



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Chihuahua (Smooth Coat)

Sex: Male Entire

Age: 15 years

Clinical History:

2 day history of lethargy and inappetence.

Details of study and technical comments:

A radiographic study of the abdomen is presented for evaluation. The study consists of right lateral and ventrodorsal views.

Diagnostic interpretation:

There is good abdominal serosal contrast.

In the left mid-ventral abdomen, a large soft tissue opacity has smooth but multilobulated margins dorsally (red arrows). Cranioventrally, the distal extremity of the spleen is contiguous with the margin of the mass (orange arrows). The mass occupies greater than 50% of the height of the abdomen on the lateral view and greater than 50% of the abdominal width. The soft tissue mass displaces the gastric silhouette cranially (yellow arrows), the small intestine caudally or craniodorsally and right laterally (green arrows), and the descending colon dorsally and leftward (blue arrows).

The visible margins of the liver are radiographically within normal limits.

The stomach contains a small volume of gas. The small intestine is mostly empty or containing small volumes of gas and it is within normal limits for diameter and margination. The descending colon contains heterogeneous faecal material. The renal and urinary bladder silhouettes are smoothly margined and within normal limits. There are no radiopaque calculi.

The prostate is prominent, occupies over 50% of the pelvic inlet and is smoothly margined.

Mineral material is dorsal to the intervertebral disc space from L3 through L5. The lumbar vertebral column is otherwise unremarkable without evidence of fracture, luxation or osteolysis.

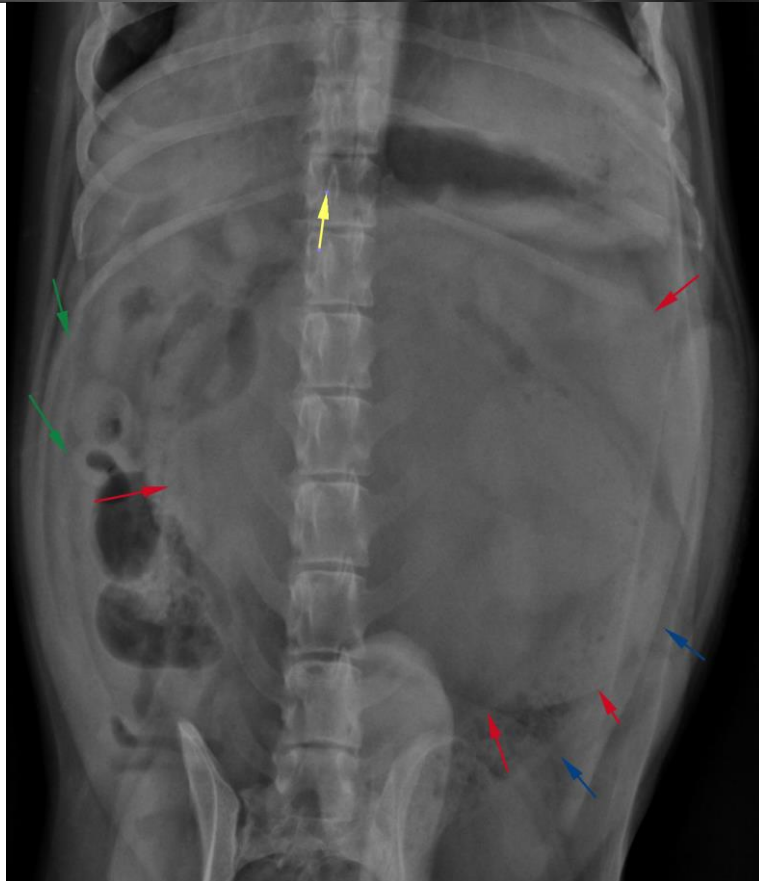
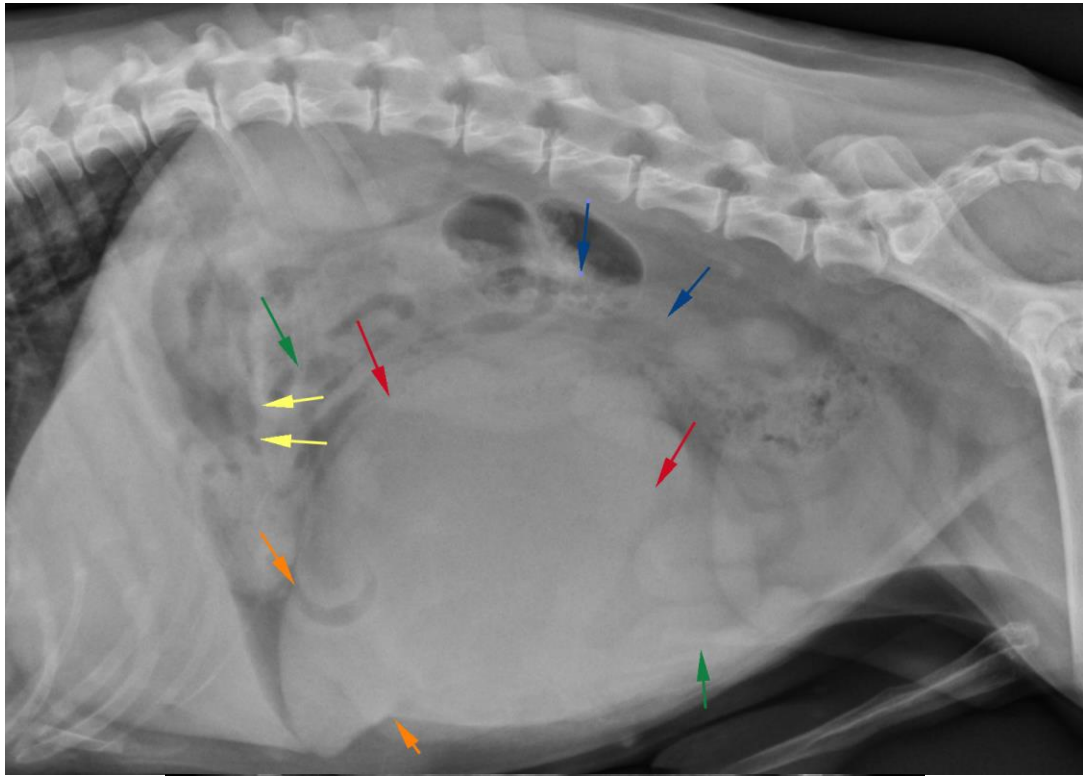


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.



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Conclusions:

- Splenic mass. Differential diagnoses include malignancy (neoplasia-haemangiosarcoma) versus benign lesions (nodular hyperplasia, haematoma, extramedullary haematopoiesis, benign neoplasia such as haemangioma).
- Multifocal intervertebral disc degeneration.
- Mild prostatomegaly, Incidental.

Additional comments:

Splenic masses can rapidly change in size if internal haemorrhage occurs. Due to this possibility, recent intrasplenic haemorrhage could explain the patient's clinical symptoms. Imaging findings of splenic masses are nonspecific in most modalities and diagnosis is most commonly obtained through excisional biopsy. This patient does not exhibit peritoneal effusion however, this is a common comorbidity.



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