



PATIENT

Rusty Hanratty

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

5

WEIGHT

24

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Henry Xue

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Henry Xue

INVOICE

73507

DATE

1-27-26

PRESENTING CLINICAL SIGNS

History:

- acute vomiting contains specks of blood
- inappetance
- chronic weight loss for 2 months
- lethargy for 1 week
- recent notice of abdominal enlargement

Abnormal PE/Chem/CBC/UA Results: oral ulcer marked abdominal distension splenomegaly pancytopenia (anemia, leucopenia, thrombocytopenia) modified transudate elevated CRP

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen are provided for review totaling 6 series. One pre-contrast series of the thorax and abdomen, soft tissue algorithm. One pre-contrast series of the thorax, lung algorithm. One pre-contrast series of the thorax and abdomen, bone algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm. Two additional reformatted series of the head.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The spleen is severely enlarged, with a rounded and bulging contour. On post-contrast images, the splenic parenchyma demonstrates mildly heterogeneous enhancement, with few intraparenchymal hypoattenuating regions, most pronounced within the splenic body.

The serosal fat shows increased attenuation with fat stranding, and there is mild peritoneal effusion, most evident adjacent to the spleen.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing, with normal size and shape.

The gallbladder contains hypoattenuating material admixed with a few small, gravity-dependent mineral opacities. The cystic duct and common bile duct are within normal limits.

The perigastric, hepatic, and splenic lymph nodes are mildly enlarged. The remaining abdominal lymph nodes are within normal limits.

The pancreas and adrenal glands are within normal limits.

The kidneys are normal in size, shape, contour, and attenuation on both pre- and post-contrast images. The renal pelvises and ureters are unremarkable.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid content and has a normal wall thickness.

The gastrointestinal tract demonstrates normal distribution and luminal distension, with no evidence of abnormal mural thickening, mural mass effect, foreign material, or mechanical obstruction.



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The colon and rectum contain gas admixed with a small amount of heterogeneously soft tissue-attenuating fecal material, with normal wall thickness.

The cecum is unremarkable.

The prostate is unremarkable.

The coxofemoral joints are incongruent.

THORAX

The trachea and main bronchi are within normal limits.

The sternal lymph nodes are mildly enlarged. The cranial mediastinal and tracheobronchial lymph nodes are within normal limits.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

The pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe splenomegaly with rounded contours and mildly heterogeneous post-contrast enhancement, containing few intraparenchymal hypoattenuating regions, associated with regional serosal fat stranding and mild peritoneal effusion. Differential diagnoses include primary infiltrative splenic neoplasia, such as a round cell tumor, less likely benign non-neoplastic conditions, including extramedullary hematopoiesis, lymphoid hyperplasia, and immune-mediated disease.
- Mild enlargement of the perigastric, hepatic, splenic, and sternal lymph nodes, compatible with reactive lymphadenopathy or possible infiltrative/neoplastic involvement.
- Gallbladder content compatible with biliary sludge and/or small mineralized debris.
- No evidence of pulmonary metastatic disease.
- Incidental finding: Coxofemoral joint incongruity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main tomographic finding is marked splenomegaly with heterogeneous enhancement and few multifocal intraparenchymal hypoattenuating regions, associated with regional fat stranding and mild peritoneal effusion.

The primary differential diagnoses include splenic neoplasia, such as lymphoma, histiocytic sarcoma, or others. A severe infiltrative or inflammatory splenic condition is considered less likely but cannot be excluded based on imaging alone. Mild enlargement of the abdominal and sternal lymph nodes may represent reactive lymphadenopathy or early nodal involvement.



