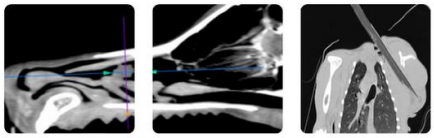


PATIENT

Juliet Schultz

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

14

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74431

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- presented for further evaluation of a suspected abdominal mass

Abnormal PE/Chem/CBC/UA Results: alp 512, glob 5.3

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 tail. The lesion demonstrates heterogeneous contrast enhancement, with multiple hypoattenuating cystic/cavitary areas intermixed with enhancing soft tissue components. It measures approximately 6.5 × 6.0 × 5.8 cm. The remaining splenic parenchyma is preserved in contour, with mildly mottled enhancement.

There are few small to medium-sized hypoattenuating nodules scattered throughout the hepatic parenchyma. The largest lesion is located in the left medial hepatic lobe, measuring approximately 2.7 × 2.5 cm. The remaining lesions measure between approximately 0.5 and 1.3 cm. The liver is otherwise within normal size limits.

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

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

The kidneys are normal in size, with mild irregular cortical contour and multifocal cortical retractions. Within the right renal cortex, there is a small triangular hypoattenuating cortical focus, consistent with a renal infarct. The renal pelves and ureters are within normal limits.

The gastrointestinal tract is normally distended and demonstrates no significant mural thickening. Mild peripheral displacement of bowel loops is present secondary to the splenic mass effect.

The colon and rectum contain gas and a small amount of heterogeneous fecal material, without significant mural abnormality.

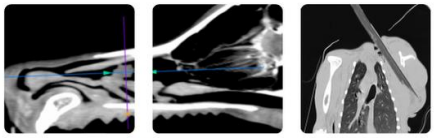
Serosal detail is preserved. There is no evidence of peritoneal effusion or peritonitis.

The uterus is not visualized, consistent with prior ovariohysterectomy.

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

THORAX

The trachea and main bronchi are within normal limits.



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The sternal lymph nodes are mildly enlarged, measuring approximately 0.8 cm. The cranial mediastinal and tracheobronchial lymph nodes are unremarkable.

The pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary micronodules, nodules, or mass lesions.

The bronchial tree shows 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. Contrast opacification is adequate.

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

Musculoskeletal Structures

Mild C7–T1 spondylosis deformans is present, characterized by small incomplete bridging ventral endplate osteophytes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large cavitary/heterogeneously enhancing splenic tail mass, and concurrent mottle enhancement. Primary differential diagnoses include splenic neoplasia, particularly hemangiosarcoma, histiocytic sarcoma, lymphoma, undifferentiated sarcoma, or less likely a complex hematoma or benign splenic mass lesion.
- Few hypoattenuating hepatic nodules, concerning for metastatic disease, although benign nodular processes such as nodular hyperplasia or other primary hepatic lesions cannot be excluded.
- Mild sternal lymphadenomegaly, reactive change versus possible metastatic involvement.
- Mild chronic renal cortical scarring/retraction with a small right renal cortical infarct, mild renal degenerative changes.
- No CT evidence of pulmonary metastatic disease.
- Mild C7–T1 spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT 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 few 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.

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.

Mild enlargement of the sternal lymph nodes is present, reactive or early metastatic disease.

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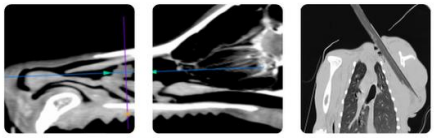

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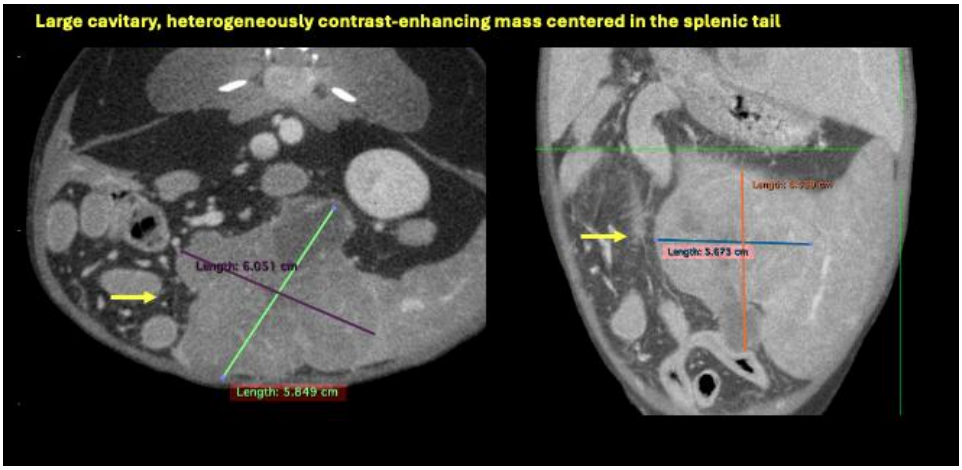

