



PATIENT PRESENTING CLINICAL SIGNS

Popeye Widner

Popeye presented with a 4 year history of high liver enzymes. Two abdominal ultrasound examinations have been performed. Most recent ultrasound on 4/22/22 shows a cranial abdominal mass dorsal to the portal vein. CT requested to see if a primary tumor can be identified. X-rays on 4/22/22 are negative of pulmonary metastasis. Previous diagnosis: Mild chronic kidney disease Purpose of CT scan: Diagnostic Location of CT scan: Chest/abdomen Therapies tried and response: Denamarin Current medication: Previcox a couple days ago (arthritis) Current signs: No signs, may be drinking more and urinating more Appetite and activity level: Good appetite and energy level seems normal (sleeps a lot).

SPECIES

Canine

BREED

Boston Terrier

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3/6 systolic mitral murmur Lab: Blood work is dated 4/11/22. CBC - PCV = 44%, WBC = 7500, neutrophils = 5025, lymphocytes = 1950, monocytes = 450. Platelets = 683,000. Chemistry - ALP = 2209, GGT = 20, all else normal. T4 = 1.3. Free T4 = 24.7. TSH = 0.39. HWT - negative. Urinalysis - USG = 1.035, pH = 7.0, 3+ protein, WBC = 0, RBC = 0-1/hpf, no bacteria. Brief abdominal ultrasound: There does not appear to be a safe window for fine needle aspirates of the mass. Color Doppler shows high vascularity within the mass.

SEX

CM

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies available for review.

AGE

13 Years

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen/Thorax

An ill-defined cavitating mass is seen within the craniodorsal abdomen in a midline position dorsal to the portal vein. The mass measures approximately 4.5 cm in length and 3.0 cm in diameter. Strong nonuniform contrast enhancement, ill-defined margins, and central cavitation are noted. There is a mass effect onto the caudal vena cava which is flattened from the medial side. No definitive caudal vena cava invasion is seen. The mass presents stalk-like extension to the right adrenal gland, however, the right adrenal gland and the mass do not appear to blend into each other.

The right and left adrenal glands present within normal limits.

Multiple cortical renal cysts are seen within both kidneys with one larger cyst measuring 1.2 cm in the cortex of the left kidney.

Multiple hypo- and hyper- enhancing splenic nodules are seen.

There are several small parenchymal liver cysts.

The portal lymph nodes are mildly enlarged with mildly heterogeneous contrast enhancement.

The pancreas is seen separate from the aforementioned mass and presents mild generalized enlargement with slightly irregular margins and uniform contrast enhancement.

Multiple spondyloses are seen throughout the thoracolumbar spine.

Short vertebrae with partial vertebral fusion are present from T5 through T7.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Drew Allen

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DATE

5-10-22



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There are multiple Schmorl's nodes of the thoracolumbar vertebral end plates.

Multifocal mild to moderate chronic intervertebral disc protrusion is noted throughout the thoracolumbar spine and considered unrelated to the reason of clinical presentation.

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Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

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Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

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Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

AGE

13 Years

The left tympanic bulla is filled with fluid attenuating contrast negative material. Mild generalized thickening of the osseous lining is noted. The conformation of both external auditory meatuses is narrow. Moderate thickening of the epithelial lining is present on the left side with the lumen tapering down significantly in the horizontal part of the left external auditory meatus.

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The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern is uniform. An ovoid well delineated subcutaneous nodule is seen in the right submandibular area.

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The salivary glands present within normal limits.

The dentition is incomplete. Tooth root abscessation of the distal root of the triadan 208 is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Soft tissue mass with presumed aggressive biological behavior in the craniodorsal abdomen.
- Multiple splenic nodules.
- Chronic pancreatitis versus benign nodular hyperplasia of the pancreas.
- Small uncomplicated liver cyst.
- Presumably uncomplicated renal cyst.
- Left sided otitis media and externa.
- Tooth root abscessation triadan 208.
- Subcutaneous nodule right submandibular area.
- Multifocal spondyloses.
- Mild to moderate intervertebral disc protrusions and Schmorl's nodes throughout the spine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tissue of origin of the cranial abdominal soft tissue mass remains undetermined. However, the CT findings are highly suggestive for malignant neoplasia. Consider soft tissue sarcoma,



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malignant transformation of ectopic tissue, lymphosarcoma, and pheochromocytoma. Final diagnosis would require sampling. Surgical exploration with excision of the mass could be considered versus ultrasound guided sampling. At this time, no definitive vascular invasion is seen.

