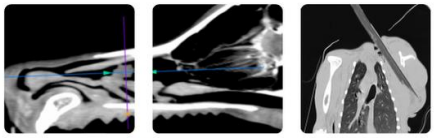

PATIENT

Jaxson Tamplen

SPECIES

Canine

BREED

Pointer Mix

SEX

Neutered Male

AGE

10Y

WEIGHT

56lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Bill McGee DVM, DABVP

HOSPITAL NAME

Bridgeport Animal Hospital PLLC

REFERRING VET

Greg Moore

INVOICE

74939

DATE

5-8-26

PRESENTING CLINICAL SIGNS

Jaxson has a 2 month history of seizures and a recently identified abdominal tumor. Jaxson belongs to a technician that works for Dr. Moore. They requested a head CT with contrast prior to removal of the abdominal mass to evaluate for any detectable brain abnormalities or masses. At the time of diagnosis, the abdominal mass was thought to be splenic in origin.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

Plain and post contrast studies of the head and post contrast study of the abdomen are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A large, expansile, cavitated splenic mass measuring approximately 10 cm emerging from the splenic head is present. The lesion demonstrates heterogeneous attenuation and enhancement with cavitary components and features highly suggestive of associated vascular fragility and rupture. Mild regional free peritoneal fluid most consistent with hemoperitoneum secondary to splenic mass rupture is seen. The splenic mass causes mass effect onto the adjacent liver without additional hepatic lesions being recognized.

Multiple small mesenteric nodules are present in the left cranial abdominal quadrant. Differential considerations include disseminated metastatic implant, ectopic splenic tissue/splenosis, or reactive nodular changes.

Bilateral mild degenerative renal changes are present consistent with age related disease.

The adrenal glands are normal in size and appearance.

Head

Within the ventral aspect of the left temporal lobe there is an approximately 8mm sized, rim-enhancing, intraaxial lesion. The lesion is solitary and small; however, contrast enhancement is mimicking a ring-like pattern. No significant midline shift or hydrocephalus is identified. No additional intracranial lesions are seen.

Bilateral mild signs of frontal sinusitis are present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitated splenic mass meeting neoplastic criteria: suspected partial rupture with mild hemoperitoneum.
- Small mesenteric nodules. Differentials: metastatic implants vs splenosis vs reactive nodules.
- Small single rim enhancing intraaxial intracranial lesion within the left temporal lobe of the brain. Differentials: metastatic lesion, primary brain tumor, granuloma/inflammatory lesion. Imaging artifact cannot be fully excluded.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The abdominal findings are highly concerning for aggressive splenic malignancy with hemangiosarcoma being the leading differential given the size, cavitation, and evidence of rupture. However, hemangioma and hematoma are potential yet less likely differential diagnoses.

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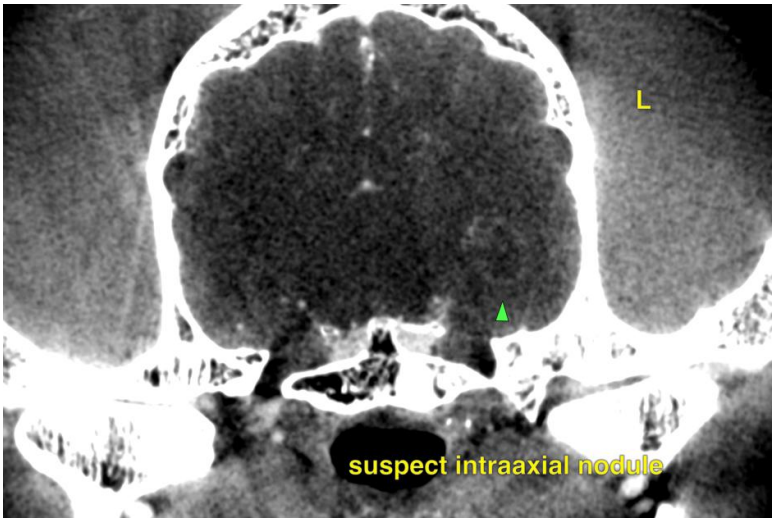
The presence of mesenteric nodules raises concern for metastatic dissemination although ectopic splenic tissue and reactive nodules cannot be fully excluded.

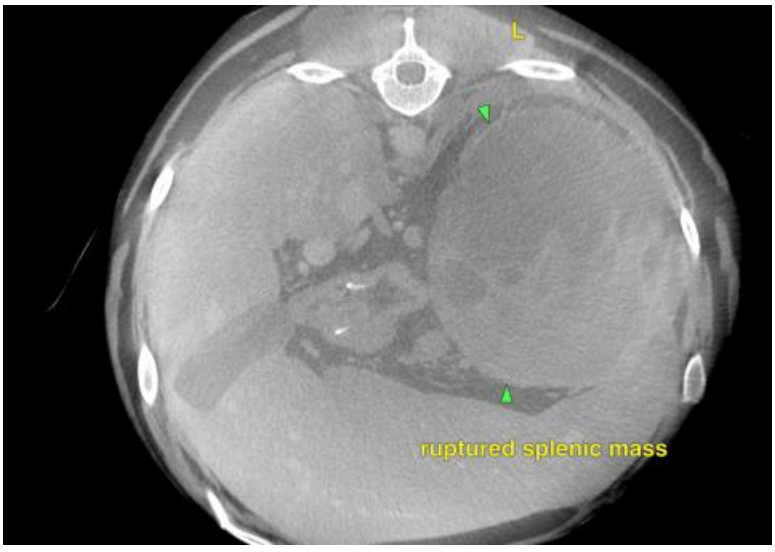
The intracranial finding may be significant in the context of the patient's seizure history. The small rim enhancing temporal lobe nodule is most concerning for metastatic disease although alternative primary neoplasia (glioma) or inflammatory etiologies remain possible.

Surgical evaluation for splenectomy and consecutive histopathology of the splenic mass can be considered under the assumption that metastatic dissemination may be present.

Brain MRI would be required for further characterization of the temporal lobe lesion.

Overall, the prognosis appears unfortunately guarded to poor with a wide range depending on the final histopathologic diagnoses.





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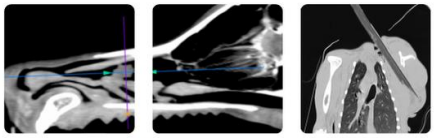

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
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