



## PATIENT

Spencer Leisle

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

MN

## AGE

11.5Y

## WEIGHT

10.29kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Janice

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. K. Choptain

## INVOICE

72592

## DATE

11-12-25

## PRESENTING CLINICAL SIGNS

Presented for small pendulous black mass on upper L lip. Pre anesthetic blood work had concerns so abdominal U/S performed. Mets check.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT (209 U/L), ALP (609 U/L) U/S - abnormal liver, nodule in spleen, intrabdominal mass

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### THORAX

The trachea and main bronchi are within normal limits.

There is a moderate reduction in volume expansion of the left cranial lung lobe, associated with mild peripheral consolidation and ground-glass attenuation. The remaining pulmonary parenchyma demonstrates normal attenuation with no evidence of micronodules, nodules, or pulmonary masses.

The bronchial tree exhibits normal branching and tapering toward the periphery, and the bronchial walls are smooth and thin. The bronchus-to-artery ratio is within normal limits.

The heart and pulmonary vessels appear normal, with appropriate post-contrast opacification of the cardiac chambers and great vessels. The heart and mediastinum are mildly displaced toward the left side due to decreased pulmonary expansion.

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

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

The thoracic esophagus is mildly distended with intraluminal gas and hypoattenuating fluid, likely secondary to anesthesia.

### ABDOMEN

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing, of normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.

The spleen is moderately enlarged, with a bulging contour and regular margins. Few small hyperattenuating nodules (up to 0.6 cm) and one larger mixed-attenuation nodule with a cavitory center are seen within the splenic body, measuring 2.1 × 1.9 cm.

A large, rounded, mildly heterogeneous mass with regular margins is observed in the left retroperitoneal space, caudal to the left kidney, contiguous with the renal vein. This lesion measures approximately 3.6 × 2.8 cm.

The hepatic lymph nodes are moderately enlarged (up to 1.8 × 1.5 cm), and the splenic lymph node is mildly enlarged. The jejunal, ileocolic, and medial iliac lymph nodes are within normal limits.

The kidneys are normal in size, shape, and attenuation, with discrete hyperattenuating foci in the renal recesses. The renal pelvis and ureters are within normal limits.



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

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The gastrointestinal tract exhibits normal wall thickness, luminal distention, and anatomical distribution.

The pancreas and adrenal glands are within normal limits.

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The serosal fat exhibits normal attenuation.

The prostate is small and hypoattenuating, consistent with a normal castrated appearance.

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The musculoskeletal structures are unremarkable.

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Three distinct, moderate-to-large, homogeneous fat-attenuating masses are present. In the left dorsal cervical region, intermuscular between the splenius capitis and serratus ventralis cervicis muscles, measuring approximately 5.0 × 1.8 cm. Left lateral thoracic wall, subcutaneous, measuring approximately 9.9 × 3.1 cm. Right pelvic limb, medial subcutaneous region near the distal femur, measuring approximately 3.0 cm in length, likely lipomatous lesions.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left retroperitoneal soft-tissue mass adjacent to the left kidney and renal vein. Differential diagnoses include metastatic lymphadenopathy, primary undetermined origin retroperitoneal soft-tissue neoplasm, or less likely nonfunctional retained neoplastic testicle.
- Moderate hepatic lymphadenomegaly, possibly metastatic, round cell neoplasia, or reactive.
- Moderate splenomegaly with multiple small hyperattenuating nodules and one larger mixed-attenuation cavitory nodule. Differential diagnoses include nodular hyperplasia, hematoma, less likely splenic neoplasia (e.g., hemangiosarcoma, lymphoma, metastasis).
- Mild passive left cranial lung lobe atelectasis. No evidence of pulmonary or mediastinal metastatic disease.
- Multiple extra cavitory fat-attenuating masses in the cervical, thoracic, and pelvic regions, compatible with lipomas or infiltrative lipomatosis.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate the presence of a left retroperitoneal mass. The origin of this lesion is not clearly defined; however, a distinct surgical cleavage plane is evident. Differential diagnosis includes metastatic lymphadenopathy, a primary retroperitoneal soft-tissue neoplasm of undetermined origin, or, less likely, a nonfunctional retained neoplastic testicle. An ultrasound-guided fine-needle aspiration (FNA) is recommended for further characterization.

There is moderate splenomegaly with multiple small splenic nodules and one larger nodule in the splenic body, raising concern for metastatic disease. An ultrasound-guided fine-needle aspiration of the splenic lesions is also suggested.

Concurrent enlargement of the hepatic lymph nodes (2) and splenic lymph node (1) is observed, with an undetermined etiology. Differential diagnoses include metastatic disease or round cell neoplasia.



