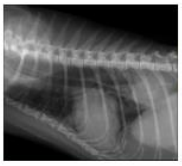
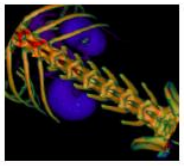
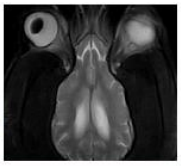




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Robinson Glorsky

SPECIES

Canine

BREED

Saluki

SEX

Neutered Male

AGE

12 Years 6 Months

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Gordon

INVOICE

13600

DATE

10/7/21

PRESENTING CLINICAL SIGNS

History:Being treated for aspiration pneumonia,decreased appetite, resolved vomiting, weakness, potential esophagealmass versus foreign body, abdominal mass, and splenic nodule.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multiple punctate mineralizations of the interverterbal are seen within the intervertebral disc spaces of the thoracic spine. A lipoma is seen in the right axillary region, measuring approximately 5.0 x 2.2 x 6.5 cm in size.

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 is uniform and considered within normal limits.

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

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.
The dorsal dependent aspects of the lung present moderate ground glass attenuating parenchyma with a moderately reduced volume. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

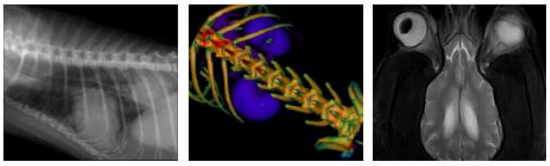
Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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.



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The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Associated with the cranial extremity of the spleen, caudal to the stomach, a irregular ovoid shaped, well-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing mass measuring 8.1 x 5.8 x 6.9 cm in size is visible. The mass is displacing the gastric fundus cranially. The caudal extremity of the spleen presents mild scalloping ventral margins, the splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The region of the cardia of the stomach is mildly bulging cranially into the esophageal hiatus of the stomach into the caudal mediastinum, resulting in focal prominent wall of the caudal esophagus/cardia.

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.

The vertebral endplates L2/L3 and L3/L4 present mild spondylosis formation, the respective intervertebral discs are mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenic mass, cranial extremity of the spleen
- Suspect mild sliding hiatal hernia
- Dystelectasis dorsal aspects of the lung
- Lipoma right axillary region
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are compatible with as splenic mass originating from the cranial extremity of the spleen, potentials are benign nodular hyperplasia, neoplasia (e.g. hemangiosarcoma, hemangioma, round cell neoplasia) or splenic hematoma. Both benign and malignant masses can rupture and cause abdominal hemorrhage and splenectomy is the therapy of choice.

The findings level with the esophageal hiatus are most consistent with sliding hiatal hernia, possibly secondary to reduced tension of the diaphragm during general anesthesia. However, there is mild crowding of the stomach within the hiatus limiting evaluation of the wall and potential mural mass cannot be ruled out entirely. Recommend thorough palpation of the region of the cardia if splenectomy is performed. Endoscopy prior to surgical intervention might be helpful as well.

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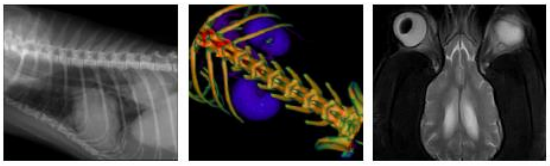

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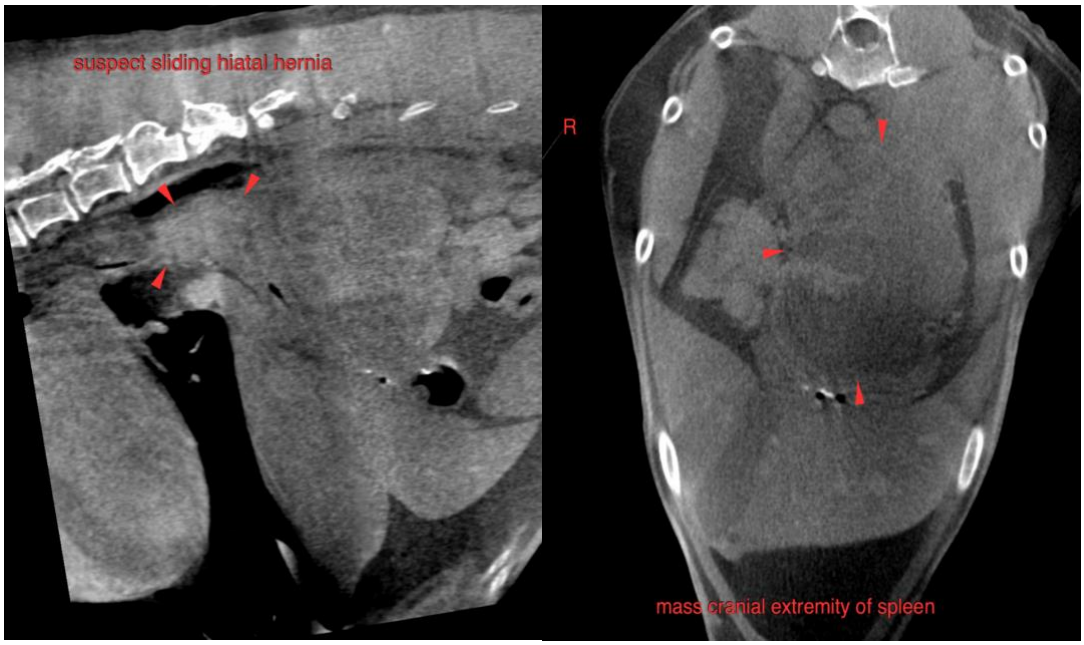

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com