



PATIENT

Oscar Travini

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

9

WEIGHT

34.3

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

73702

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- diarrhea
- panting
- abdominal mass - intestinal origin

Abnormal PE/Chem/CBC/UA Results: mild anemia

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the neck, 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 pre-contrast series of the whole-body, bone algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm. One post-contrast series of the head and neck, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

NECK

The cervical trachea is within normal limits in diameter and attenuation.

The thyroid glands are symmetrical and within normal limits.

The mandibular and parotid salivary glands are symmetrical and within normal limits.

The mandibular and medial retropharyngeal lymph nodes are within normal limits in size, shape, and contrast enhancement pattern.

The oropharynx, nasopharynx, thyroid cartilage and hyoid apparatus are within normal limits.

In the partially included head, there is mild regional hypoattenuating fluid accumulation within the right nasal cavity, associated with mild focal turbinate detail loss. No aggressive osseous changes are identified in the included portion.

No other cervical soft tissue abnormalities are identified.

THORAX

The trachea and main bronchi are within normal limits.

The cranial mediastinal lymph nodes are mildly enlarged, the measuring between 1.0 cm and 2.6 cm in maximal dimension.

The sternal and tracheobronchial lymph nodes are within normal limits.

The pulmonary parenchyma demonstrates normal attenuation. No pulmonary nodules, micronodules, or masses are identified.

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



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The cardiac silhouette and pulmonary vessels are within normal limits. Contrast opacification is adequate.

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

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ABDOMEN

A large, multilobulated soft tissue attenuating mass is identified in the right cranial abdomen. The mass demonstrates mildly heterogeneous contrast enhancement and measures approximately 7.5 × 6.9 × 6.8 cm. The mass is silhouetted with the ascending colon and cecum. The cecum and ileoceocolic junction are poorly delineated. The mass is also closely associated with the right pancreatic lobe.

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A second lesion is identified affecting the small intestine in the ventral mid-to-caudal abdomen, near the urinary bladder. This lesion is characterized by infiltrative mural thickening with an associated extramural component. It measures approximately 6.8 cm in length and at least 1.7 cm in wall thickness.

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The right pancreatic lobe is mildly thickened. The left pancreatic lobe is within normal limits.

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The medial iliac lymph nodes are mildly enlarged. The remaining abdominal lymph nodes are within normal limits. The ileoceocolic lymph nodes are not clearly identified.

The liver is normal in size, shape, and attenuation, with homogeneous contrast enhancement.

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The gallbladder, cystic duct, and common bile duct are within normal limits.

The spleen is normal in size and shape, with mildly heterogeneous contrast enhancement, considered likely incidental.

The stomach and duodenum are normally positioned and appropriately distended.

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The descending colon and rectum contain gas admixed with fecal material. Wall thickness is within normal limits.

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The kidneys, adrenal glands, and urinary bladder are within normal limits.

The prostate is unremarkable.

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The serosal fat demonstrates normal attenuation. No peritoneal effusion is identified.

The musculoskeletal structures are unremarkable.

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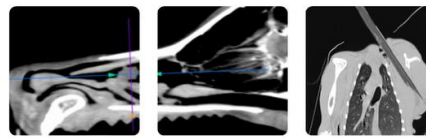
Multiple, innumerable pinpoint soft tissue attenuating nodules are identified throughout the subcutaneous fat, predominantly along the dorsal body wall.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, multilobulated right cranial abdominal mass closely associated with the cecum, ileoceocolic junction, ascending colon, and right pancreatic lobe. The primary site of origin is most likely the cecum, ileoceocolic junction, or ascending colon, with possible associated



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regional lymph node enlargement. Differential diagnoses include primary intestinal neoplasia; severe granulomatous or inflammatory disease is considered less likely.

- A second infiltrative small intestinal lesion with an extramural component is identified in the ventral mid-to-caudal abdomen. Differential diagnoses include multifocal intestinal neoplasia or metastatic intestinal disease.
- Mild medial iliac lymphadenomegaly, reactive versus metastatic.
- Mild thickening of the right pancreatic lobe, possibly reactive/inflammatory or less likely representing secondary involvement.
- Mild enlargement of the cranial mediastinal lymph nodes, reactive versus metastatic.
- Multiple diffuse pinpoint soft tissue nodules within the subcutaneous tissues. Differential considerations include benign cutaneous nodular disease (e.g., granulomas), metastatic disease (less likely but cannot be excluded).
- Mild fluid accumulation within the right nasal cavity associated with mild turbinate detail loss, compatible with mild non-specific rhinitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination reveals two significant intestinal-associated masses, including a large right cranial abdominal mass involving the ileocecolic region and a second infiltrative small intestinal lesion. The presence of multifocal intestinal involvement raises suspicion for intestinal neoplasia, with lymphoma being a primary differential consideration. Other important differential diagnoses include adenocarcinoma, leiomyosarcoma, and gastrointestinal stromal tumor (GIST).