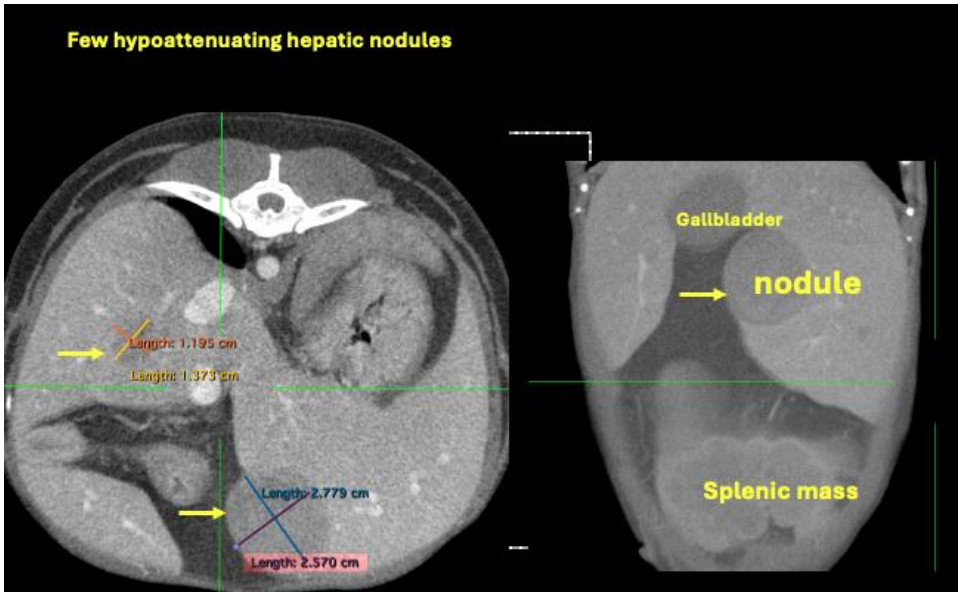

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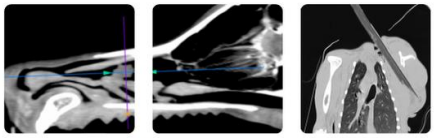

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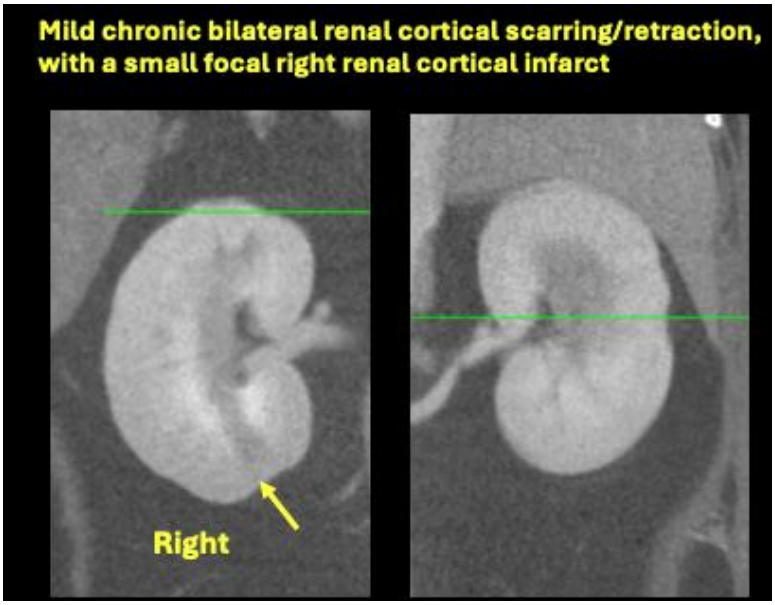

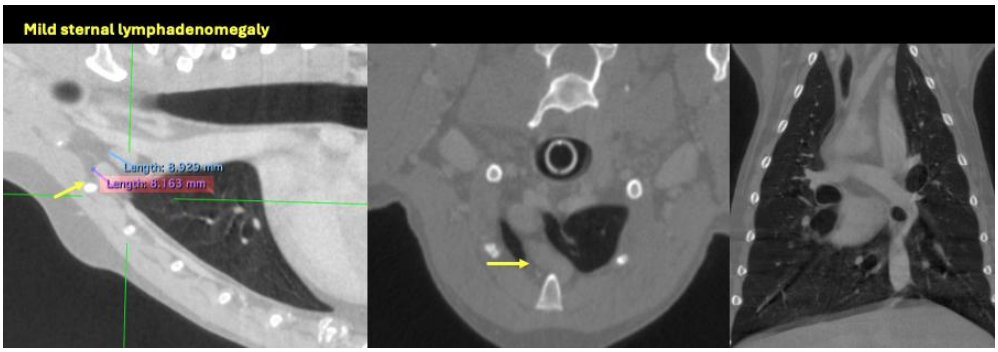

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com