


PATIENT PRESENTING CLINICAL SIGNS

Will Sedgwick Will, a 16 old Male Neutered , was presented to the Toronto Animal Health Partners Surgery Service for evaluation of two biliary cystadenomas. The masses were incidentally found when presented to referring veterinarian for cyst rupture 3 weeks ago. Over the past year, Will has lost his appetite, having labored breathing, and seeming more uncomfortable. Urination and drinking is excessive. Normal defecation. Pain medications improved his condition. Will has had a previous history of: - IRIS Stage II CKD - Presumed cutaneous adenoma on mid-dorsum Will current medications: - None

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN
BREED

Plain study only available for review in soft tissue and lung windows.

DMH
COMPUTED TOMOGRAPHIC FINDINGS
SEX

Neutered Male

Abdomen

Two large, irregular shaped, expansile masses are seen within the caudate lobe of the liver. Both masses are heterogeneous with mainly hypoattenuating behavior. The larger one is seen to the right of the midline and is situated within the caudate process of the caudate lobe. It measures approximately 8.0 cm x 5.0 cm. The smaller one is to the left of the midline within the papillary process of the caudate lobe and measures 4.0 cm x 5.0 cm. Multiple hypoattenuating nodules are seen throughout the remainder of the liver.

AGE

16 Years

The pancreas is mildly enlarged with nodular appearance and dilation of the pancreatic duct.

The gallbladder is only mildly distended. No abnormal opacities are seen within the gallbladder.

INTERPRETED BY

 Nele Eley (Ondreka),
 DVM Dr. med. vet.,
 DipECVDI

Renal infarcts of both kidneys are seen.

The adrenal glands, spleen, and urinary bladder present within normal limits.

Mild peripheral fat stranding is seen circumferential to the jejunum in the left caudal abdomen.

HOSPITAL NAME

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There are multiple thoracolumbar spondyloses.

 A spindle-shaped dermal soft tissue nodule is seen in the left cranial abdominal wall, level with the 2nd lumbar vertebra and measures 1.5 cm x 0.5 cm.

REFERRING VET

Dr. Jeffery Biskup

Thorax

The lungs are deeply inflated and mildly hyperlucent. A moderate generalized bronchial lung pattern is seen. There is complete lobar atelectasis of the right middle lobe.

No evidence of mediastinal lymphadenomegaly.

INVOICE

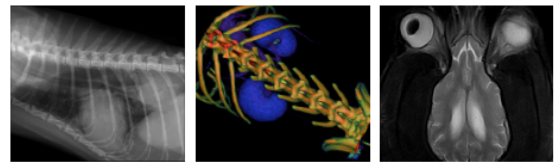
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Two large, expansile, hypoattenuating and irregular shaped soft tissue masses of the caudate process of the liver
- Multiple hypoattenuating liver nodules
- Pancreatopathy with nodular appearance and pancreatic duct dilation

DATE

12/9/21



PATIENT

Will Sedgwick

- Bilateral chronic renal infarcts
- Dermal nodule in the left cranial abdominal wall
- Spondyloses
- Chronic lower airway disease pattern of the lung with right middle lobe atelectasis

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AGE

16 Years

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The assessment is limited to the availability of a plain study only, which renders it difficult in this case to differentiate solid tissue masses in the liver from cystic masses. However, biliary cystadenomas are a potential differential diagnosis for the liver masses. Other neoplasia such as cystadenocarcinoma, hepatocellular carcinoma, or secondary neoplasia of the liver cannot be ruled out. Benign nodular hyperplasia is thought highly unlikely based on the CT findings. Final diagnosis will require sampling for histology. However, the presence of multiple masses and nodules throughout the entire liver has to be considered in further treatment planning.

The pancreatic changes are compatible with benign nodular hyperplasia. Chronic pancreatitis cannot be ruled out as a differential diagnosis.

No evidence of pulmonary metastatic disease. The lung changes are compatible with chronic lower airway syndrome, most likely allergic. Infectious cannot be ruled out entirely, but is considered less likely.

The dermal nodule may represent a cutaneous adenoma as mentioned in the clinical history. However, other soft tissue neoplasia including sarcoma cannot be ruled out.

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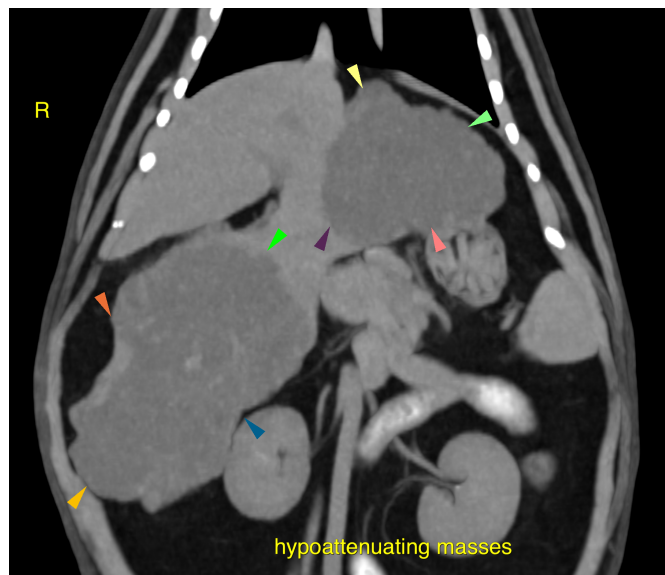
Dr. Jeffery Biskup

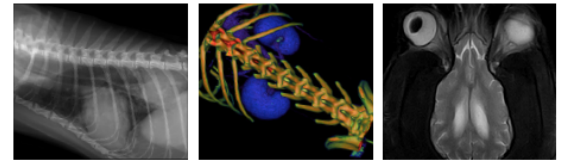
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PATIENT

Will Sedgwick

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

Feline

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.

BREED

DMH

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