



PATIENT

Henry Heller

SPECIES

Canine

BREED

Vizsla

SEX

Male Neutered

AGE

11Y

WEIGHT

71.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

74578

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Pet has been Coughing for couple weeks. Rad reveal sternal and tracheobronchial lymphadenopathy
Abnormal PE/Chem/CBC/UA Results: CBC = Normal Alkp = 375 T4 = Normal

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the neck, thorax and abdomen is provided for review totaling 6 series. Two pre-contrast series and four post-contrast series, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

NECK

Multiple cervical lymph nodes (superficial cervical, deep cervical, and medial retropharyngeal) are markedly enlarged and rounded. The largest superficial cervical lymph nodes measure approximately 3.7 × 2.8 cm and 3.1 × 3.5 cm.

The parotid and mandibular salivary glands are unremarkable.

The thyroid glands are unremarkable.

The cervical trachea and esophagus are within normal limits.

Mild enthesophyte formation is noted at the insertion of the subscapularis muscle.

THORAX

The subscapular (axillary) lymph nodes are enlarged and rounded.

There is marked, generalized enlargement of multiple thoracic lymph nodes, including sternal, cranial mediastinal, and tracheobronchial lymph nodes. These are rounded and enlarged, with the largest measuring approximately 3.1 × 1.8 cm and 2.8 × 2.1 cm.

A mild amount of pleural effusion is present.

The trachea is dorsally displaced with partial margin effacement due to adjacent lymphadenomegaly; however, the lumen remains patent.

There is reduced pulmonary expansion in regions adjacent to the pleural effusion, with associated dependent consolidation showing normal contrast enhancement, consistent with atelectasis.

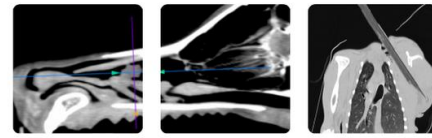
A pulmonary bulla is present in the left caudal lung lobe, measuring approximately 1.5 cm.

The remaining aerated pulmonary parenchyma is unremarkable, with no evidence of nodules or masses. The bronchial tree is normal in distribution and morphology.

The cardiac silhouette and pulmonary vasculature are within normal limits.

A well-defined, homogeneous fat-attenuating mass is present in the right ventrolateral thoracic wall (subscapular region), consistent with a lipomatous lesion.

The diaphragm, ribs and thoracic esophagus are unremarkable.



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ABDOMEN

The spleen is markedly enlarged with a bulging contour. A large, hypoattenuating mass is identified within the splenic body, measuring approximately 7.5 × 5.3 cm, causing capsular deformation. There is mild adjacent fat stranding and a small amount of regional effusion.

A small (0.7 cm), well-defined cystic lesion is present in the left medial hepatic lobe. The remaining hepatic parenchyma is unremarkable.

Multiple abdominal lymph nodes (hepatic, gastric, splenic, mesenteric, medial iliac, and sacral) are variable enlarged and rounded.

The kidneys, ureters, and urinary bladder are within normal limits.

The gastrointestinal tract is unremarkable, with normal wall thickness and distribution.

The pancreas and adrenal glands are within normal limits.

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

Multifocal mild spondylosis deformans is noted. Additionally, small amounts of mineralized extradural material are present in the lumbar spine, consistent with chronic intervertebral disc disease.

Mild dystrophic mineralization is observed adjacent to the femoral trochanter.

The inguinal lymph nodes are enlarged and rounded.

Few small subcutaneous lipomatous nodules are noted in the ventral abdominal region.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked generalized lymphadenomegaly involving cervical, thoracic (sternal, mediastinal, tracheobronchial), abdominal, and inguinal lymph nodes. Differential diagnoses include multicentric round cell neoplasia, particularly lymphoma or histiocytic sarcoma.
- Splenomegaly with a large splenic mass (7.5 cm), associated with mild regional effusion and adjacent fat stranding. Differential diagnoses include splenic neoplasia, likely associated with multicentric disease; less likely considerations include nodular hyperplasia or hematoma.
- Mild pleural effusion.
- Incidental pulmonary bulla in the left caudal lung lobe.
- Right thoracic wall lipomatous mass, with multiple subcutaneous lipomas and a few additional small subcutaneous lipomatous lesions.
- Chronic degenerative spinal changes, including spondylosis deformans and intervertebral disc disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are most consistent with a multicentric neoplastic process, with lymphoma considered the primary differential diagnosis, followed by histiocytic sarcoma, others. The splenic mass is likely part of the same systemic process.

Mild pleural effusion is present.



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Incidental findings include pulmonary bulla, lipomatous lesions, and chronic degenerative spinal changes.

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Recommendations:

Fine-needle aspiration (FNA) of peripheral lymph nodes for cytology.

Ultrasound-guided FNA of the splenic lesion.

