



PATIENT

Stella Oliver

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

10

WEIGHT

44.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Valley Veterinary
Associates

HOSPITAL NAME

Valley Veterinary
Associates

REFERRING VET

Dr. Jonathan Davis

INVOICE

74442

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- hx of mast cell tumor
- rDVM did U/S- referred for full u/s to us
- vital rads revealed nodules in spleen/bilateral chronic nephropathy
- bldwork showed elevated liver values (ALT), 4dx neg x4
- still uncomfortable, not eating well, loosing weight
- looking for full abdominal read for any signs of cancer/other issues

Abnormal PE/Chem/CBC/UA Results: increased ALT

COMPUTED TOMOGRAPHIC STUDY OF THE 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 abdomen (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

Within the left lateral hepatic lobe, adjacent to the diaphragm, there is a well-defined hypoattenuating cystic lesion measuring approximately 2.2 × 2.2 cm, as well as a smaller microcystic lesion measuring approximately 0.4 cm. The remaining hepatic parenchyma is homogeneous, with normal attenuation and uniform contrast enhancement. Hepatic size and shape are within normal limits.

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

The spleen is normal in size and shape, with mildly irregular capsular contour. Multiple small, fat-attenuating nodules are scattered throughout the splenic parenchyma, predominantly along the mesenteric surface and adjacent to the splenic vessels. A mild mottled appearance is noted.

The kidneys are normal in size, shape, and contour. Multiple small, linear hypoattenuating foci are observed scattered throughout the renal cortices bilaterally. The renal pelvises and ureters are within normal limits.

The urinary bladder is moderately distended, containing fluid and contrast material, with normal wall thickness.

The stomach is mildly distended with fluid and gas, maintaining normal position and wall thickness.

The duodenum and small intestine are non-dilated, containing small amounts of fluid and gas, with normal wall thickness.

The colon and rectum contain fecal material admixed with gas, without mural abnormalities.

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

The serosal fat shows normal attenuation, with no evidence of peritoneal effusion or peritonitis.

The uterus and ovaries are not visualized, consistent with prior ovariohysterectomy.

The musculoskeletal structures are unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cystic lesions within the left lateral hepatic lobe (largest measuring 2.2 cm), most consistent with hepatic cysts. Differential diagnoses include other benign cystic lesions and, less likely, cystic neoplasia.
- Multiple fat-attenuating splenic nodules with a mild mottled appearance. Differential diagnoses primarily include myelolipomas, based on the imaging characteristics of the nodules. Concurrent nodular hyperplasia and/or extramedullary hematopoiesis are also considered. Infiltrative or neoplastic processes are considered less likely.
- Multiple small linear hypoattenuating cortical renal foci are present bilaterally, suggestive of mild chronic degenerative change or linear cortical infarcts - scars.

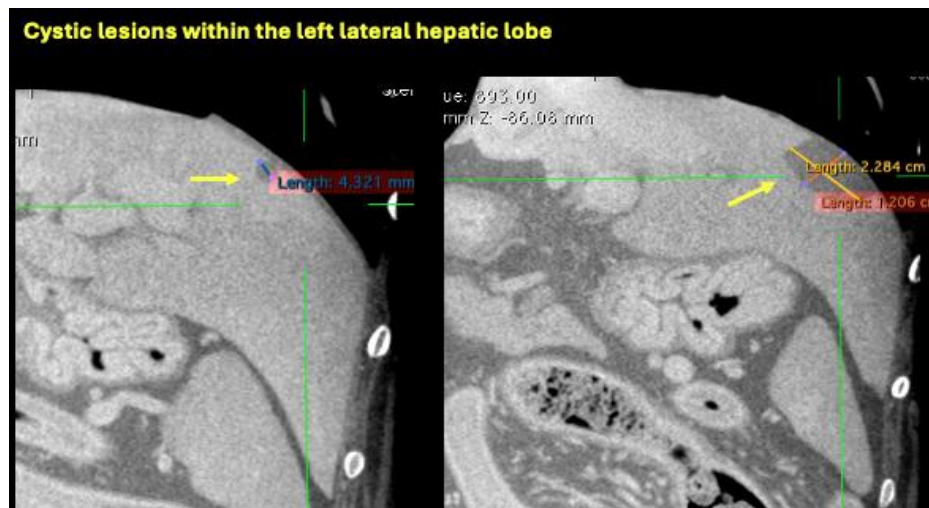
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic findings are most consistent with benign cystic lesions. These are likely incidental; however, follow-up imaging may be considered to assess stability. Differential diagnoses for hypoattenuating hepatic lesions include cysts, nodular hyperplasia, or less likely cystic neoplastic processes.

