PATIENT

Willow Friedman

SPECIES

Canine

BREED

Bernadoodle

SEX

Male Neutered

AGE

8Y

WEIGHT

63.8lbs

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

74581

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Spinal tumor T11-T12
Abnormal PE/Chem/CBC/UA Results: T11-T12 large mass with compression of the spinal cord. Ill-define, 9.5 mm H x 6.0 mm W x 42.5 mm L, homogeneously contrast enhancing mass in the right lateral aspect of the vertebral canal from the level of the mid of T11 to the level of the T12-13 interval foramina. The mass causes widening of the T11-12 intervertebral foramina with extension into the adjacent tissues. Minimal protrusion of the lumbosacral intervertebral disc into the ventral vertebral canal.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LUMBAR SPINE

Pre- and post-contrast computed tomographic examination of the thoracolumbar spine was provided for review, acquired in transverse plane using soft tissue algorithms, comprising three series (pre-contrast T5–L3; post-contrast T11–L2; post-contrast caudal T10–L2).

COMPUTED TOMOGRAPHIC FINDINGS

THORACOLUMBAR SPINE

Pre-contrast images:

Mild mottled appearance of the right pedicle of T12, without cortical disruption or periosteal reaction. No additional vertebral medullary bone abnormalities are identified.

Tiny, incomplete bridging spondylosis deformans is noted at T5–T6 and T13–L1.

Intervertebral disc spaces and intervertebral foramina are within normal limits. Vertebral alignment is preserved. Articular facets are unremarkable.

At the caudal extent of the field of view, an amorphous retroperitoneal soft tissue mass effect is partially visualized ventrally at the level of L2–L3, extending toward the renal hila and obscuring the margins of the adjacent large vessels.

Post-contrast images:

There is no clearly defined contrast-enhancing soft tissue mass identified within the right lateral aspect of the vertebral canal at T11–T12 in the acquired post-contrast series.

The partially visualized retroperitoneal mass effect persists, with similar characteristics, involving the region of the renal hila and obscuring the adjacent large vessels.

Additionally, multiple mildly enlarged abdominal lymph nodes are noted, including hepatic and mesenteric lymph nodes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild mottled appearance of the right T12 pedicle. Differential diagnoses include bone marrow disease or fat accumulation (artifact). No aggressive osseous features are identified.

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- Partially visualized amorphous retroperitoneal soft tissue mass at the level of L2–L3, extending toward the renal hila and obscuring adjacent major vascular structures.
- Mild generalized abdominal lymphadenomegaly (hepatic and mesenteric), which may be reactive or metastatic.
- Mild, incidental spondylosis deformans (T5–T6 and T13–L1).
- No clear evidence of the previously reported soft tissue mass within the vertebral canal at T11–T12 is identified in the current study, despite prior suspicion of a space-occupying lesion at this level.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a mild mottled appearance of the right T12 pedicle. Differential diagnoses include bone marrow disease or fat accumulation (artifact). No aggressive osseous features are identified.

The partially visualized retroperitoneal mass, in conjunction with abdominal lymphadenomegaly and the mottled appearance of the T12 pedicle, raises concern for a neoplastic process. Differential diagnoses include primary soft tissue neoplasia lymphoma, multiple myeloma, sarcoma or metastatic disease.

A complete abdominal ultrasonographic examination is recommended. If feasible, ultrasound-guided fine-needle aspiration or biopsy of the retroperitoneal mass and/or enlarged lymph nodes is advised for definitive diagnosis of not previous determinate.

The previously reported T11–T12 vertebral canal mass is not clearly identified in the current post-contrast series. This may reflect interval regression of the lesion or limitations of the current study. Given the clinical history of spinal cord compression, the presence of an extradural or intradural lesion cannot be completely excluded.

Magnetic resonance imaging (MRI) of the thoracolumbar spine is recommended for improved characterization of the suspected spinal canal lesion and assessment of spinal cord involvement.

Correlation with clinical findings and progression of neurological signs is advised.

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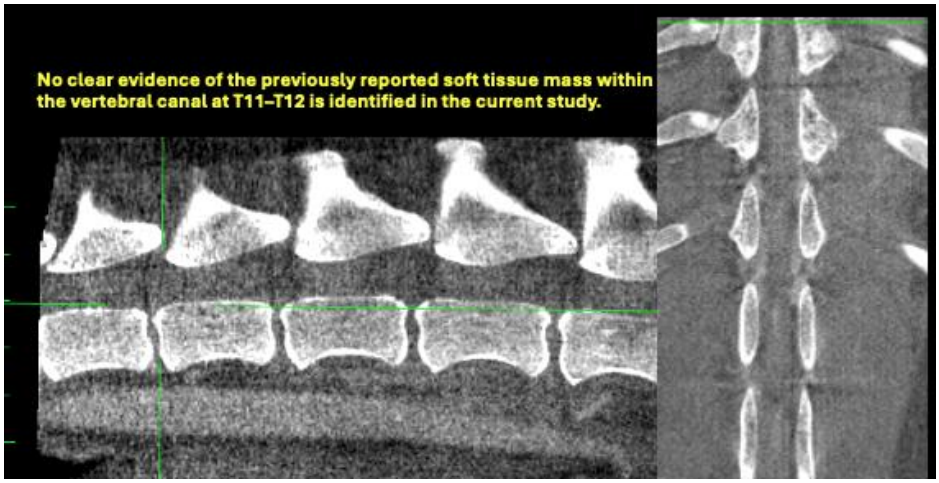

