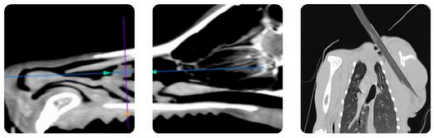


PATIENT

Athena Langel

SPECIES

Canine

BREED

Boxer Mix

SEX

Female Spayed

AGE

9Y, 4M

WEIGHT

41.00lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

74678

DATE

4-20-26

PRESENTING CLINICAL SIGNS

4/19/2026: The owner has the following concerns: Initially lethargic, legs splaying out behind her. Patient still a little lethargic but unsure if it is from gabapentin.
- The length of symptoms: Came in on 4/16.
- Is the patient on any medication Yes, please list Gabapentin 300mg, fluoxetine 20mg.
- Meds last given: Fluoxetine given last night, Gabapentin given this AM around 7 with small amount of peanut butter.
- Is the patient on any parasite prevention or supplements Yes, Bravecto.
ASSESSMENTS
- Large abdominal mass, suspected splenic origin r/o renal mass vs. hepatic mass.
- Cardiac arrhythmia r/o secondary to abdominal mass vs. primary cardiac disease.
- Lethargy r/o abdominal mass vs. medication effect (gabapentin).
Abnormal PE/Chem/CBC/UA Results: PE: Appearance: Quiet, alert and responsive; Cardiovascular: Ventricular arrhythmia present, no murmur. Pulses are strong and synchronous; Gastrointestinal/Abdominal: large mass effect in abdomen, no pain elicted on palpation; Musculoskeletal: Generalized muscle wasting; crepitus in knees and hips; full ROM allowed in hind limbs; UA: Collection method Cystocentesis; Color Straw; Clarity Clear; Specific Gravity 1.007; pH 9.0; WBC <1/HPF; RBC <1/HPF; Non-Squamous Epithelial Cells <1/HPF; CBC & Chem: WNL; 4DX: Negative;

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 4 series. Two pre-contrast series of the thorax (bone algorithm), one pre-contrast series of the abdomen (soft tissue algorithm), and two post-contrast series of the abdomen (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, well-defined, rounded mass is identified at the level of the splenic head, occupying the left cranial abdomen and extending toward the left retroperitoneal space. The mass measures approximately 8.7 × 8.6 × 8.7 cm. It exhibits heterogeneous attenuation with large central hypoattenuating cavitary areas and a thin peripheral capsule. There is focal capsular distortion and a small area of suspected capsular discontinuity along its lateral aspect.

Mild regional adjacent peritoneal effusion and regional fat stranding are present, more evident along the lateral margin of the mass.

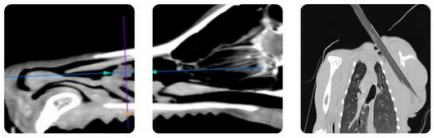
The mass causes marked mass effect with caudal displacement of adjacent abdominal structures, including caudal displacement of the left kidney. There is intimate contact with the cranial pole of the left kidney, resulting in mild deformation of the renal contour; adhesions cannot be excluded.

The remaining splenic parenchyma is mildly heterogeneous with more normal shape.

The liver is within normal limits in size, shape, and attenuation. The gallbladder and biliary tract are within normal limits.

The portal vein and caudal vena cava are unremarkable, with no filling defects.

The pancreas and adrenal glands are unremarkable.



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The right kidney is normal. The left kidney shows mild cranial pole deformation secondary to mass effect and a triangular hypoattenuating region at the caudal pole, consistent with renal infarction. The renal pelvis and ureters are unremarkable.

The gastrointestinal tract is within normal limits in wall thickness and distension, with positional displacement due to the splenic mass. The colon and rectum contain a moderate amount of fecal attenuation heterogeneous material, normal wall thickness.

The urinary bladder is moderately distended, homogeneous hypoattenuating material with discrete hyperattenuating contrast material with normal wall thickness. The urethra is unremarkable.

Mild diffuse thickening of the vulvar wall is noted without a discrete mass.

No significant generalized peritoneal effusion is identified aside from the mild fluid adjacent to the splenic mass.