The splenic findings are suggestive of benign changes such as myelolipomas and nodular hyperplasia. Ultrasonographic follow-up and/or ultrasound-guided fine-needle aspiration (FNA) may be considered, if clinically indicated.

The renal cortical changes likely represent renal infarct scars; correlation with renal function (including serum biochemistry and urinalysis) is advised.

Overall, there is no evidence of aggressive abdominal disease. Periodic imaging follow-up and clinical monitoring are recommended, as clinically indicated.





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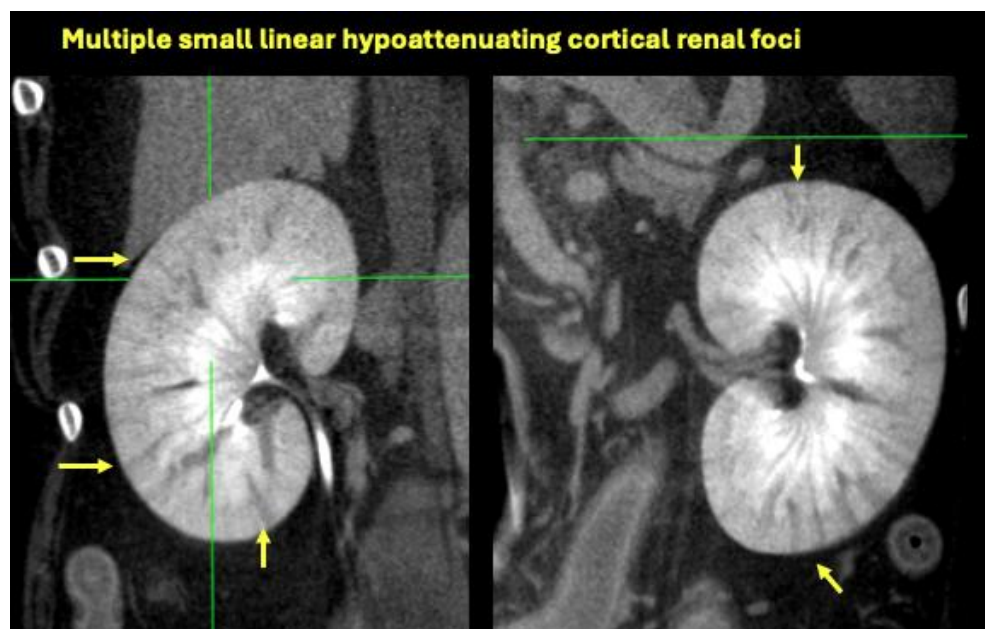
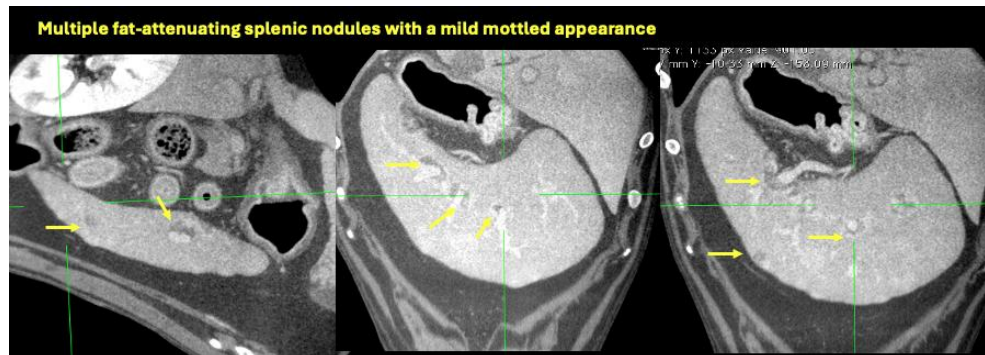
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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