



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Motek (Moti) Assor

**SPECIES**  
Canine

**BREED**  
Schnoodle

**SEX**  
MN

July 17 2023 - at AHP for pre, post, and 1 minute delayed contrast CT of chest and abdomen. (1ml/kg contrast (omnipaque)) Presented to the Toronto Animal Health Partners Surgery Service on July 17th, 2023 for evaluation of a splenic mass and CT imaging. Motek (Moti) was seen by Upper Bathurst Animal Clinic in July and an abdominal ultrasound revealed a splenic mass. A CT scan was recommended to the owners at that time to rule out metastatic lesions as radiographs revealed a mass within the left ilial wing. Cytology revealed that the number of mesenchymal cells and magnitude of atypia do not allow for cytologic distinction between a well-differentiated sarcoma, reactive fibroplasia, or unlikely possibility of a benign mesenchymal neoplasm. Motek has a history of a left-sided grade II medial patellar luxation and left pelvic limb muscle atrophy. He also has grade III/VI bilateral heart murmur (mitral and tricuspid degenerative valvular disease with left atrial enlargement - stage B2). Motek has history of collapse at the end of June 2023. Echocardiogram in July reported some improvement since previous ultrasound. Current medications: Pimobendan, Benazepril, Gabapentin, Fish oil

Abnormal PE/Chem/CBC/UA Results: Most recent bloodwork - August 5, 2021: Mildly elevated ALT - 119 U/L (ref: 12-118) Elevated triglycerides - 6.97 mmol/L (ref: 0.33-3.32) Elevated PCT - 520 (ref: 170-400)

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

**AGE**  
11 Years

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Abdomen**

A 2.5 cm sized expansile mass is emerging from the splenic tail. Nonuniform contrast enhancement accentuating the periphery of the mass is noted. There is no evidence of regional effusion. The remainder of the spleen presents within normal limits.

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A 3 cm sized isoattenuating and isoenhancing mass is emerging from the quadrate liver lobe. Small faintly hypoenhancing nodules are seen in the remainder of the liver.

The gallbladder is moderately distended. A mild amount of hyperattenuating sediment is seen within the gallbladder.

**REFERRING VET**

Dr. Debbie Reynolds

One splenic lymph node is mildly enlarged measuring 10 x 6mm. The remainder of the abdominal lymph nodes present within normal limits.

The kidneys and adrenal glands present within normal limits.

**INVOICE**

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A small subcutaneous nodule is seen in the left lateral abdominal wall level with the 5<sup>th</sup> lumbar vertebra.

A 5 cm sized ill-defined irregular shaped mass is seen in the left gluteal musculature. The mass presents moderate nonuniform contrast enhancement. A mass effect onto the trochanteric fossa including the sciatic nerve and sciatic foramen is seen. The mass blends into the surrounding musculature. Moderate periosteal new bone formation of the underlying left iliac body is seen.

**DATE**

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The left hind limb presents severe muscle atrophy.



**PATIENT** Moderate osteoarthritis changes of the left stifle joint are seen.

Motek (Moti) Assor The patient's body condition score appears to be mildly excessive.

**Thorax**

**SPECIES** The bony and surrounding soft tissue structures are within normal limits.

Canine

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

**BREED**

Schnoodle

The LA/AO ratio appears to be mildly enlarged.

Mild dorsal flattening of the cervical and thoracic trachea is seen.

**SEX**

MN

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**AGE**

11 Years

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass within the left gluteal musculature with presumed aggressive biological behavior and early aggressive bone changes of the underlying left iliac wing.
- Severe atrophy of the left hind limb musculature – likely neurogenic due to compression or infiltration of the left sciatic nerve.
- Expansile mass of the splenic tail.
- Isoattenuating mass of the liver's quadrate lobe.
- Mild splenic lymphadenomegaly.
- Gallbladder sludge.
- Suspect dynamic tracheal disease.
- Mild left atrial enlargement with no evidence of congestive heart failure.
- Subcutaneous nodule
- Moderate left stifle osteoarthritis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The presence of a large soft tissue mass lateral to the left iliac body appears to be a primary finding in this patient. The CT findings suggest aggressive biological behavior. Soft tissue sarcoma such as rhabdomyosarcoma, fibrosarcoma, or other is a primary differential diagnosis. Other soft tissue neoplasia cannot be ruled out. Final diagnosis would require sampling for histology.

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Note the presence of early aggressive osteolytic changes of the underlying left iliac bone as well as presumed involvement of the peripheral left sciatic nerve.



**PATIENT**

Motek (Moti) Assor

The muscle atrophy in the left hind limb is severe and more likely to be neurogenic rather than secondary to the left stifle pathology.

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Differential diagnosis for the splenic mass includes benign nodular hyperplasia as well as primary neoplasia of the spleen such as hemangioma, hemangiosarcoma, secondary neoplasia of the spleen such as metastatic disease, and hematoma.

**BREED**

Schnoodle

The single lymphadenomegaly of the splenic lymph node may represent reactive hyperplasia. Early metastatic disease cannot be ruled out.

The isoattenuating mass of the quadrate lobe of the liver is more likely to represent benign nodular hyperplasia or regenerative nodule rather than metastatic disease or primary neoplasia of the liver even though this cannot be ruled out entirely.

**SEX**

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Ultrasound guided sampling of the splenic mass, splenic lymph node, and liver mass could be considered as well as FNA of the subcutaneous nodule in the left lateral abdominal wall.

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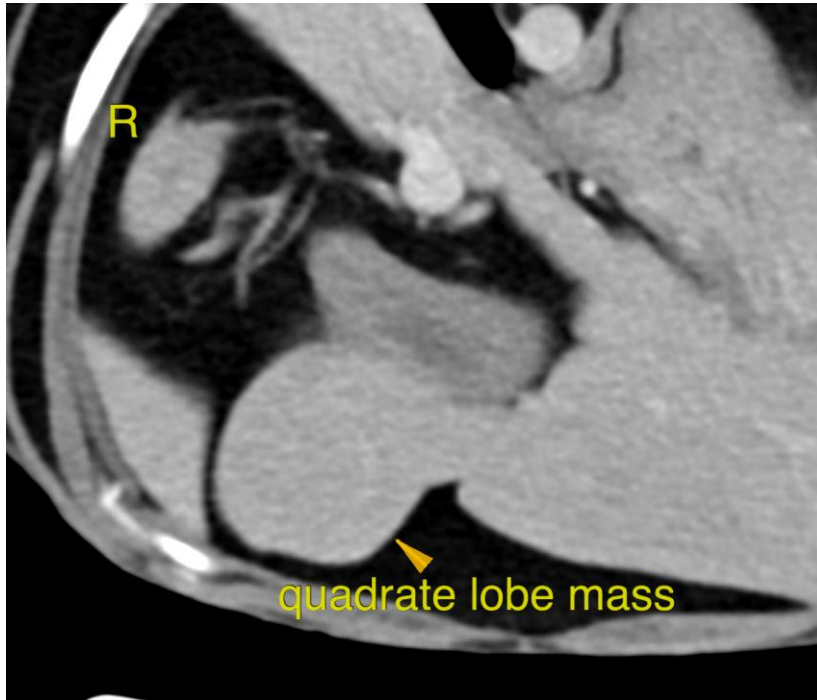
Schnoodle

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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.

**HOSPITAL NAME**

Animal Health  
Partners

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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