



PATIENT

Harley Greenman

SPECIES

Canine

BREED

American Staffordshire
Terrier

SEX

MN

AGE

11Y

WEIGHT

84.9lbs

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Lacey and Bailey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

74967

DATE

5-12-26

PRESENTING CLINICAL SIGNS

P presented for imaging of abdominal mass. Unknown duration. Symptoms include urinary incontinence, intermittent vomiting, and loose stools. Local emergency clinic recommended imaging of lungs to check for mets.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Survey and post contrast series are available.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior. Few pinpointed mineral attenuation foci scattered along the lung parenchyma ($< 1\text{mm}$), which are considered incidental.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The right and left adrenal glands appear normal.

Kidneys are symmetric, with normal volume and contour, no stones are seen.

Moderate splenomegaly is present. Small, rounded, uniformly enhancing splenic nodules are seen (1,0 cm size the largest).

A large area of mesenteric fat accumulation in the left mid-caudal abdomen causing mild to moderate displacement of the bowel loops. There are at least three heterogeneous fat attenuating nodules with irregular contour and thin enhancing walls caudal and ventral to the left kidney associated with mild peripheral fat stranding. There is no evidence of peritoneal effusion.

Mild generalized hepatomegaly is present. The parenchyma has homogeneous enhancement. No masses could be delineated.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Mild diffuse jejunal wall thickening, measuring up to 5.1 mm thickness, is seen. No abnormal distension seen.



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The position and delineation of the gastrointestinal tract are considered within normal limits throughout.

Lumbar spine

Ventral deformans spondylosis is present at L7-S1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intra-abdominal lipoma is most likely. The mass contains small cavitory areas, necrotic component is most likely differential. Abscess is less likely differential.
- Jejunal wall thickening, mild, diffuse. Inflammatory bowel disease can be considered.
- Splenomegaly can be correlated to lymphoma, anesthesia induced is a differential.
- No thoracic pathologies

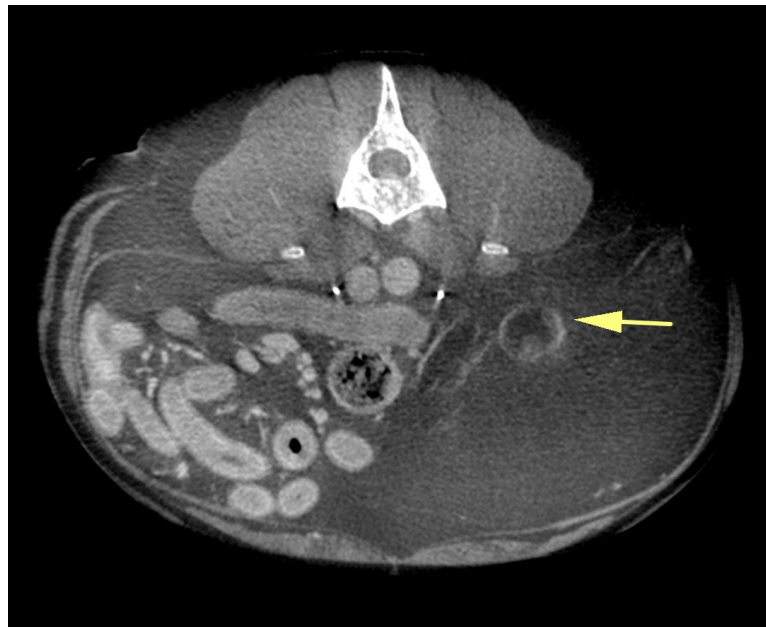
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Intraabdominal lipoma are benign slow growing lesions; acute signs can be correlated with secondary mass effect. The patient's clinical signs can be partially correlated to the mass effect.

The jejunal thickening can be related to IBD (inflammatory bowel disease) which can explain gastrointestinal signs. Alimentary lymphoma can't be ruled out but is less likely.

FNA of the spleen is recommended.

GI endoscopy and biopsy are recommended as well.





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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.

Dr. Tais Guimarães, MV

info@sonopath.com