



PATIENT PRESENTING CLINICAL SIGNS

Ryder Fischer presented for further evaluation of an abdominal mass - plan a tru-cut biopsy of mass after ct scan
 Abnormal PE/Chem/CBC/UA Results: SDMA 17 otherwise normal

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Canine A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 3 series. One pre-contrast series of the abdomen, soft tissue, algorithm. Two post-contrast series of the thorax and abdomen, soft tissue and bone algorithms.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Golden Retriever **ABDOMEN**

SEX Within the mid-ventral abdominal cavity, more right side, a large, multilobulated mass effect is seen; the mass is surrounding the mesenteric vessels and the portal vein (and tributaries), and it is in the topographic region of the mesenteric and hepatic lymph nodes. The mass has mildly heterogeneous enhancement and regular borders, and it is displacing the small intestines to the abdominal cavity periphery and caudally. The mass measures approximately 15.2cm by 10.0cm by 15.0cm.

AGE The left medial iliac lymph node and other para-aortic lymph nodes are mildly enlarged.

8 The liver parenchyma is homogenously soft tissue attenuating and uniformly contrast-enhancing, with normal size and shape. The gallbladder is unremarkable.

INTERPRETED BY

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

The ureters are unremarkable.

The urinary bladder is mildly filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque. No evidence of radiopaque calculi.

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The spleen is mildly enlarged, homogenously soft tissue attenuating, and uniformly contrast enhancing, with normal shape.

The stomach is mildly distended, containing homogeneous hypoattenuating fluid material and gas. Normal position.

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The duodenum and small intestine are nondilated and contain a small amount of fluid attenuating material and gas. The distribution of the small intestines are abnormal, due to the mesenteric abdominal mass effect.

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The descending colon contains gas admixed with heterogeneously soft tissue attenuating fecal material.

The right pancreatic lobe is contiguous to the mesenteric mass and possible infiltration is not excluded. The pancreatic body and left pancreatic lobe appear normal.

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The adrenal glands are normal.



PATIENT The prostate is small and intrapelvic, normal for castrated patient.

Ryder Fischer Incomplete bridging spondylosis deformans are seen at L2-L3 and L3-L4.

SPECIES In the border of the exam, bilaterally the femoral heads are subluxated craniolaterally from the acetabula. The cranial acetabular margins are remodeled to a smooth rounded contour. Circumferential periarticular osteophytes remodel the femoral heads.

Canine

THORAX

BREED The sternal and cranial mediastinal lymph nodes are enlarged, variably sized, rounded to elongated shaped, well-defined, with mild attenuation and enhancement. The larger sternal lymph nodes measure approximately 5.7cm by 2.7cm. The larger cranial mediastinal lymph nodes measure approximately 8.4cm by 3.4cm. The enlarged cranial mediastinal lymph nodes are displacing the trachea dorsally.

Golden Retriever

SEX The tracheal luminal height and main bronchus are normal.

MN

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

AGE The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

8

The pleural space is normal.

INTERPRETED BY The thoracic esophagus is mildly distended by intraluminal gas content, likely correlated to the anesthesia.

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The diaphragm and thoracic wall are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large mesenteric mass is likely correlated with multiple enlarged and aggregated mesenteric and hepatic lymph nodes. In addition, there are enlarged cranial mediastinal and sternal lymph nodes, a mildly enlarged left iliac medial lymph node, and enlarged para-aortic lymph nodes identified. The differential diagnosis includes round cell neoplasia, for example, lymphoma or histiocytic sarcoma.

REFERRING VET

Dr. Runde

- Possible right pancreatic lobe involvement or infiltration by the mass is not possible to discharge.
- Mild splenomegaly. The differential diagnosis includes anemia, lymphoid hyperplasia, extramedullary hematopoiesis, or infiltrative round cell neoplasia.
- There is no evidence of metastatic pulmonary disease.

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- Bilateral hip dysplasia and secondary osteoarthritis.
- L2-L3 and L3-L4 spondylosis deformans, incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The computed tomographic findings confirm the abdominal mass previously detected. The mass is large in size, and located in the mid-cranial, more right-side, abdominal cavity. The origin of the mass is



PATIENT

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probably the severely enlarged mesenteric and hepatic lymph nodes; however, it is not possible to exclude completely the involvement of the right pancreatic lobe. As performed, a biopsy is required for the diagnosis.

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The thoracic tomography indicates enlarged metastatic, sternal, and cranial mediastinal lymph nodes. When associated with the abdominal mass, the primary differential diagnosis is round cell tumor.

