



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Eli Racco

SPECIES
Canine

BREED
Golden Retriever

SEX
MN

AGE
11 Years, 6 Months

Eli, a 11 year old Male Golden Retriever, presented to the Toronto Animal Health Partners Surgery Service for further evaluation of a liver mass. Eli was noticed to be exhibiting weight loss and inappetence in November 2022 and was evaluated by his regular veterinarian. Bloodwork was performed in November 2022 which was unremarkable aside from mild increase in ALP (162). Thoracic radiographs were also performed with no significant abnormalities. An abdominal ultrasound was performed in December 2022 and a 6 x 6 cm liver mass was observed which was aspirated. Cytology of the liver mass revealed: Hepatocellular vacuolar change (mild to moderate), consistent with lipid accumulation; hepatocellular vacuolar change (mild to moderate), consistent with glycogen accumulation and/or hydropic degeneration; possible hepatocellular hyperplasia vs neoplasia. The left popliteal lymph node was also aspirated to be reactive. Eli has had a previous history of otitis externa. Eli current medications meloxicam for a calcified elbow but he hasn't gotten it in a week or two because he has been walking on his elbow fine. Eli has had good response to the medications provided. He was on it for the majority of the year because he injured his elbow. Eli is currently eating valens salmon and boreal lamb, chicken makes his eyes runny and potentially causes hot spots. Eli is UTD on vaccines. Was always super excited for meals, waiting for food at meal times, mellowed a little when Os got puppy (18mo golden), but then was skipping meals/leaving a lot in bowl and sometimes missing both meals in a day, very uncharacteristic for Eli. Lost weight Appetite has improved (now leaving maybe 10 kibbles in bowl compared to leaving most/all) Os have changed up food a little that seems to be helping

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain study available for review in soft tissue and bone windows.

COMPUTED TOMOGRAPHIC FINDINGS

Assessment is limited to the availability of a plain study.

There is a large irregular shaped and heterogeneously attenuating central divisional liver mass. The mass measures approximately 10 cm in width, 10 cm in length and 7.5 cm in height. There is a mild mass effect onto the gallbladder with no evidence of direct interference between the mass and the gallbladder or the common bile duct. Lobar origin from the quadrate lobe or left medial liver lobe is considered most likely. A small 5mm sized cyst appears to be present in the right division of the liver.

The remainder of the spleen and liver can only be assessed based on the plain study.

The gallbladder is moderately distended. A moderate amount of mineral attenuating material is seen within the gallbladder.

Both adrenal glands present within normal limits.

The pancreas present within normal limits.

No abdominal lymphadenomegaly is seen.

The shape of both kidneys is irregular with multiple surface retractions suggesting presence of cortical renal infarcts.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Lea Mehrkens

INVOICE

55762

DATE

12-21-22



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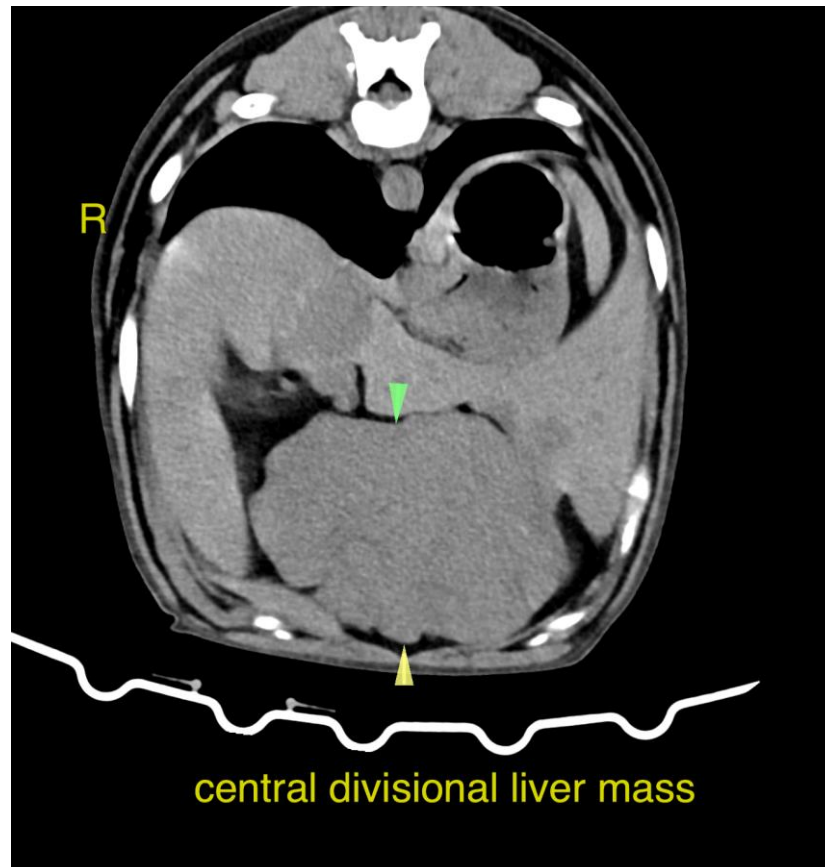
12-21-22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large central divisional liver mass meeting neoplastic criteria.
- Biliary microlithiasis
- Small right divisional liver cyst.
- Suspect bilateral chronic nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a large central divisional liver mass. The mass should be resectable based on the established CT criteria. Hepatocellular carcinoma is a primary differential diagnosis however hepatoma and secondary neoplasia of the liver such as sarcoma cannot be ruled out. Screening for abdominal metastases is limited in a plain study. The small cyst in the right division of the liver is unlikely to represent metastatic disease.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

SPECIES

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