



PATIENT

Leo Finnie

PRESENTING CLINICAL SIGNS

Intermittent inappetance. Liver tumor and scant peritoneal fluid seen on ultrasound. Met check and resectability?

Abnormal PE/Chem/CBC/UA Results: Sudden severe spike in liver values, especially ALT. Mild neutrophilia. Fluid aspirated from abdomen was serosanguinous (mostly serum with ~1% RBCs).

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain study of the thorax and plain and post contrast studies of the abdomen available for review.

BREED

Akita Mix

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A large irregular shaped and ill-defined multicavitated mass is seen in the right division of the liver. The mass measures approximately 10 x 12 x 11 cm. Lesion margins are ill-defined and blend into fat stranding in the surrounding mesentery. The mass occupies and expands most of the right medial liver lobe and part of the right lateral liver lobe. Severe dorsal and caudal deviation of the gallbladder is seen. There also is a direct mass effect onto the cystic duct and common bile duct as well as onto the portal vein and gastric outlet. The mass cannot be clearly delineated from the duodenal papilla and common bile duct in all aspects. The remainder of the hepatic parenchyma reveals small faintly hyperenhancing nodules.

SEX

MN

AGE

10 Years

A moderate amount of fluid attenuating material is seen in the free abdomen.

Multiple epigastric and portal lymph nodes present mild lymphadenomegaly.

The kidneys are adrenal glands present within normal limits.

Multiple small faintly hyperenhancing splenic nodules are seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Thorax

The bony and surrounding soft tissue structures are within normal limits.

Mild sternal and cranial mediastinal lymphadenomegaly is noted.

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.

HOSPITAL NAME

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Denver

REFERRING VET

Cathryn Sayer

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The lung parenchyma presents the expected architecture and attenuation behavior. No evidence of pulmonary nodules or masses is seen.

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



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right divisional liver mass meeting neoplastic criteria.
- Small hepatic and splenic nodules.
- Multiple epigastric lymphadenomegaly, mild.
- Mild sternal and cranial mediastinal lymphadenomegaly.
- Free peritoneal fluid.
- No evidence of pulmonary metastases.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large cavitated mass within the right division of the liver. Hepatocellular carcinoma, sarcoma, including hemangiosarcoma are primary differential diagnoses. Ruptured mass with active bleeding should be considered a potential owing to the regional fat stranding and presence of free peritoneal fluid. The mass deviates and compresses the gallbladder, cystic duct, and common bile duct. Adhesion formation and/or tissue infiltration cannot be ruled out entirely even though not directly seen.

The hepatic and splenic nodules are more likely to represent regenerative nodules, nodular hyperplasia, and/or extramedullary hematopoiesis rather than metastatic disease, even though this cannot be ruled out entirely.

The epigastric and mediastinal lymphadenomegaly is equivocal for metastatic disease versus reactive hyperplasia.