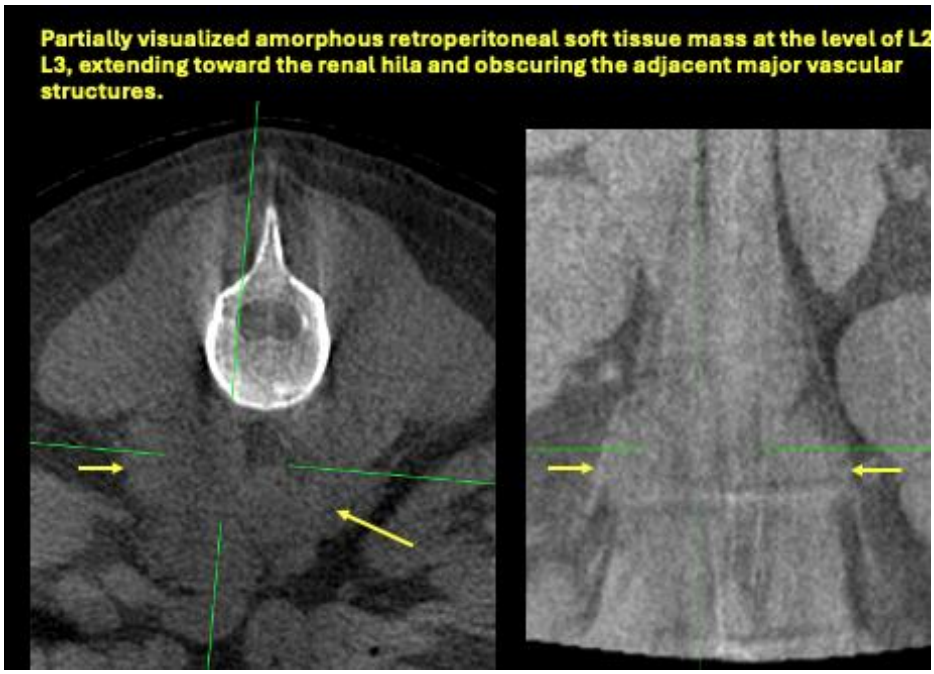

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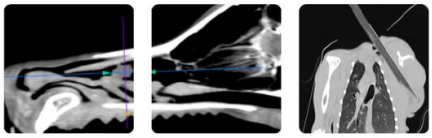

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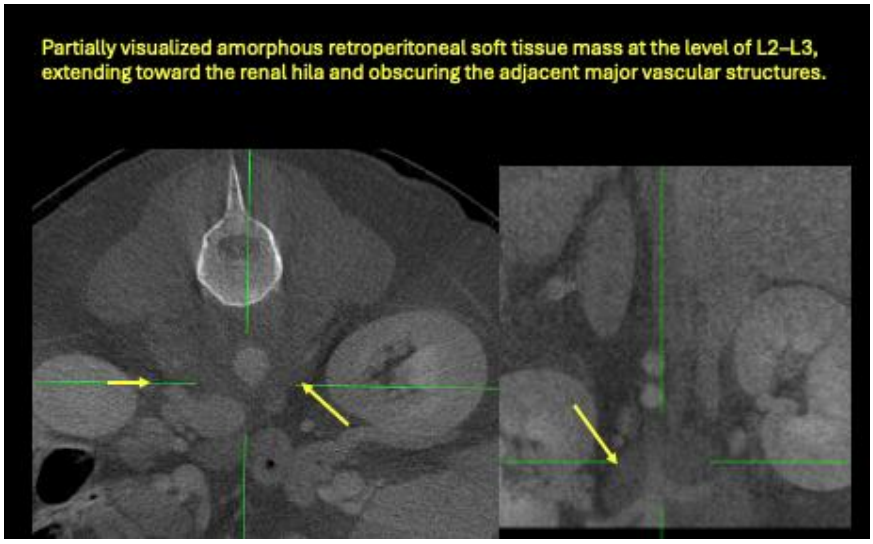

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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