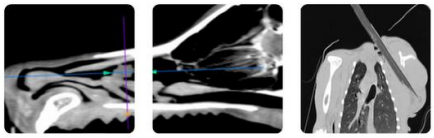

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PATIENT

Kona Mione

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

~12Y, 1M

WEIGHT

31.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Dr. Short

INVOICE

72502

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Mass in abd. not eating. AUS- 10/28/25, Mass- r/o neoplasia (lymph node, mesentery, spleen, liver)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of whole-body are provided for review totaling 2 series. One pre-contrast series of the whole-body, soft tissue algorithm. One post-contrast series of the whole-body, soft tissue algorithm, delay phase.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, multilobulated, predominantly hypoattenuating mass is identified in the mid-abdomen, slightly right sided, exhibiting an expansile appearance. The lesion is contiguous with the caudal margin of the right hepatic lobes; however, the remaining hepatic parenchyma maintains normal contour and attenuation.

The mass also involves the ileocolic junction, which also exhibits a with focal mural thickening. The large mass displaces the adjacent abdominal structures, including the cecum and intestinal loops, more to the periphery. The mass measures at least 13.9 × 14.1 × 17.3 cm.

The adjacent serosal fat exhibits stranding and multiple small soft tissue nodules. A small volume of peritoneal effusion is present, more evident in the caudal and peripheral abdomen.

The mass also encases the vessels of the mesenteric root, including the formation of the portal vein. Although vascular opacification is suboptimal for detailed evaluation, mild luminal diameter variation and tortuosity of the cranial portion of the portal vein are observed, possibly associated with a vascular anomaly (extra-hepatic shunt) extending cranially toward the diaphragm on the left side.

The stomach, duodenum, and pancreas are in close proximity but not clearly invaded by the mass.

The gallbladder is moderately distended, containing hypoattenuating fluid with gravity-dependent more attenuating material.

The descending colon and rectum are moderately filled with heterogeneously soft tissue–attenuating fecal material, without wall thickening or obstructive effect.

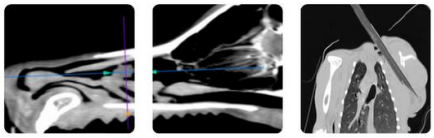
The jejunal lymph nodes may be encompassed within the large abdominal mass, whereas the medial iliac lymph nodes remain within normal limits.

The left adrenal gland is enlarged and mass-like, measuring 3.7 × 1.9 cm. The right adrenal gland is unremarkable.

The spleen is homogeneous and uniformly contrast-enhancing, with normal size and shape.

The kidneys, renal pelvis, ureters, and urinary bladder are within normal limits.

The uterus and ovaries are not identified.



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There is multifocal complete bridging spondylosis deformans of the cervical, lumbar, and lumbosacral spine, also periarticular ossifications at the caudal articular processes.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, mediastinal cranial and tracheobronchial lymph nodes are rounded and enlarged.

Multiple hyperattenuating mineral foci in the subpleural portions of the pulmonary parenchyma. The remaining pulmonary parenchyma exhibits normal attenuation.

The cardiac silhouette and pulmonary vessels appear normal.

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

The thoracic esophagus is mildly distended with intraluminal gas content, likely related to anesthesia.

Moderate in size, homogeneous fat-attenuation mass effect in the right axillary region.

Bilateral enthesophytosis is present at the insertion sites of the biceps brachii tendons.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large multilobulated hypoattenuating abdominal mass involving the mesenteric root, lymph nodes and ileocolic junction, contiguous with the right hepatic margin. Differential diagnoses include mesenteric lymph-nodes or intestinal neoplasia (e.g., lymphoma, soft tissue sarcoma, carcinoma), or less likely pedunculated hepatic mass.
- Mild peritoneal effusion and discrete serosal nodularity — possible peritonitis infiltrative neoplastic behavior, carcinomatosis.
- Enlarged sternal, cranial mediastinal, and tracheobronchial lymph nodes — Primary differential diagnoses include metastatic lymphadenopathy.
- Left adrenal gland enlargement with mass effect. Differential diagnoses include severe adrenal hyperplasia, or adrenal neoplasia (adenoma, carcinoma, pheochromocytoma).
- Incidental pulmonary osteomas.
- Suspect extra-hepatic shunt, possible congenital or less likely acquires.
- Right axillary homogeneous fat-attenuating mass — compatible with lipoma.
- Multifocal spondylosis deformans, degenerative lesions in the caudal articular processes (degenerative changes).
- Bilateral enthesophytosis is present at the insertion sites of the biceps brachii tendons.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic study demonstrates a large, multilobulated abdominal mass. The position and relationship of the lesion to adjacent structures suggest its primary origin from the lymph nodes of the mesenteric root and ileocolic junction. However, a pedunculated hepatic mass cannot be completely excluded.

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These findings are most compatible with a neoplastic process, such as lymphoma, soft tissue sarcoma, or carcinoma. The presence of serosal nodules and mild peritoneal effusion raises concern for peritonitis, peritoneal lymphomatosis, and/or carcinomatosis.

The enlarged mediastinal and tracheobronchial lymph nodes indicate metastatic disease.

Perform ultrasound-guided fine-needle aspiration (FNA) of the abdominal mass and enlarged lymph nodes for cytologic evaluation.

The concurrent left adrenal enlargement may represent an independent neoplastic process or, less likely, metastatic involvement. Consider endocrine testing to assess whether the left adrenal lesion is functional.

