



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lexus Tricarico

SPECIES
Canine

BREED
Lab Mix

SEX
Female Spayed

*Nele to read. Under internist care, recheck ultrasound 2 weeks ago: Liver nodules are persistent and mildly progressive in size. (2 x 2.3-2.6cm, 2.3 x 3.1-3.4cm). Medial liver lobe location of nodules. Nodules are mildly hypoechoic and mildly heterogeneous in appearance. Smaller hypoechoic nodules are also present and measure ~0.45cm in diameter. The GB is moderately distended with mild suspended debris. No free fluid identified. Previous ultrasound June 1, 2021 - SONOGRAPHIC FINDINGS: Repro: The uterine stump is prominent, measuring 1.4 cm in width, no sign of ovarian remnant noted. Lower urinary tract: The apical bladder wall is disproportionately thickened compared to the rest of the bladder Liver: There is a 2.5 cm hypoechoic nodule at the caudal right medial lobe and a 2.3 cm hypoechoic nodule at the cranial right lobe.

Abnormal PE/Chem/CBC/UA Results: *Nele to read. Previous Hx of bleeding from vulva and alopecia. Lexus has been doing very well at home! There has been no more bloody discharge from her vulva, and she is not having urinary incontinence. She is eating well. No vomiting or diarrhea. No concern about skin changes has been noted and owner reports that there is significant improvement in coat/hair regrowth. Intermittent panting/anxiety. Owner has no concerns at this time. Cytology of liver: MICROSCOPIC INTERPRETATION: Well-differentiated hepatocellular proliferation, suspect carcinoma

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Small cortical renal cyst are seen within both kidneys. General architecture and enhancement including nephro- and pyelo- gram are considered within normal limits.

The adrenal glands are within normal limits for size, shape and organ architecture.

Occasional mildly hyperenhancing small nodules are seen throughout the spleen.

A 3.1 x 2.9 cm sized ill-defined heterogeneously enhancing mass is seen in the right medial division of the liver. Disruption of the parenchymal architecture and deviation of the vascular patterns are seen level with the small mass. The remainder of the liver presents multiple variably enhancing nodules of up to 2.5 cm diameter. The overall size of the liver is within normal limits. The gallbladder is moderately distended. A mild amount of mildly hyperattenuating sediment is seen within the gallbladder.

Mild generalized enlargement of the pancreas with a nodular pattern is noted. The parenchymal enhancement is uniform. No peripheral mesenteropathy is seen.

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

The portal lymph nodes present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

47678

DATE

10-5-21

**PATIENT**

Lexus Tricarico

There is a small subcutaneous well delineated soft tissue attenuating nodule of 7mm diameter in the left lateral and dorsal abdominal wall.

Moderate L5/6 spondylosis is seen.

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There is moderate bilateral coxofemoral osteoarthritis secondary to hip dysplasia.

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Lab Mix

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small ill-defined heterogeneously enhancing liver mass in the right medial division.
- Multiple liver and splenic nodules.
- Mild nodular enlargement of the pancreas compatible with benign nodular hyperplasia.
- Uncomplicated degenerative cortical renal cysts.
- Small subcutaneous nodule.
- Lumbar spondylosis.
- Coxofemoral osteoarthritis.

SEX

Female Spayed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

11 Years

The liver presents several nodular changes and a heterogeneous nodular mass in its right medial division. The CT findings of this larger nodule / small mass are suggestive for hepatic neoplasia with hepatocellular carcinoma being a potential as well as hepatoma, sarcoma, and other neoplastic mass. Benign nodular hyperplasia cannot be ruled out as well. However, correlating the CT findings with the results of the tissue sampling, surgical resection of the mass could be considered. The mass appears to be in a resectable position. The right medial liver lobe origin is considered most likely; however, caudate lobe involvement cannot be ruled out. The remainder of the nodules in the liver are compatible with benign nodular hyperplasia/regenerative nodules. Metastatic disease can never be ruled out entirely but seems unlikely.

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The splenic nodules are also likely to represent benign nodular hyperplasia/extramedullary hematopoiesis. Metastatic is unlikely but can never be ruled out entirely.

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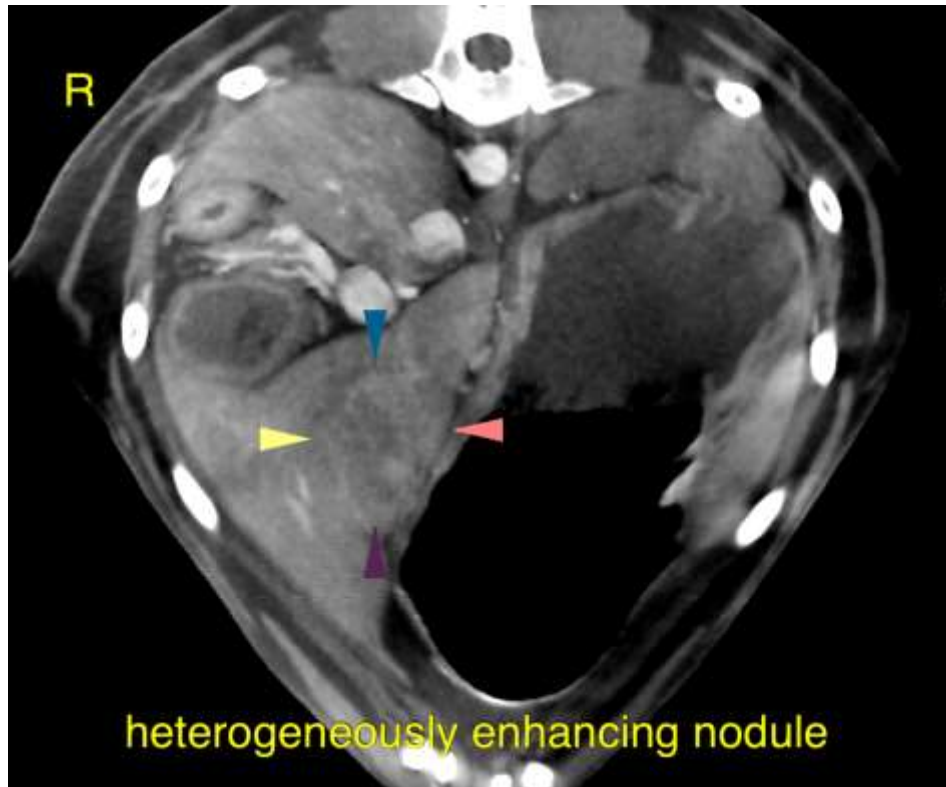
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com