



PATIENT

Archie Stair

SPECIES

Canine

BREED

Puggle

SEX

Male Neutered

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

47570

DATE

9-28-21

PRESENTING CLINICAL SIGNS

Presented for annual exam with Hx of worsening PU/PD and accidents in the house. Hx of acute blindness 3 years ago and has been PU/PD since. Abdominal radiographs: cranioventral abdominal mass Thoracic radiographs: miliary pattern, concern for metastatic disease Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound: splenic mass (arising from the tail), multiple hypoechoic nodules throughout parenchyma. Mild bilateral adrenomegaly. Full report attached.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies of the abdomen and post contrast study only of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

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.

A 3.5 cm sized ovoid heterogeneously enhancing mass is arising from the left division of the liver. The mass is in a caudal position and has a stalk-like connection to the liver. Moderate cavitation and post-contrast heterogeneity are noted. Mild diffuse post-contrast heterogeneity of the remainder of the hepatic parenchyma is seen.

Multiple hypoenhancing nodules are seen throughout the spleen. No evidence of regional lymphadenomegaly is noted.

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multiple spondyloses are seen in the thoracolumbar junction area. There is chronic mineralizing disc hernia at T13/L1, L1/2, L2/3, and L4/5.

Thorax

Multiple large lipomas are seen in the right axillary region and left pectoralis muscle.

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.



PATIENT The cardiovascular structures including the pulmonary vasculature are within normal limits.

Archie Stair Mild dorsoventral collapse of the trachea is noted.

SPECIES 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.

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Multiple variably sized and shaped well delineated mineralizing structures are seen throughout the pulmonary interstitium of all lung lobes. No evidence of soft tissue attenuating nodules is seen.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large pedunculated left divisional liver mass meeting neoplastic criteria.
- Splenic nodules.
- Multiple mineralizing interstitial “nodules.”
- Spondyloses.
- Chronic organized disc extrusion in the thoracolumbar area.
- Mild tracheal collapse.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals a pedunculated liver mass arising from the left division of the liver. Differential diagnosis includes hepatocellular carcinoma, as well as hemangiosarcoma, hemangioma, hepatoma, and other. The mass is in a resectable position. Lobar origin from the left medial or lateral liver lobes is considered likely. There is no definitive interorgan, regional, or distant metastatic disease noted.

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The splenic changes may represent nodular hyperplasia, myelolipomas, or hematomas. Metastatic disease cannot be ruled out entirely but is thought less likely. Fine needle aspiration or splenectomy could be considered.

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The changes of the lung are highly suggestive for pulmonary osteomas or mineralization of the peribronchial mucus glands. Metastatic disease is considered unlikely here based on the CT findings.

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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.

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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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