A mildly enlarged splenic lymph node is present, measuring approximately 0.9 cm. No other abdominal enlarged lymph nodes are observed.

THORAX

The trachea and main bronchi are normal in diameter and position.

The cranial mediastinum and intrathoracic lymph nodes are within normal limits.

A small parenchymal band is present in the left cranial lung lobe, likely representing atelectasis.

At least three small pulmonary bullae are identified, measuring approximately 0.4–1.2 cm, with thin walls and inner gas attenuation.

Scattered small mineralized subpleural foci are present. The remaining aerated pulmonary parenchyma is unremarkable, with no evidence of soft tissue nodules or masses. The bronchial tree is normal in distribution and morphology.

The cardiac silhouette and pulmonary vessels are within normal limits.

The diaphragm and thoracic wall are unremarkable.

Multifocal thoracic and lumbar spondylosis deformans is noted. At L7–S1, there is complete bridging spondylosis, more pronounced on the right, causing narrowing of the right neurovascular foramen.

In the thoracic spine, mild irregularity of the articular surfaces at T4–T5 is noted, suggestive of degenerative change or possible early discospondylitis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large splenic mass, cavitary and heterogeneous, with mild perilesional effusion and fat stranding, causing significant mass effect and displacement of adjacent structures. Differential diagnoses: splenic neoplasia (e.g., hemangiosarcoma, other sarcomas, less likely lymphoma), less likely benign nodular hyperplasia with hemorrhage, hemangioma or hematoma.
- Mild enlargement of the splenic lymph node, reactive vs. metastatic.
- Secondary mass effect on the left kidney with possible adhesions. Left renal infarction (caudal pole).

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- Mild diffuse thickening of the vulvar wall is noted, without a discrete mass. Findings may be consistent with swelling or inflammation (e.g., vaginitis).
- Incidental pulmonary bullae and pulmonary osteomas.
- No evidence of pulmonary metastatic disease.
- Multifocal spondylosis deformans, including L7–S1 with right-sided foraminal narrowing.
- Mild T4–T5 articular irregularity (degenerative vs. early discospondylitis).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are most consistent with a large splenic mass with cavitary components and mild regional effusion, highly suspicious for splenic neoplasia, particularly hemangiosarcoma; however, a hematoma, hemangioma or other neoplastic processes cannot be excluded based on imaging alone.

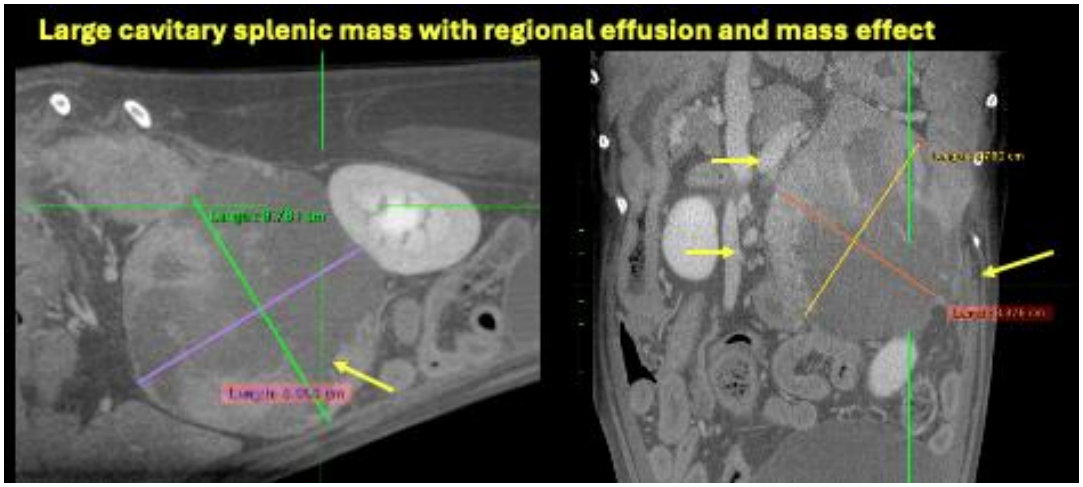
The presence of mild peritoneal effusion and capsular irregularity raises concern for small partial rupture or leakage, not necessarily active hemorrhage.