TECHNICAL COMMENTS

The study demonstrates streak and beam-hardening artifacts. There is low enhancement in the post-contrast series, limiting detailed evaluation of the vascular and soft tissue structures.

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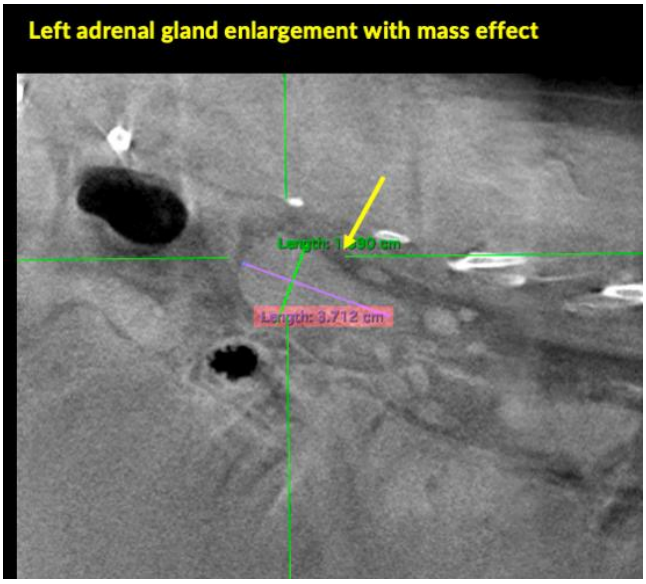

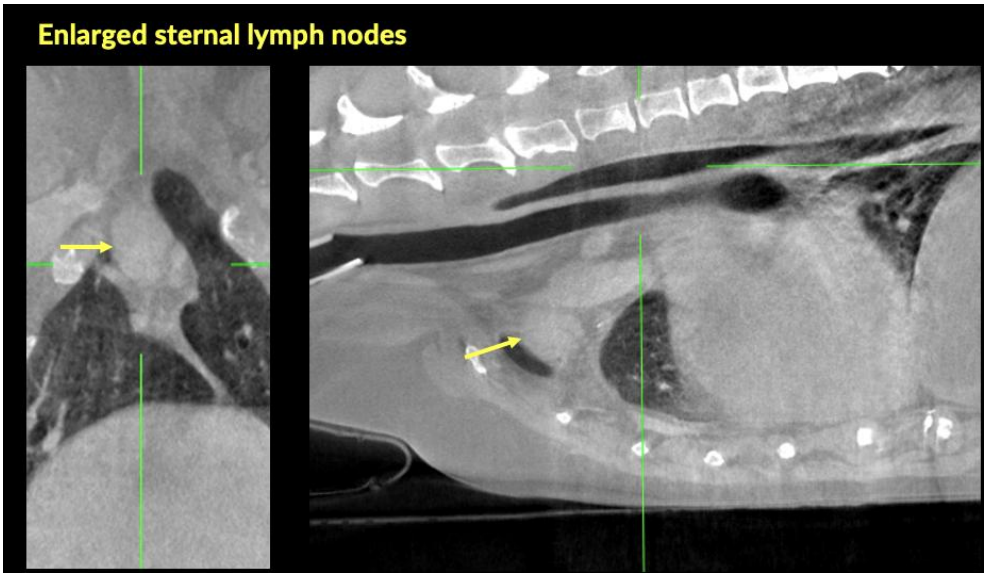

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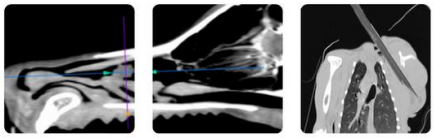

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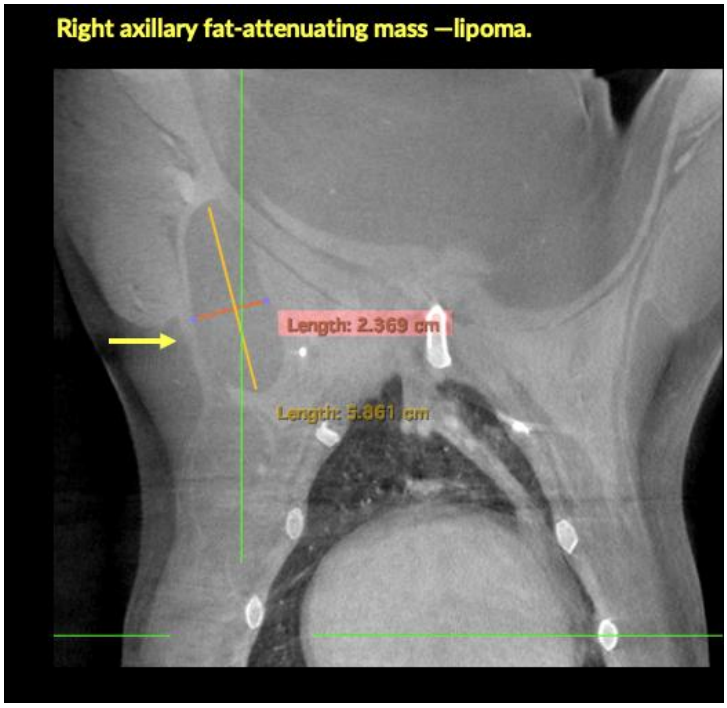

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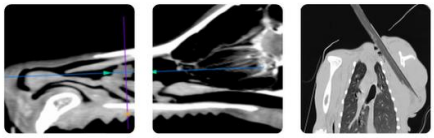

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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