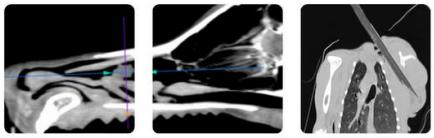


PATIENT

Theo Smith

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

9

WEIGHT

33

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

73934

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- neck and abdominal pain
- recurrent episodes

Abnormal PE/Chem/CBC/UA Results: cbc.chem normal urine pending

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the neck, thorax, and abdomen was provided for review, comprising eight series, including pre-contrast soft tissue, lung, and bone algorithms, and post-contrast abdominal soft tissue series.

COMPUTED TOMOGRAPHIC FINDINGS

NECK (CERVICAL REGION)

The cervical vertebral column includes C1 through C7, with collimation extending to T3.

Vertebral alignment is normal.

Intervertebral disc spaces are preserved.

The vertebral canal demonstrates normal attenuation.

No evidence of aggressive osseous lesions or significant degenerative proliferative changes is identified in the cervicothoracic region.

The cervical trachea and cervical esophagus are within normal limits.

The thyroid glands are normal in size, shape, attenuation, and contrast enhancement.

The surrounding cervical soft tissue structures are unremarkable.

THORAX

The trachea and mainstem bronchi are within normal limits.

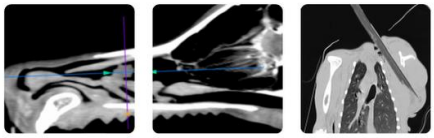
The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

Few sparse subpleural hyperattenuating mineral foci are present within the pulmonary parenchyma, consistent with incidental pulmonary osteomas. The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of micronodules, nodules, or masses.

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

The cardiac silhouette and pulmonary vasculature are within normal limits. Post-contrast vascular opacification is adequate.

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



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The thoracic esophagus is unremarkable.

Mild bilateral enthesophyte formation is present at the insertion of the biceps brachii tendons.

ABDOMEN

The liver is homogeneous in attenuation and demonstrates uniform contrast enhancement, with normal size and contour. The gallbladder, cystic duct, and common bile duct are within normal limits.

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

The urinary bladder is moderately distended with homogeneous hypoattenuating fluid. Wall thickness is within normal limits.

There is a small, ill-defined lesion of mixed attenuation located in the splenic tail, characterized by a hypoattenuating center and mild focal bulging of the splenic contour. The lesion measures approximately 2.7 × 1.6 cm. The remaining splenic parenchyma demonstrates homogeneous attenuation and uniform contrast enhancement.

The gastrointestinal tract is mildly distended but normally distributed. No abnormal mural thickening or mass effect is identified.

The colon contains gas and heterogeneously attenuating fecal material. Wall thickness is within normal limits.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The mesenteric and serosal fat demonstrate normal attenuation.

The prostate is small and unremarkable, consistent with neutered status.

At L7–S1, there is ventrolateral incomplete bridging spondylosis deformans, resulting in narrowing of the corresponding neurovascular foramen.

There are mild bilateral subchondral irregularities of the sacroiliac joints.

Multifocal mild incomplete spondylosis deformans is present along several thoracic and lumbar vertebral endplates.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Presence of a small focal splenic nodule resulting in mild contour bulging. Differential diagnoses include nodular hyperplasia, a small hematoma, or, less likely, early-stage primary splenic neoplasia.
- The remaining abdominal structures are within normal limits.
- Incidental sparse pulmonary mineral foci consistent with pulmonary osteomas. Otherwise, normal thoracic structures.
- Normal cervical spine.
- Multifocal mild thoracic and lumbar spondylosis deformans.
- L7–S1 ventrolateral incomplete bridging spondylosis deformans with associated narrowing of the neurovascular foramen.

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- Mild bilateral sacroiliac joint degenerative changes.
- Mild bilateral enthesopathy at the insertion of the biceps brachii tendons.

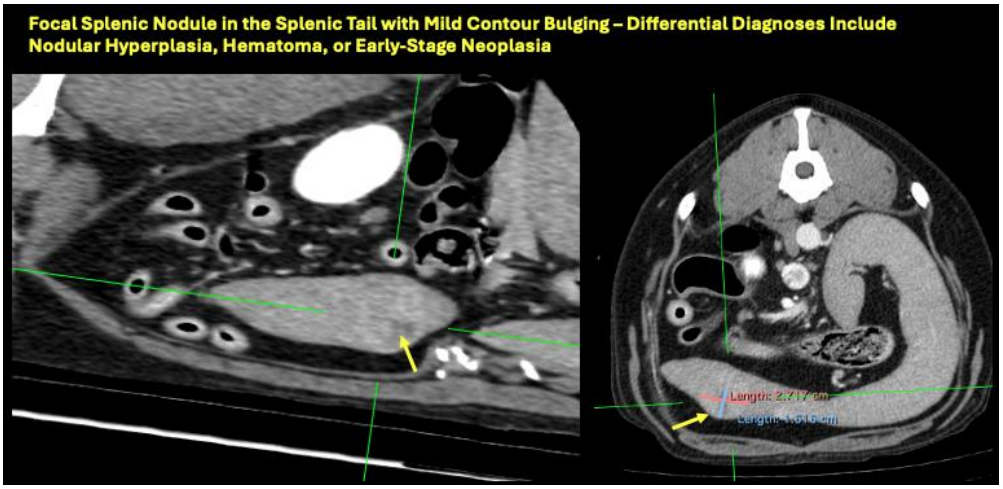
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal CT findings reveal only a small splenic nodule located in the splenic tail. The primary differential diagnoses include a benign lesion, such as nodular splenic hyperplasia. Other differential diagnoses include a small hematoma or, less likely, early-stage primary splenic neoplasia. There is no evidence of adjacent effusion or regional lymphadenomegaly. Short-term imaging follow-up (e.g., in 4–6 weeks) may be appropriate if a conservative approach is elected. Alternatively, ultrasound-guided fine-needle aspiration (FNA) may be considered for cytological evaluation, depending on the clinical context and risk assessment.