There is no CT evidence of pulmonary metastasis.

A left renal infarction is noted. There is intimate contact between the splenic mass and the cranial pole of the left kidney, and adhesions cannot be excluded.

Surgical consultation for splenectomy is advised, if clinically appropriate. Histopathological evaluation is required for definitive diagnosis.

Abdominal monitoring for progression of effusion or signs of hemorrhage is recommended. Correlation with a coagulation profile may be beneficial.



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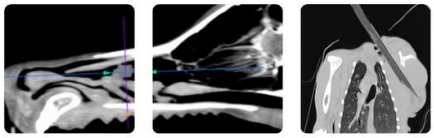

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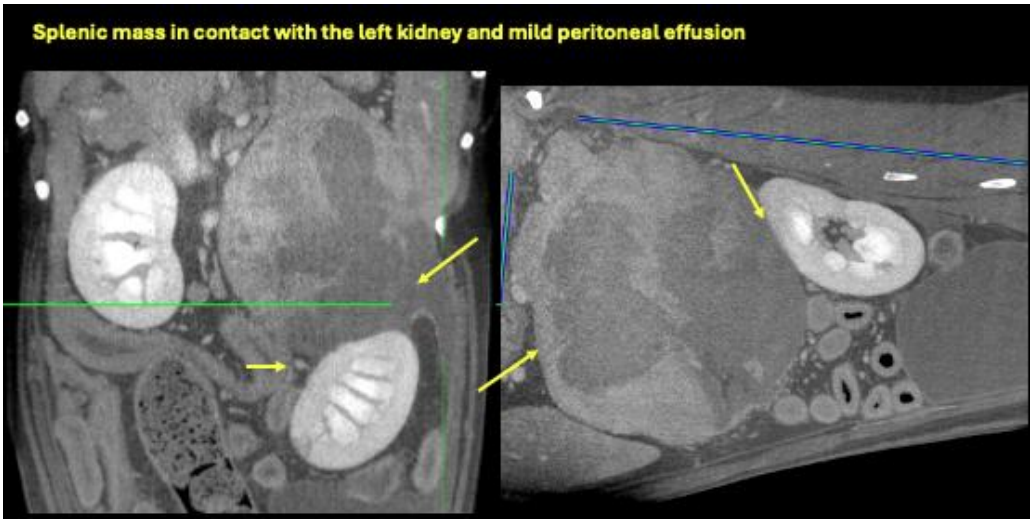

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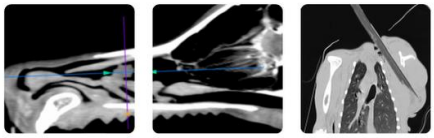

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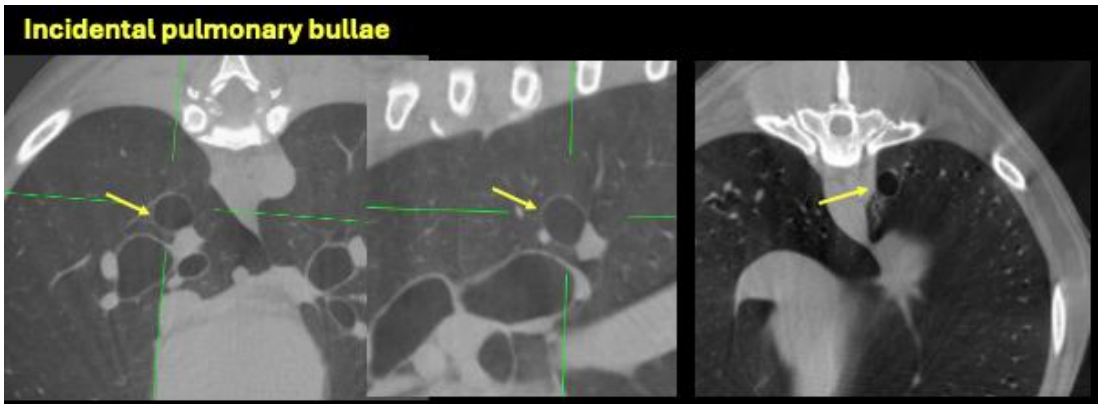

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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