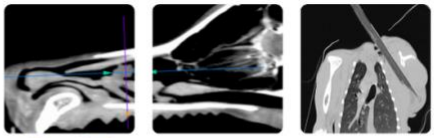


PATIENT

Guinness Fields

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

13 Years 1 Month

WEIGHT

67.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn W./Lisa C.

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Leigh Mooney, DVM

INVOICE

36459

DATE

3/31/26

PRESENTING CLINICAL SIGNS

13 yo MN canine, chronically elevated calcium was 14.2, now 12.8. Labs are otherwise unremarkable. Slight intermittent cough. Fullness to abdomen. Mass in abdomen. 10lb weight loss in approx 6mo

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 2 series. One pre-contrast series of the thorax and abdomen (bone algorithm), and one post-contrast series of the thorax and abdomen (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, amorphous, irregularly marginated mass is identified in the region of the splenic head. The lesion demonstrates heterogeneous contrast enhancement with multiple hypoattenuating cystic/cavitary areas intermixed with enhancing soft tissue components. It measures at least 12.6 × 8.0 × 7.9 cm.

There are few small to medium-sized hypoattenuating nodules scattered throughout the hepatic parenchyma, measuring approximately 0.7 to 2.1 cm. The liver is otherwise normal in size and contour.

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

Both adrenal glands are mildly enlarged with a mildly bulging contour. The right adrenal gland measures 1.6 × 2.9 cm, and the left adrenal gland measures 1.1 × 2.3 cm.

A few jejunal mesenteric lymph nodes are mildly enlarged. The remaining abdominal lymph nodes are within normal limits.

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

The stomach is mildly distended with homogeneous fluid and gas and is in normal position. The small intestine is nondilated and has normal wall thickness. The visible colon contains gas and a small amount of heterogeneous fecal material, with no significant mural abnormality.

The pancreas is within normal limits.

The serosal detail is preserved. There is no evidence of peritoneal effusion or peritonitis.

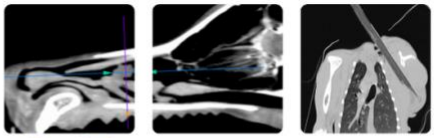
The urinary bladder and prostate gland are not included in the field of view.

THORAX

The trachea and main bronchi are within normal limits.

There is reduced pulmonary expansion in the gravity-dependent portions of the lungs, most pronounced in the left caudodorsal lung, resulting in peripheral consolidation and mild ipsilateral mediastinal shift. Additionally, there is a focal non-dependent area of pulmonary consolidation affecting a middle cranial lung lobe.

No pulmonary nodules, micronodules, or pulmonary masses are identified in the remaining aerated lung parenchyma.



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The bronchial tree is normal in branching pattern and caliber. Bronchial walls are smooth and thin.

The cardiac silhouette and pulmonary vessels are within normal limits.

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

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

A small cutaneous/subcutaneous soft tissue nodule is noted along the dorsal body wall at approximately the T11 level, measuring 1.2 cm.

Musculoskeletal Structures

There is multifocal thoracolumbar and lumbar spondylosis deformans, characterized by incomplete and complete bridging ventral endplate osteophytes.

There is in situ mineralization of the L5–L6 intervertebral disc.

COMPUTED TOMOGRAPHIC DIAGNOSIS

Large splenic mass centered in the splenic head, with heterogeneous enhancement and multifocal cystic/cavitary components. Primary differential diagnoses include splenic neoplasia, particularly hemangiosarcoma, histiocytic sarcoma, lymphoma, undifferentiated sarcoma, or other malignant mesenchymal neoplasm, and less likely a complex hematoma or benign splenic mass lesion.

Multiple hepatic hypoattenuating nodules are present and are concerning for metastatic disease, although multifocal nodular hyperplasia or other benign hepatic nodular processes remain differential considerations.

Mild bilateral adrenal enlargement is present. Differential considerations include adrenal hyperplasia, and less likely early neoplastic change.

Mild jejunal mesenteric lymphadenomegaly is present and is most likely reactive, although metastatic involvement cannot be excluded.

Dependent and focal pulmonary consolidative changes are present and are favored to represent passive atelectatic change. Especially in the non-gravity dependent portions, right middle lung lobe mild pneumonia should be considered. There is no CT evidence of pulmonary metastatic nodules.

A small dorsal subcutaneous/dermal nodule is present at the T11 level. Differential diagnoses include a benign cutaneous/subcutaneous nodule, granuloma, or soft tissue neoplasia.

Multifocal thoracolumbar spondylosis deformans and L5–L6 disc mineralization are also noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings demonstrate a large splenic mass with heterogeneous enhancement, most concerning for a primary splenic neoplasm. Based on its size, heterogeneous enhancement pattern, and internal cavitary/cystic components, a malignant splenic tumor is suspected. The presence of multiple hepatic nodules raises concern for metastatic spread, although benign hepatic nodular disease remains a differential consideration.

There is no tomographic evidence of pulmonary metastatic nodules at the time of this study.

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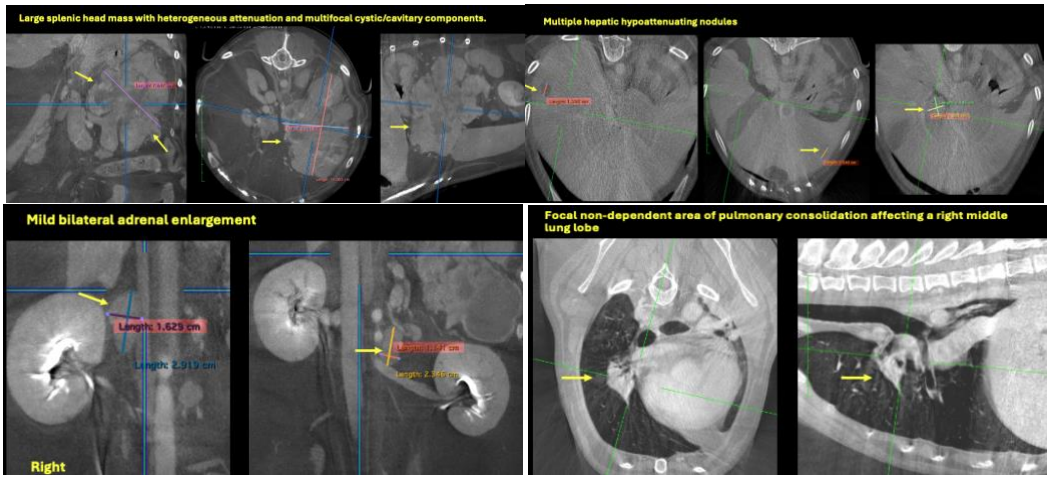
Mild bilateral adrenal enlargement is present and is considered a nonspecific finding. Correlation with an endocrine laboratory panel may be considered if clinically indicated.

Regarding the pulmonary findings, the primary differential diagnosis is passive pulmonary atelectasis. However, due to the presence of a focal non-dependent consolidation in the right middle lung lobe, incipient pneumonia should also be considered.

Cytologic or histopathologic sampling of the splenic mass and/or hepatic nodules is recommended for definitive diagnosis. Abdominal ultrasonography may be useful for targeted lesion characterization and sampling guidance. Surgical consultation may be considered regarding splenectomy.



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