BREED

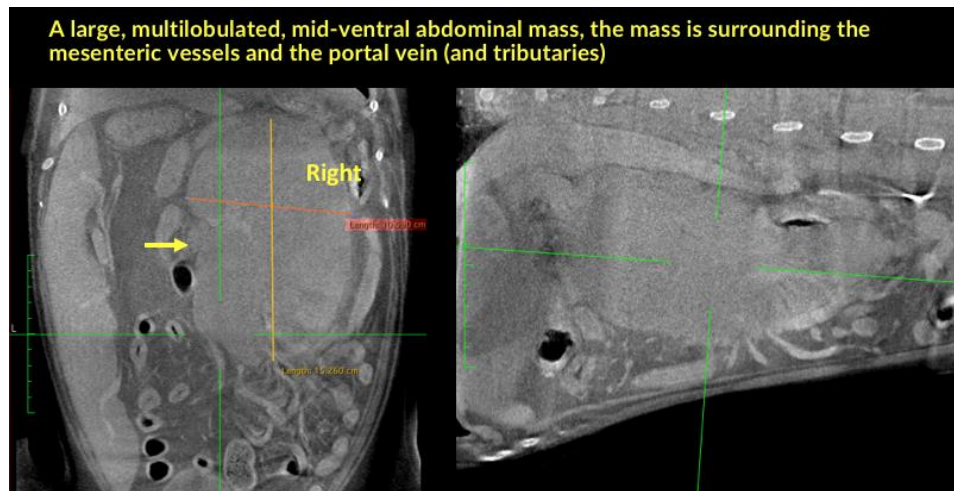
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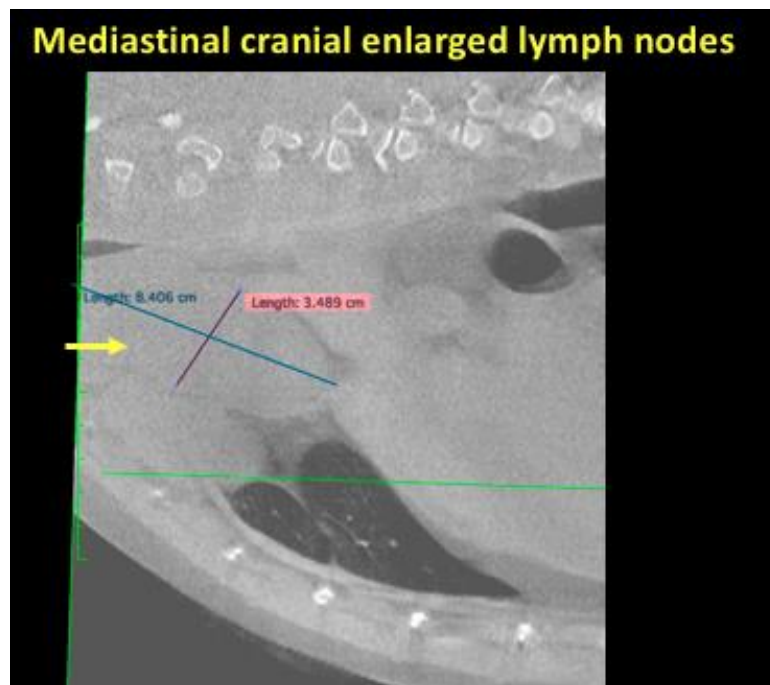
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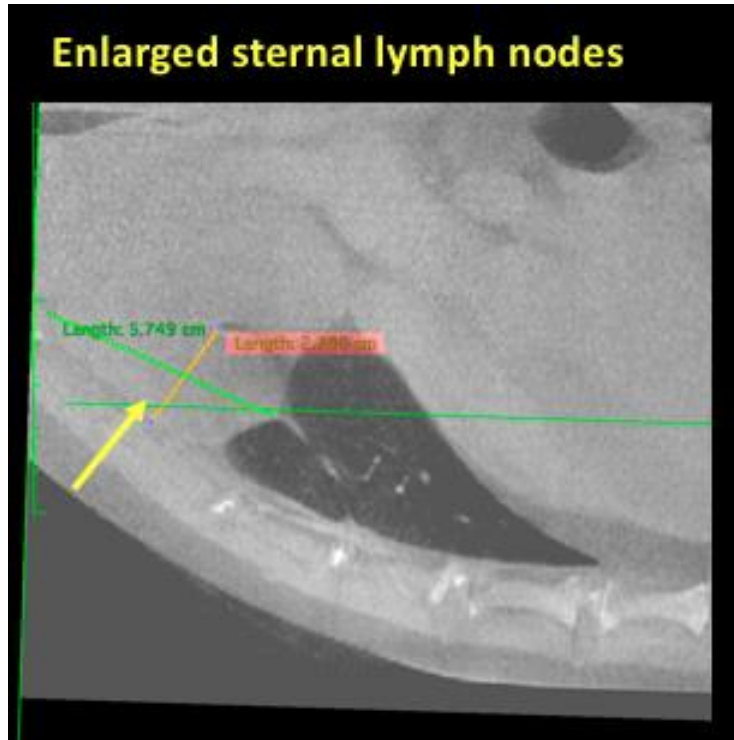
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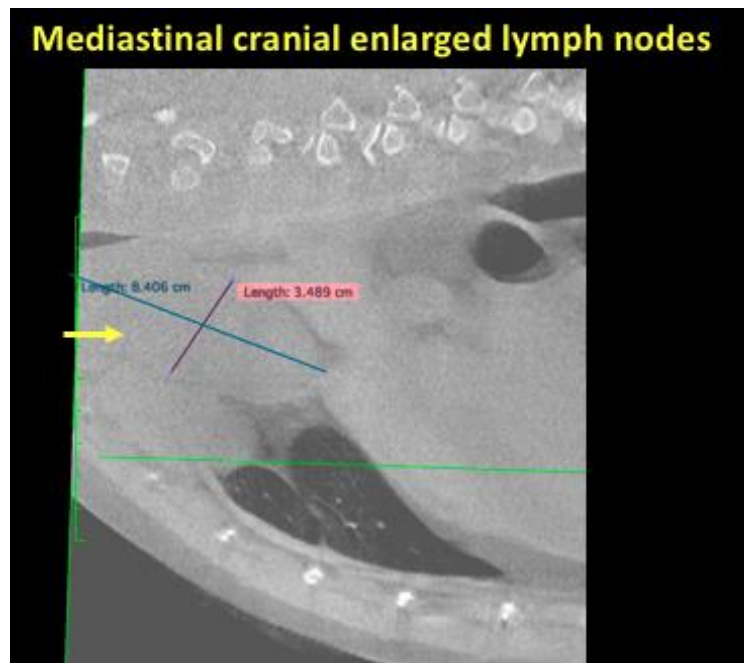
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

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