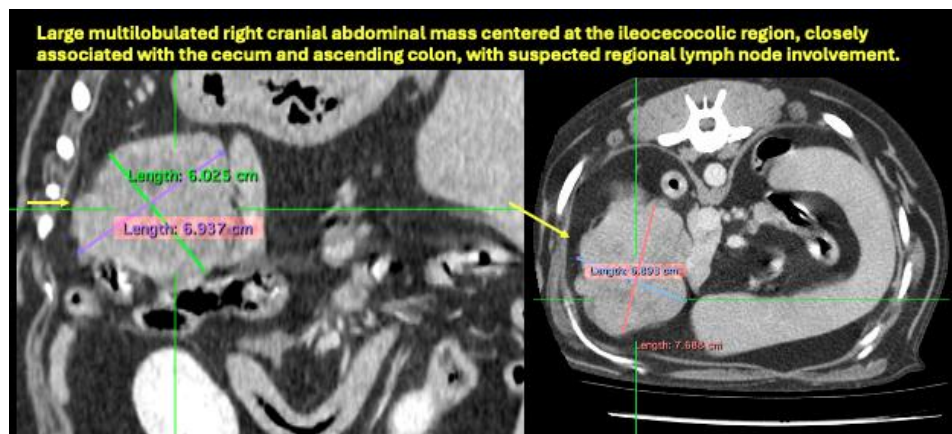
Mild thickening of the right pancreatic lobe is noted; early or incipient pancreatitis should be considered.

Mild enlargement of the medial iliac and cranial mediastinal lymph nodes may represent reactive hyperplasia or metastatic spread.

The multifocal pinpoint subcutaneous nodules require clinical correlation. If clinically indicated, fine-needle aspiration of representative nodules may be considered.

Ultrasound-guided fine-needle aspiration or core biopsy of the abdominal mass(es) and enlarged lymph nodes are recommended for definitive diagnosis. Oncologic consultation is advised following histopathological confirmation.

Prognosis and therapeutic planning will depend on the final histopathologic classification.





