



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Matilda Pocock  
**SPECIES** Canine  
 Matilda had a splenic mass removed in January 2022 which was diagnosed as plasma cell neoplasia. She has been relatively healthy since then. Recently she has been a little off and on her food with mild diarrhoea intermittently. Recent bloods had a mild anaemia, mild elevated globulins and a neutrophilia/monocytosis on bloods. A liver mass was identified on ultrasound and FNAs revealed plasma cells. The suspicion is that Matilda either has: lymphoplasmacytic low grade lymphoma or metastatic plasmacytoma or multiple myeloma. Matilda was referred for a CT scan to rule out or confirm the possible differentials above. Both native and post IV contrast studies were performed.

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN, SPINE, AND MUSCULOSKELETAL STRUCTURES**

**BREED** Cavoodle  
**SEX** Female  
 A pre- and post-contrast CT study of thorax, abdomen, spine, and musculoskeletal structures are provided for review totaling 4 series. Three pre-contrast series of the thorax and abdomen (full abdomen), soft tissue, bone, and lung algorithm. Two post-contrast series of the abdomen, soft tissue algorithm.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SPINE**

**AGE** 11  
 SPINE (C1-C7, T1-T13, L1-L7 and sacrum).  
 The T12-T13 intervertebral space is collapsed with completed bridging spondylosis deformans.

**INTERPRETED BY** Presence of C7-T1 and T11-T12 incomplete bridging spondylosis deformans is noted.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet  
 Otherwise, all vertebral bodies are normal in size, shape, and attenuation. No evidence of osteolytic or aggressive changes.

No abnormal attenuation in the vertebral canal or mass effect.

**HOSPITAL NAME APPENDICULAR MUSCULOSKELETAL STRUCTURES**

**HOSPITAL NAME** Colyton Veterinary Hospital  
 The right femoral head is absent.  
 The left coxofemoral joint is subluxated.

**REFERRING VET** The acetabula have shallow appearance and present sclerotic with periarticular osteophytes.

Chris Papantonio  
 There are circumferential periarticular osteophytes at the left femoral heads.

**INVOICE** All other collimated appendicular osseous bone structures are unremarkable, no evidence of osteolytic or aggressive changes.

**ABDOMEN**

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 There is an extensive amorphous mass affecting the right medial hepatic lobe. The mass has regular border, heterogeneous attenuation with hypoattenuating and non-enhancing cavitated and cystic lesions with mixed enhancing areas and irregular central vessels. The mass displaces the adjacent

**DATE** 7-20-23



**PATIENT** structures such as the stomach, pancreas, duodenum, and transverse colon, and measures approximately 11.7cm by 9.5cm by 8.7cm. The portal vein is contiguous to the mass and is dorsally displaced with reduced diameter, however, no evidence of filling defect.

Matilda Pocock

The remainder of the hepatic parenchyma is normal in attenuation.

**SPECIES** The gallbladder is moderately filled with hypoattenuating fluid and multiple small hyperattenuating structures ventral dependent. The gallbladder is displaced to the left due to the mass.

Canine

The spleen is absent.

**BREED** The left adrenal gland is enlarged, more rounded in shape, and measures 2.3cm by 0.8cm. The right adrenal gland is normal.

Cavoodle

Other abdominal structures including the pancreas, renal silhouettes, ureters, and urinary bladder are unremarkable.

**SEX** The abdominal lymph nodes, fat attenuation, and retroperitoneal space are unremarkable.

Female

The uterus and ovaries, not applicable.

The stomach is empty, containing minimal homogeneous hypoattenuating fluid material and gas. Normal position.

**AGE**

11

The small intestines are nondilated and contain a small amount of fluid attenuating material and gas.

The colon and rectum contain gas admixed with small amount of heterogeneously soft tissue attenuating fecal material.

**INTERPRETED BY**

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Vet., Dipl. CBraRVet

The anal sacs are normal.

**THORAX**

The sternal lymph nodes are mildly enlarged, rounded shape, and regular contour. The major sternal lymph node measures approximately 0.7cm by 0.6cm.

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The trachea and main bronchus are normal.

The pulmonary parenchyma is normal in attenuation. No pulmonary nodules or masses are seen.

The cardiac silhouette and pulmonary vessels are normal.

**REFERRING VET**

Chris Papantonio

The pleural space and remainder of the mediastinal lymph nodes are normal.