Thoracic ultrasound guided thoracocentesis and fluid analysis, if clinically indicated.

Oncologic staging and consultation.

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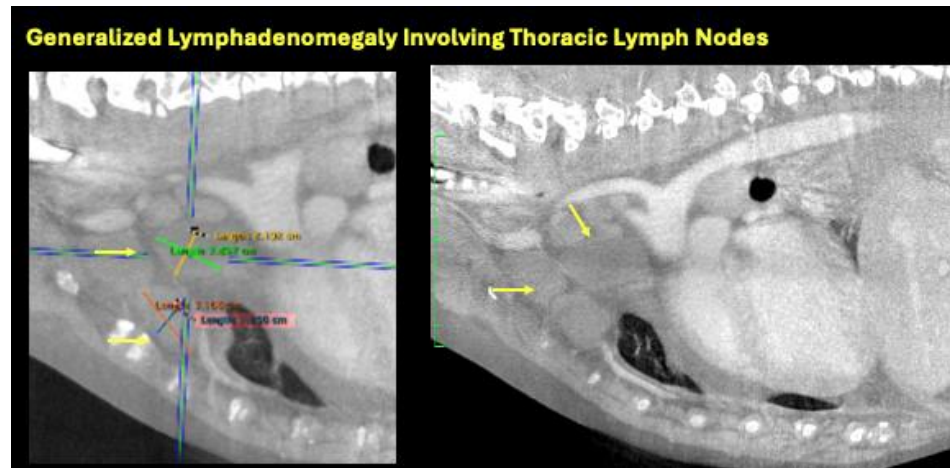
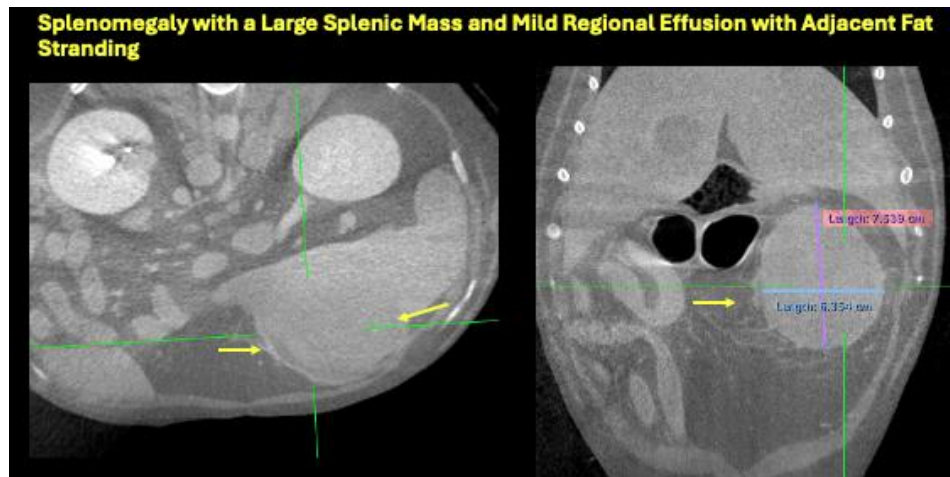
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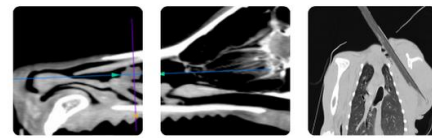
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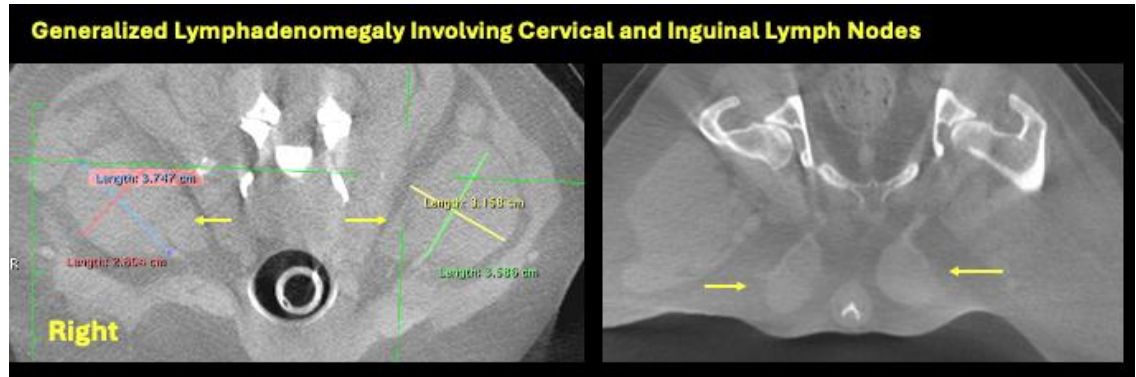
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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