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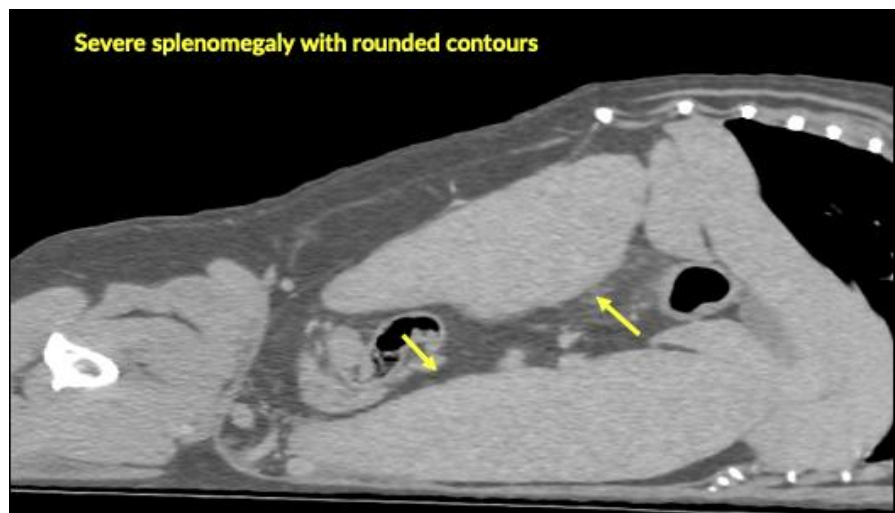
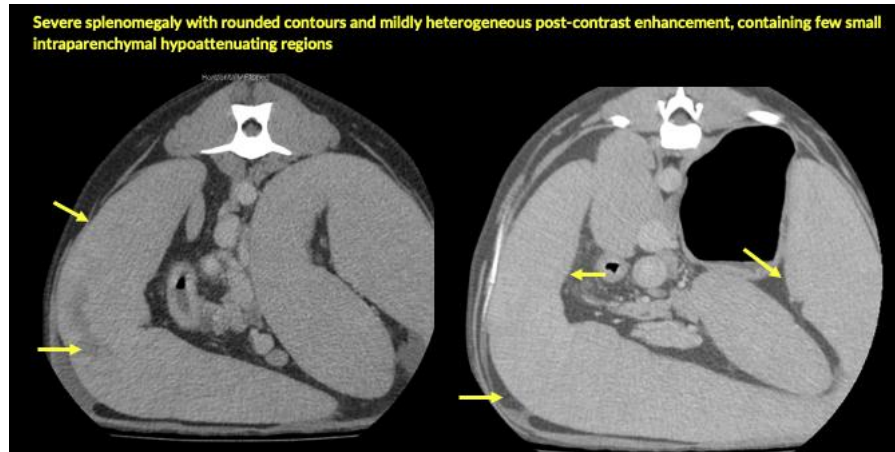
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No evidence of pulmonary metastatic disease.

Further evaluation is recommended, ultrasound-guided splenic (FNA) sampling, comprehensive hematologic assessment (with consideration of bone marrow evaluation), and coagulation testing prior to invasive procedures. A definitive diagnosis requires cytologic or histopathologic confirmation.





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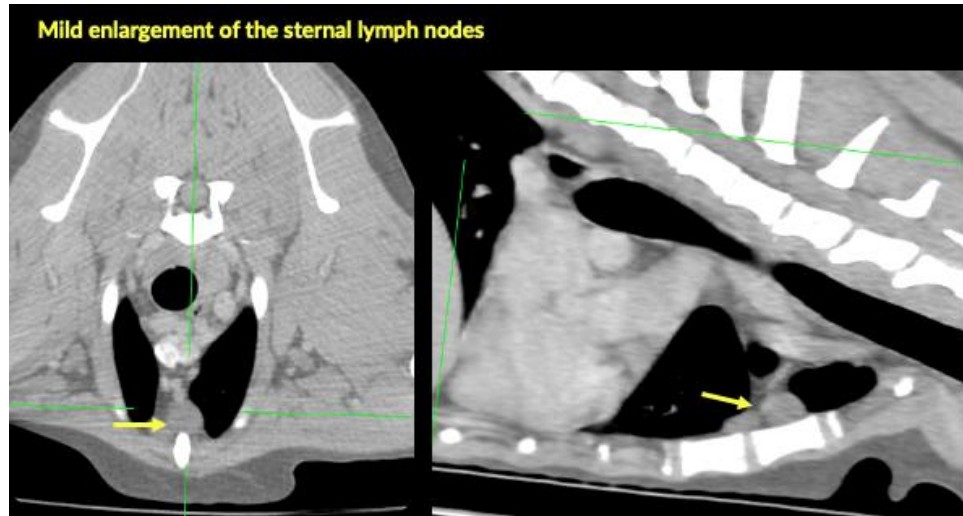
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com