The diaphragm is normal.

**INVOICE** A small subcutaneous soft tissue nodule is seen adjacent to the right scapula and measures approximately 0.38cm.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Extensive right sided, concentrated at the right medial lobe, hepatic mass, most compatible with neoplasm process, likely metastatic lesion, or hepatic lymphoma. Other less likely



**PATIENT**

Matilda Pocock

differential diagnosis considering the patient history includes other types of hepatic neoplasm.

**SPECIES**

Canine

**BREED**

Cavoodle

- Non-obstructive cholelithiasis.
- Absent spleen, previous splenectomy.
- Left side enlarged adrenal gland, differential diagnosis adrenal hyperplasia, adrenal adenoma, less likely malignant neoplasm.
- T12-T13 chronic disc disease, and multifocal incidental spondylosis deformans.
- No evidence of osteolytic or aggressive changes in the axial or appendicular skeleton that could be correlated to the neoplasm metastases.
- Absent right side femoral head. Left side coxofemoral subluxation and secondary osteoarthritis.
- Mediastinal sternal enlarged lymph nodes, metastatic or reactive.
- No evidence of pulmonary metastatic disease.
- Subcutaneous nodule, right side, close to the scapula, differential diagnosis granuloma, subcutaneous/skin neoplasm.

**SEX**

Female

**AGE**

11

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

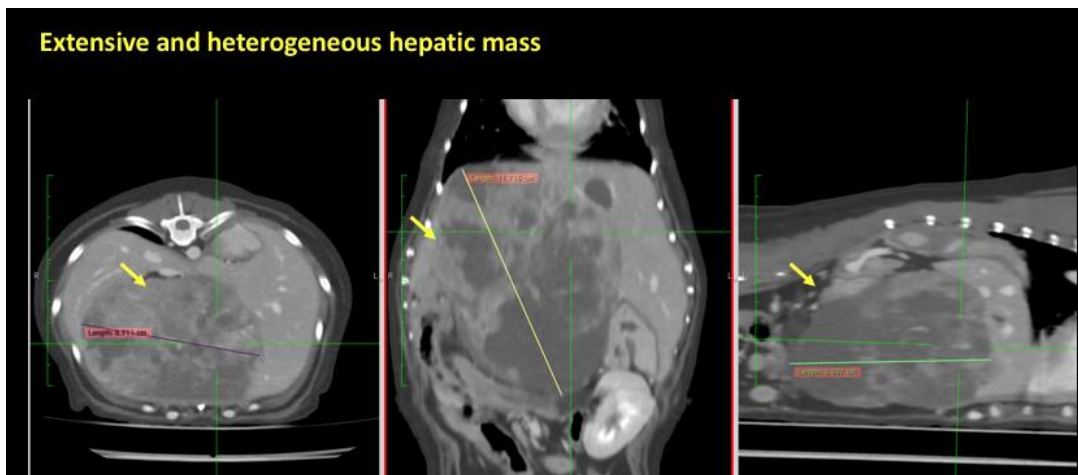
The tomographic findings of the hepatic mass neoplasm is correlated to the previous ultrasound and patient history. An ultrasound guided fine-needle aspiration or biopsy is suggested and recommended for a definitive diagnosis.

No evidence of metastasis disease in the skeleton or pulmonary parenchyma.

**INTERPRETED BY**

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**Extensive and heterogeneous hepatic mass**