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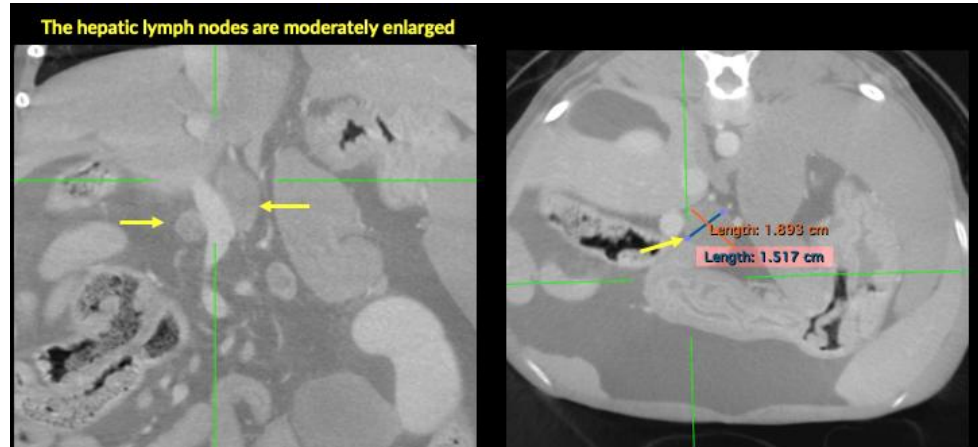
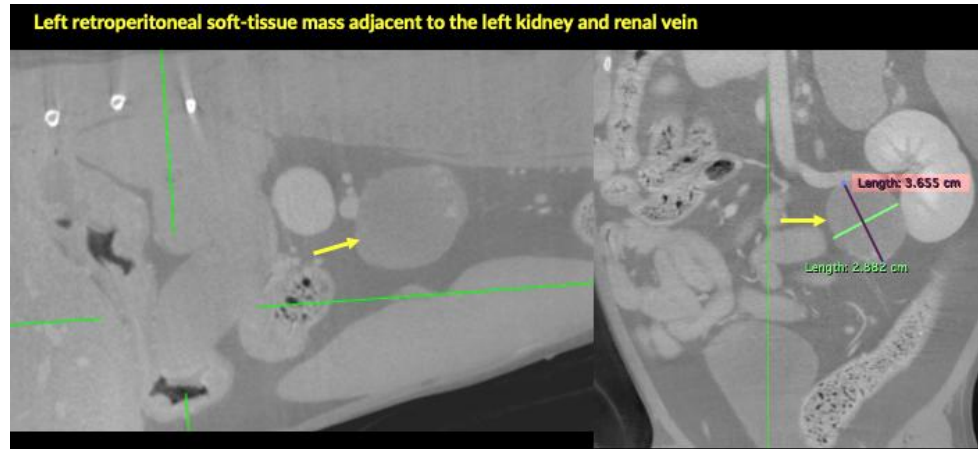
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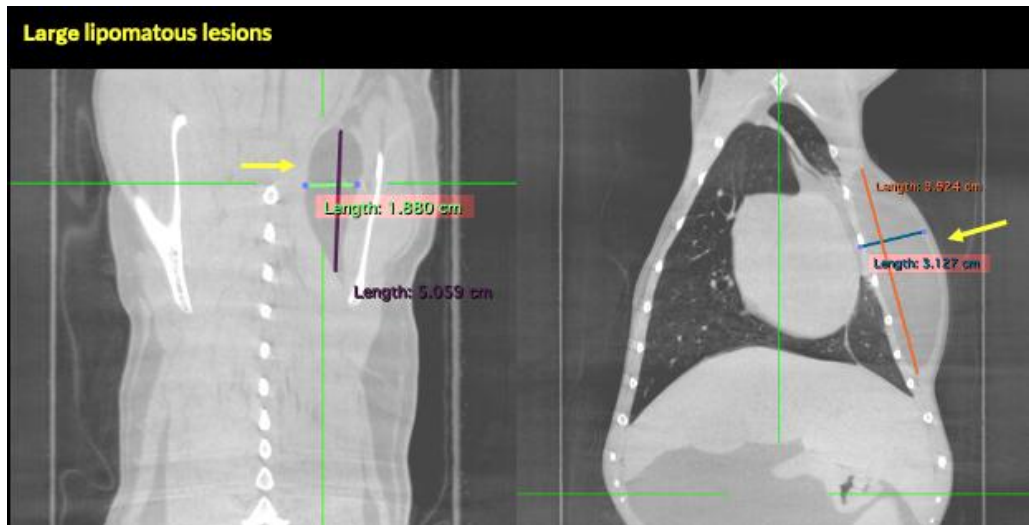
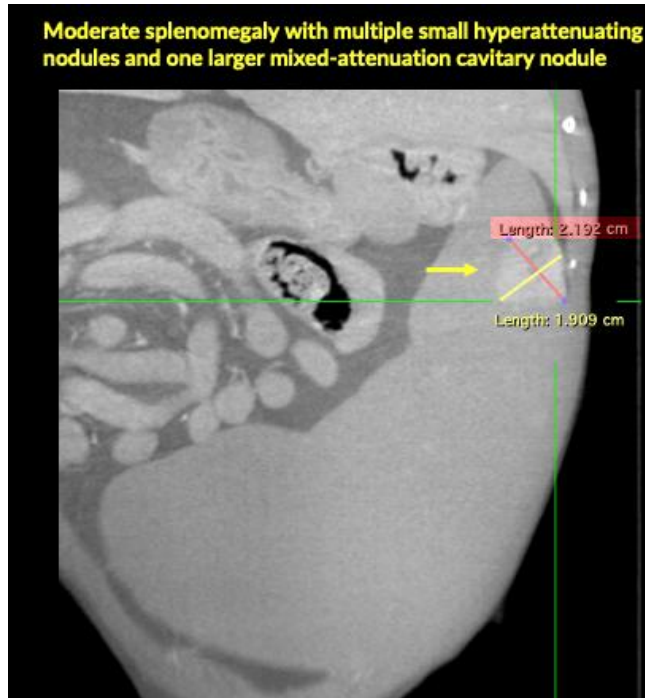
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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