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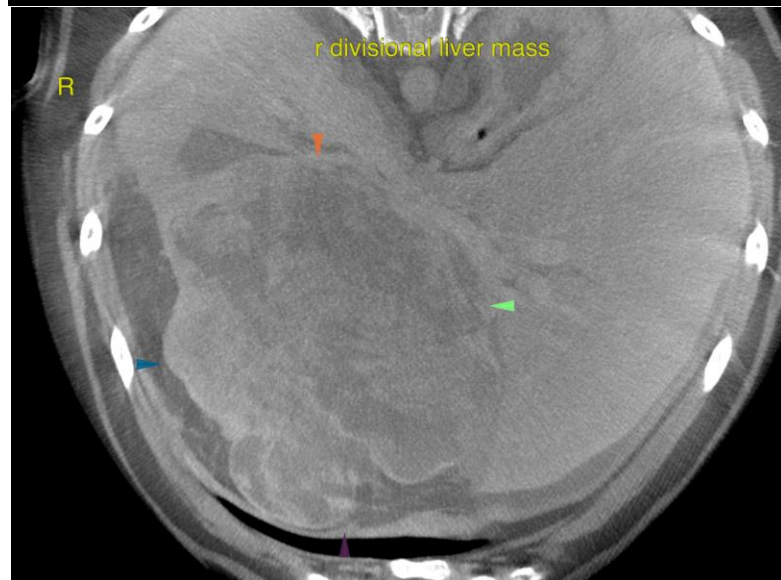
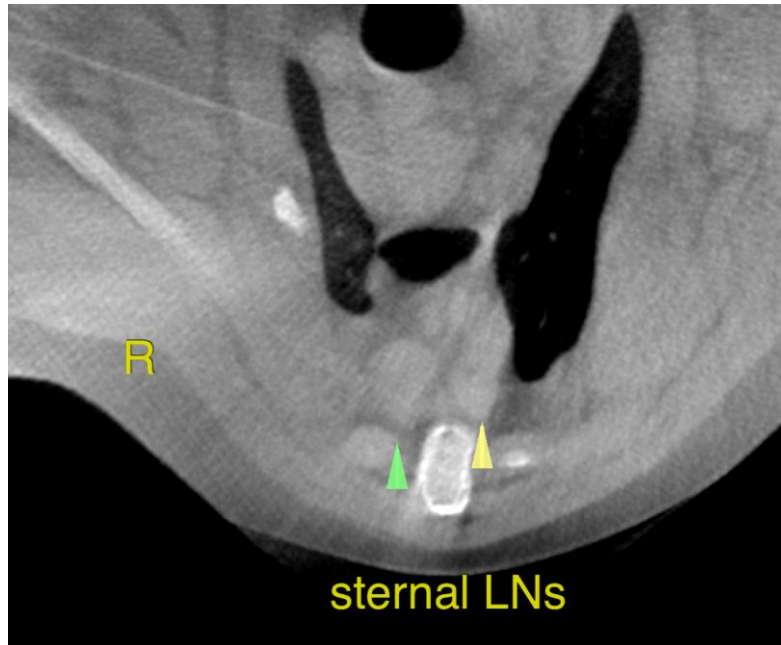
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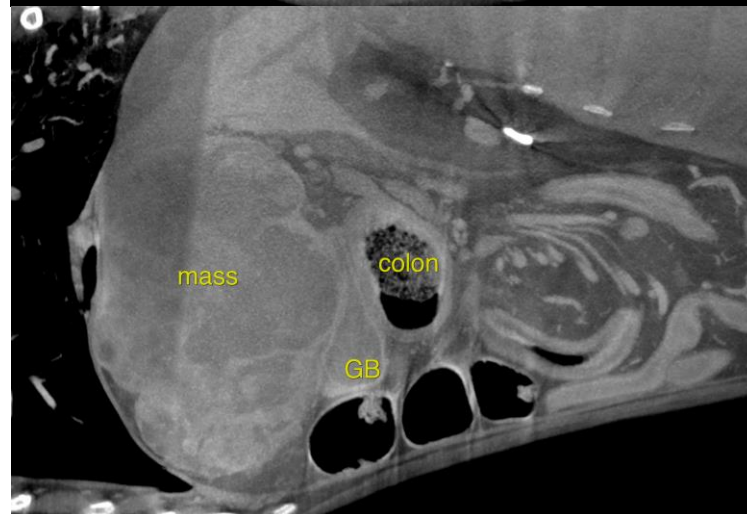
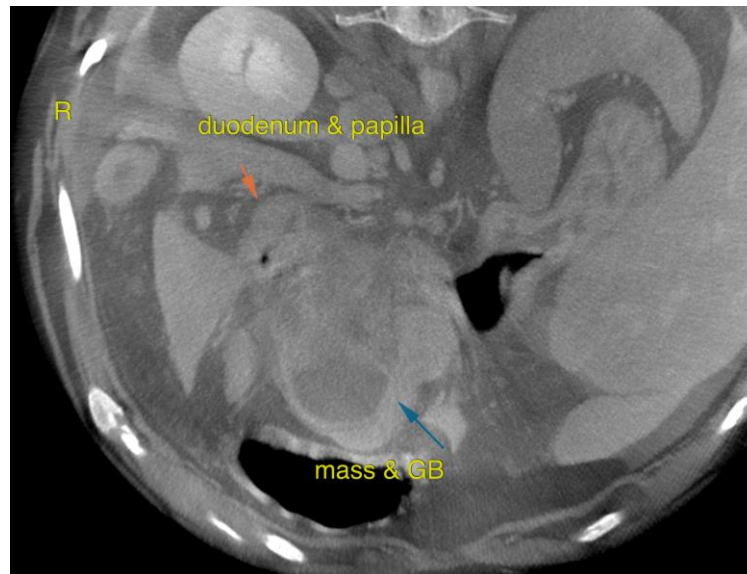
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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