No abnormalities are identified in the thorax or cervical region.

L7–S1 spondylosis deformans is present, with mild narrowing of the corresponding neurovascular foramen. This finding may be associated with lumbosacral discomfort and could contribute to episodic pain.

If neurological deficits or persistent cervical or lumbosacral pain are present, MRI of the cervical and lumbosacral spine is recommended for further evaluation.



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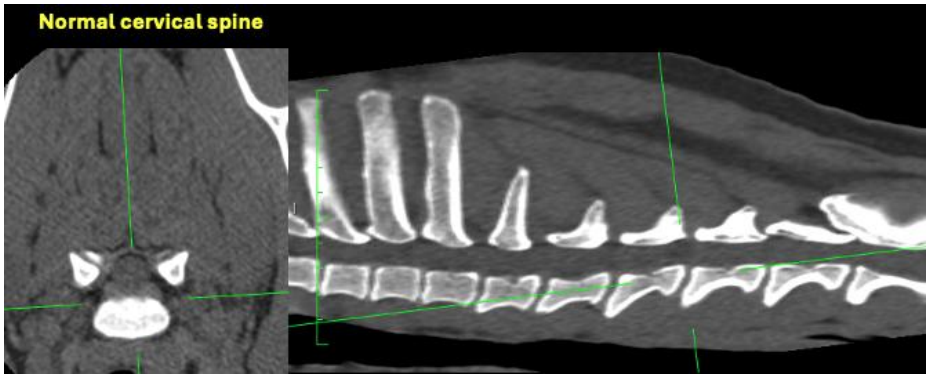

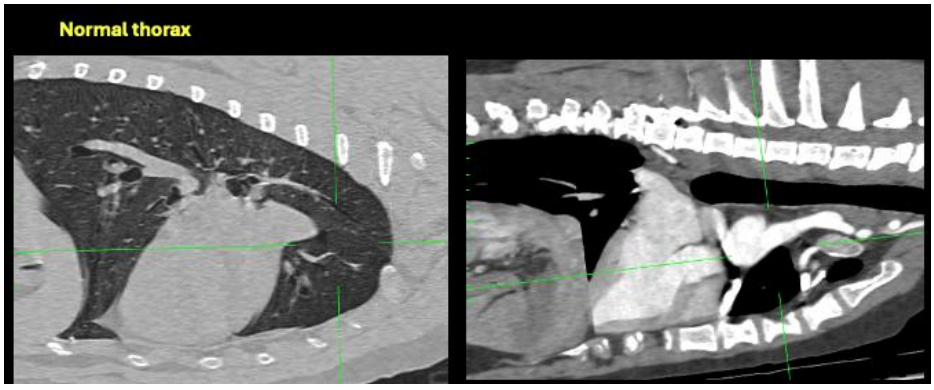

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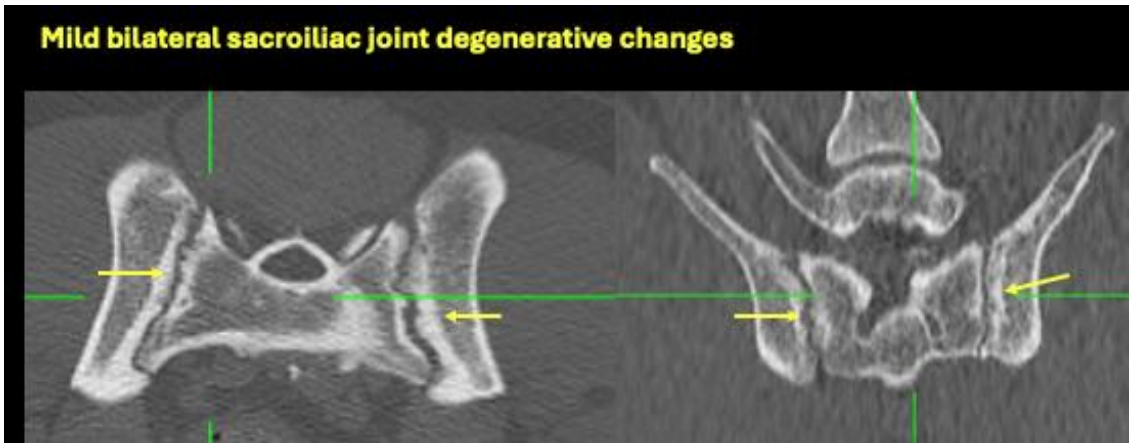

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com