**HOSPITAL NAME**

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**REFERRING VET**

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**INVOICE**

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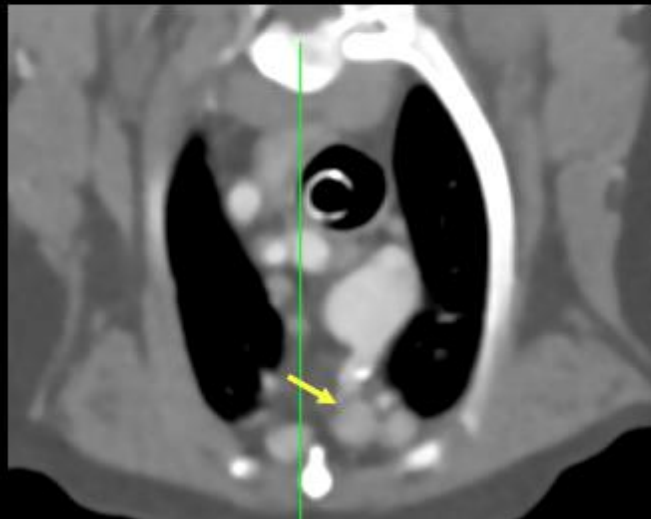
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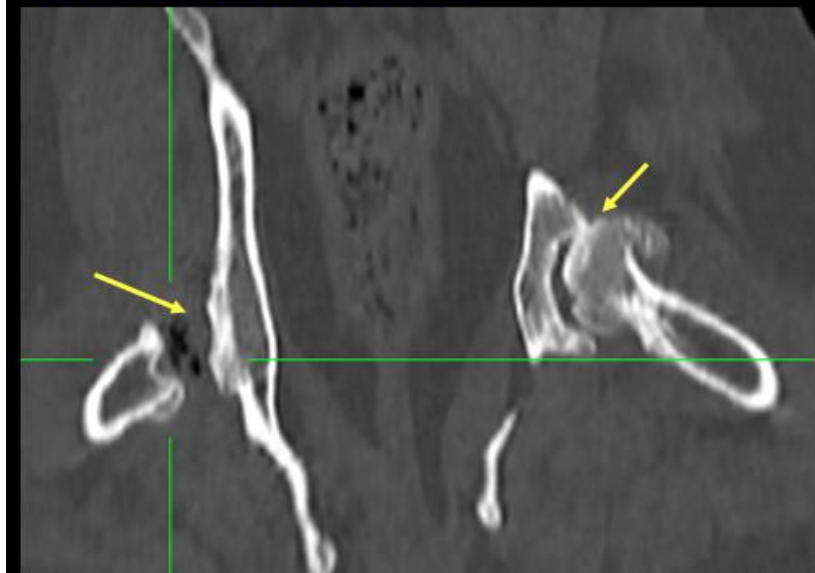
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**Enlarged mediastinal lymph nodes**



**Absent right femoral head, left side coxofemoral subluxation and osteoarthritis**





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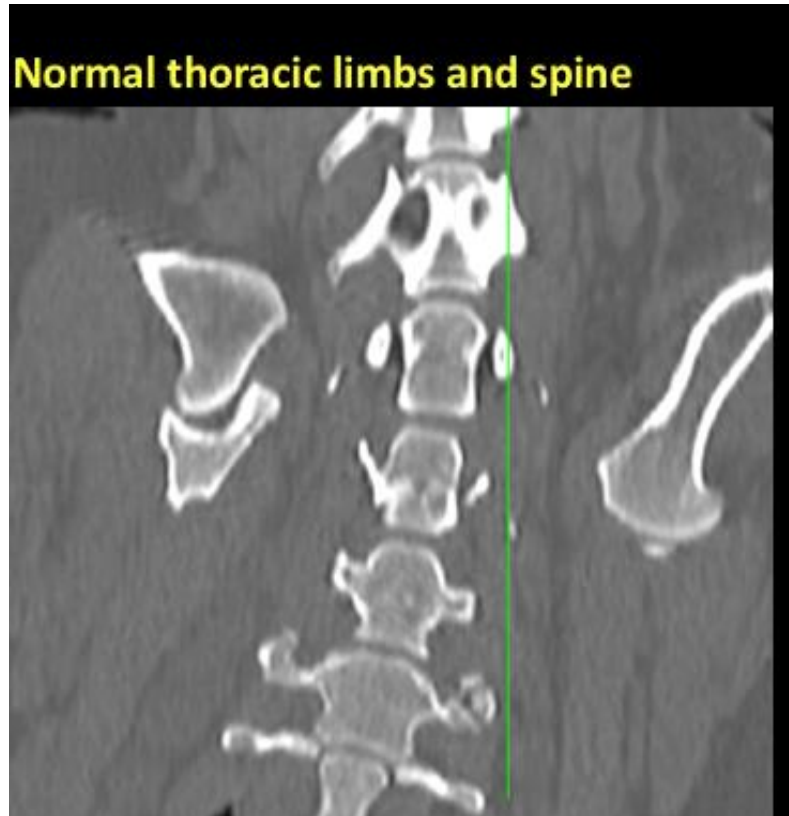
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**HOSPITAL NAME**

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Hospital

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.

**REFERRING VET**

Chris Papantonio

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