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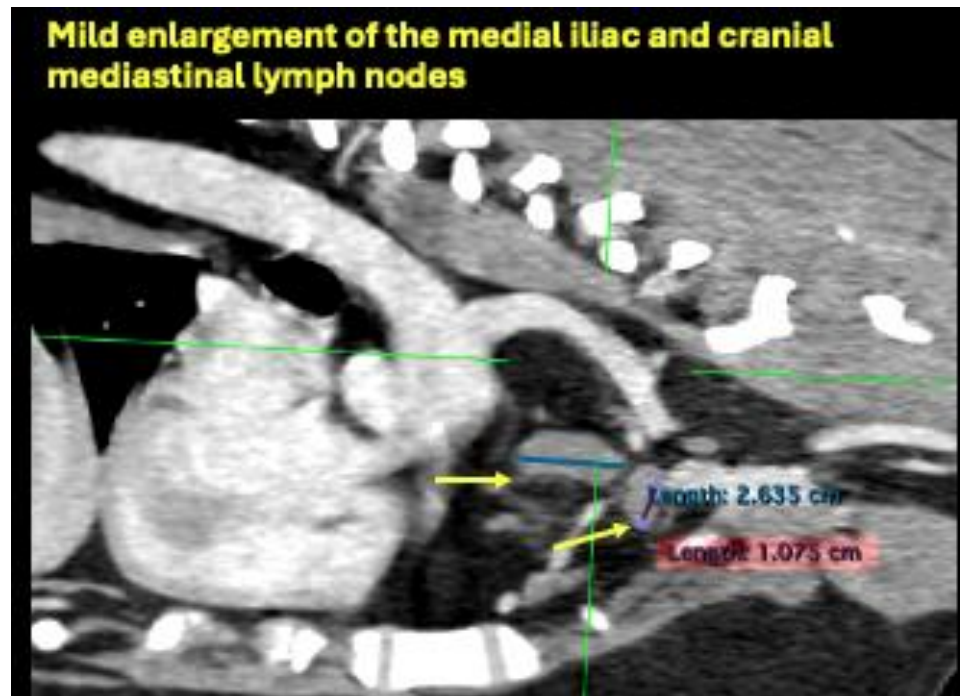
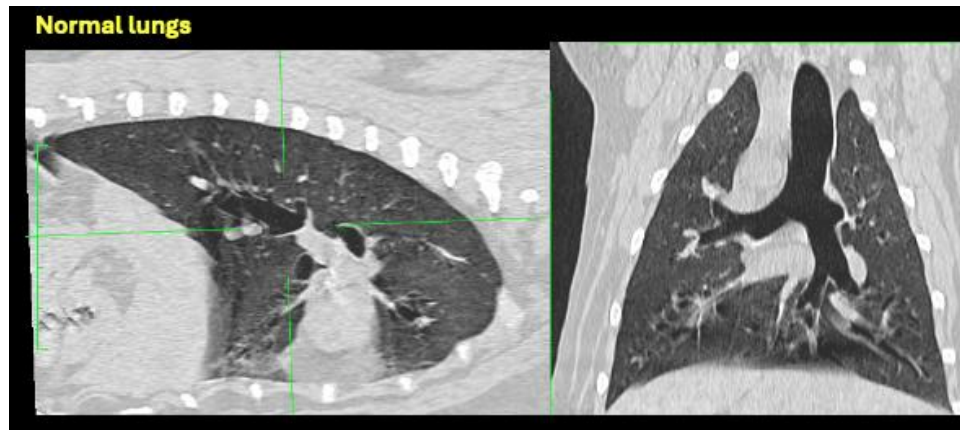
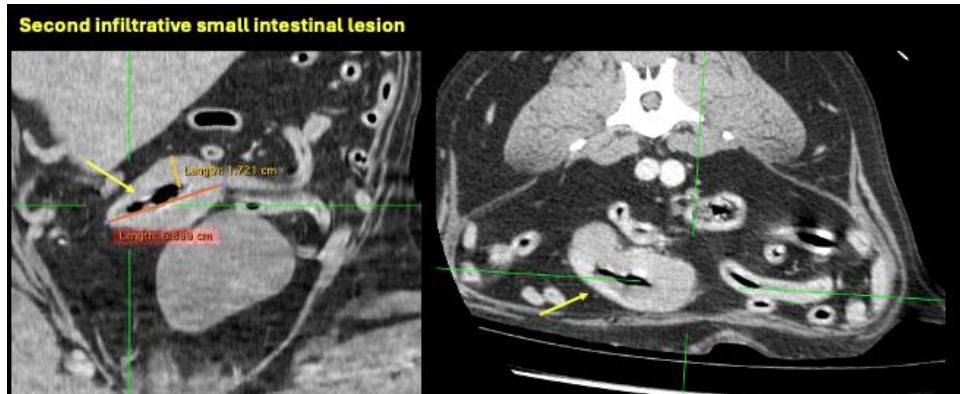
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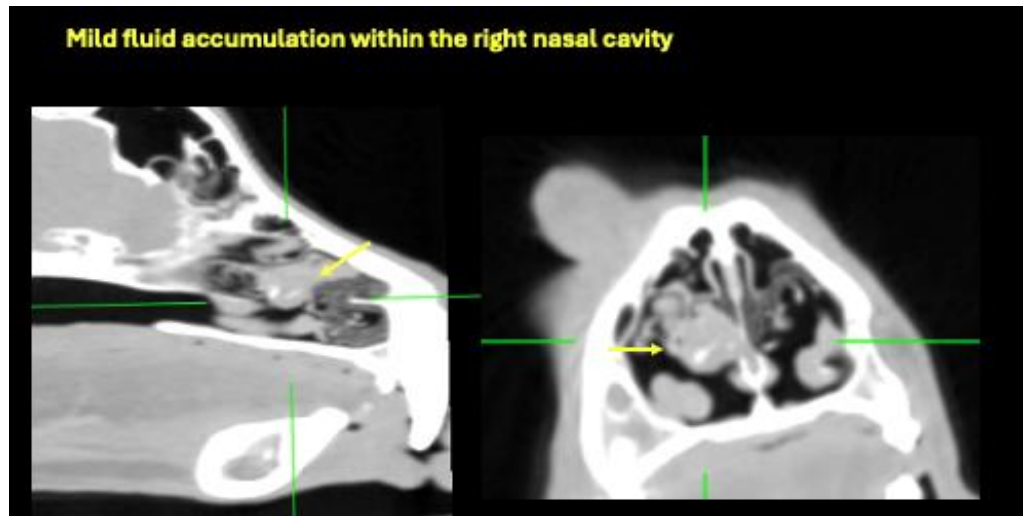
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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