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The nodules of the spleen are likely to represent benign nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease cannot be ruled out.

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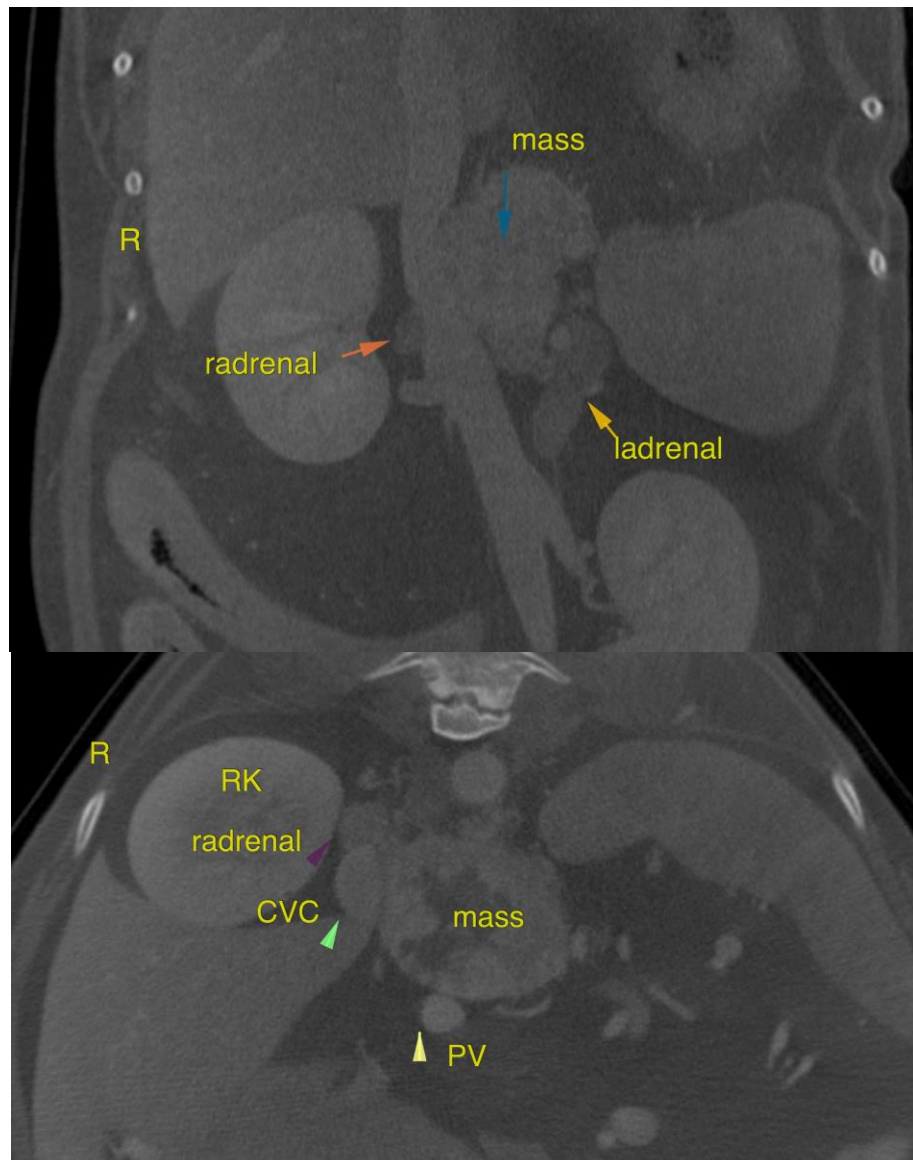
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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