



PATIENT

Rory Bond

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

11 Years

WEIGHT

7.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Laura Blackwell

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Janet Mitchell

INVOICE

35757

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Diagnosed with benign splenic mass in 2023.
- Recently = Excessive thirst and lethargy. Chest clear, abdo very distended.
- Imaging = splenic mass vacuolated
- liver mixed echogenicity with multiple hypoechoic nodules all over parenchyma with irregular margins and hepatomegaly
- pancreatitis present with mild peritonitis and no free fluid
- l adrenal enlarge at the cr pole > 1 cm

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral endplates T11/T12 present mild spondylosis formation

The cranial mediastinal lymph nodes are prominent.

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.

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 throughout the renal cortex bilaterally, well-defined, roundish parenchymal filling defects are seen, measuring <2 mm. The prostate is symmetric and prominent. In the urinary bladder, a multiple small (<1 mm) mineral attenuating and gravity dependent calculi are seen. The prostatic parenchyma is uniform soft tissue attenuating and has a mild heterogeneous contrast enhancement pattern.

Both adrenal glands are prominent and present a maximum cross-sectional diameter of up to 10 mm. The normal architecture of the adrenal glands is maintained.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a



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homogeneous soft tissue attenuating and has a heterogeneous contrast enhancement pattern, presenting multiple mild hypoattenuating roundish areas.

Protruding from the lateral surface of the body of the spleen, a uniform soft tissue attenuating and irregular contrast enhancing nodule is seen, measuring 18 mm in diameter.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with generalized mild irregular contrast enhancement
- Adrenomegaly
- Soft tissue nodule body of the spleen
- Lymphadenopathy cranial mediastinal lymph nodes
- Cystolithiasis without mechanical obstruction
- Benign prostatic hyperplasia
- Multiple simple renal cortical cysts
- Spondylosis deformans T11/T12
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the findings of the preceding ultrasound examination.

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, hepatitis or less likely diffuse neoplastic infiltration. Ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

The adrenomegaly can support the diagnosis of steroid induced hepatopathy due to functional adrenal hyperplasia. Testing of the pituitary adrenal axis is beneficial.

The soft tissue nodule of the spleen can present benign nodular hyperplasia or neoplastic transformation (e.g. sarcoma, round cell tumor).

The prominent cranial mediastinal lymph nodes are most consistent with reactive lymphoid hyperplasia; however metastatic disease is a potential.



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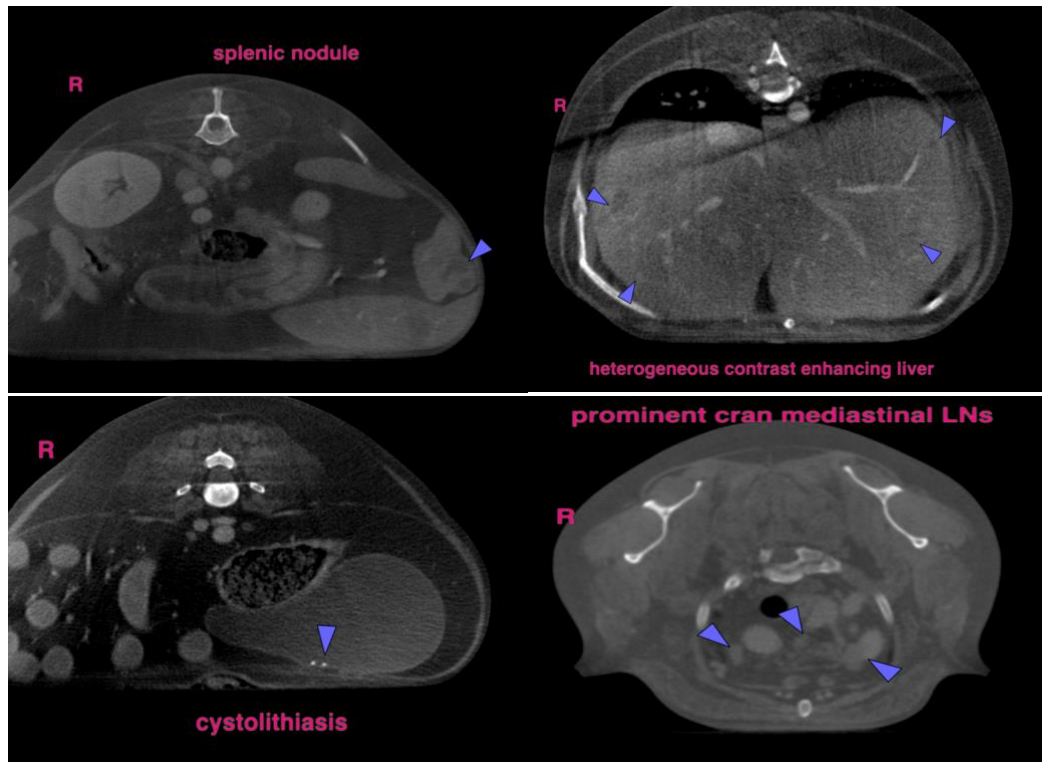
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com