



PATIENT

Gerald Bertoli

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10

WEIGHT

40

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

72985

DATE

12-13-25

PRESENTING CLINICAL SIGNS

vomiting prompting a fast mass noted met check prior to splenectomy
Abnormal PE/Chem/CBC/UA Results: cbc.chem wl

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral endplates T2/T3 present mild spondylosis formation.

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 lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

In the ventral aspect of the pleural cavity, a very small amount of gravity dependent, fluid attenuating material is seen.

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

Abdomen

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.

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

Protruding from the hilar region of the caudal extremity of the spleen, an irregular shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 11.7 x 7.7 x 8.5 cm. The peritoneal fat adjacent to the splenic mass presents mild soft tissue striation.

A small amount of gravity dependent, fluid attenuating material is appreciated in the peritoneal cavity.

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 bony and surrounding soft tissue structures reveal no abnormalities.



PATIENT

Gerald Bertoli

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10

WEIGHT

40

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

72985

DATE

12-13-25

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Splenic soft tissue mass
- Mild peritoneal effusion
- Very mild pleural effusion
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic soft tissue mass is fitting the history and primary splenic neoplasia is the diagnosis – such as sarcoma. Splenectomy is the therapy of choice. The mild peritoneal effusion is suggestive for peritoneal hemorrhage of the splenic mass.

The mild pleural effusion can be a sequela to primary abdominal pathology – I do not see signs of macroscopic metastatic disease.





PATIENT

Gerald Bertoli

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10

WEIGHT

40

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

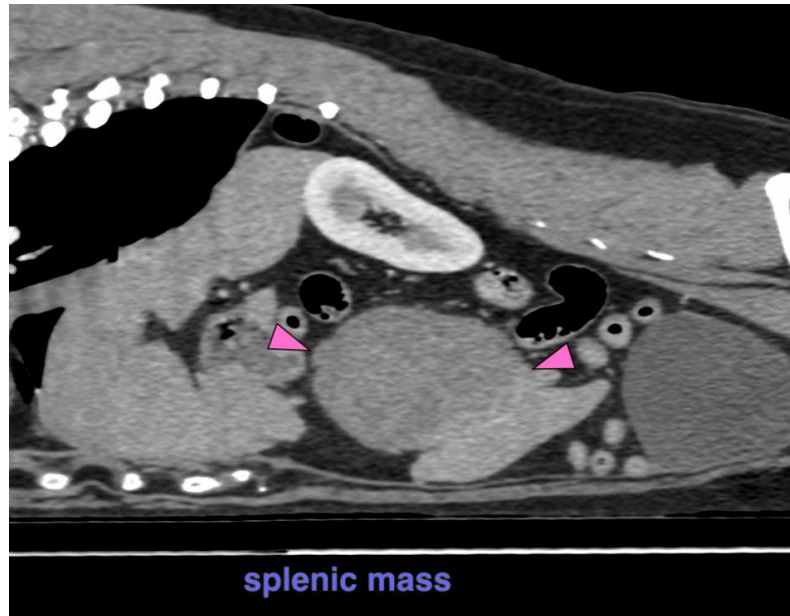
Eamon

INVOICE

72985

DATE

12-13-25



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.

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
info@sonopath.com