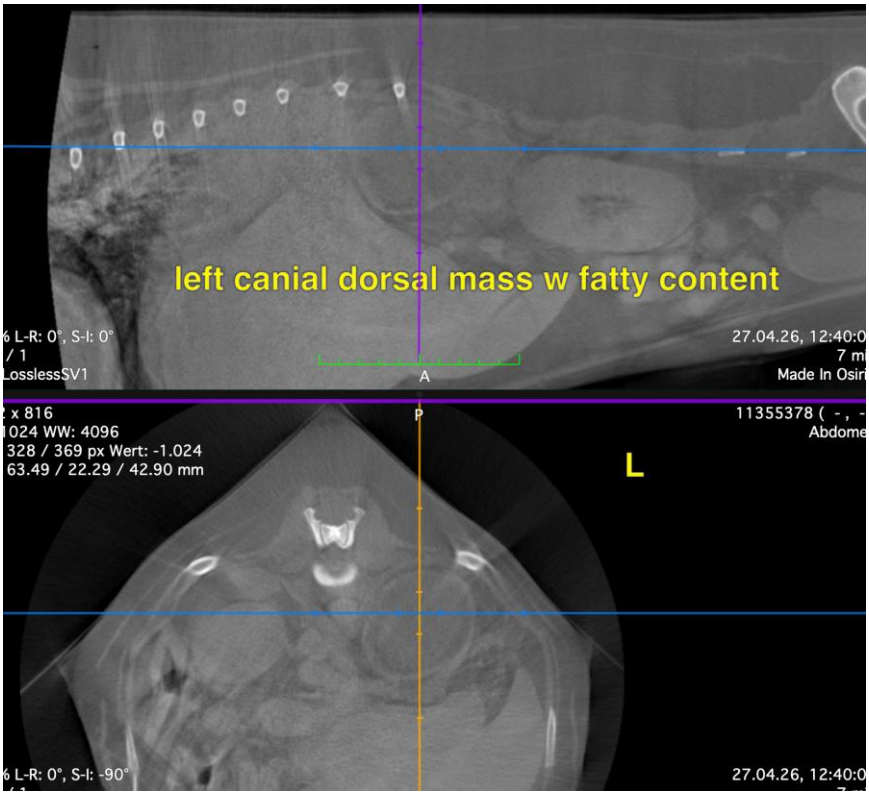
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass in the left craniodorsal abdomen is most consistent with benign encapsulated lipoma and likely incidental. A mild mass effect on the stomach cannot be ruled out.

The patient's chronic vomiting, however, is likely not explained by the CT findings and the previously reported gastric abnormalities may not be fully appreciable on CT, particularly if mostly situated within the mucosa. Correlation with endoscopy, ultrasound, and histopathology is strongly recommended. Ultrasound may provide additional assessment of gastric wall layering with higher sensitivity.



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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