

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Griddie Ender

SPECIES
Canine

BREED
Airedale

SEX
FS

AGE
9 Years

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Animal Health Partners

REFERRING VET
Dr. Jeffery Biskup

INVOICE
50162

DATE
2-9-22

Griddie, presented for evaluation of a liver mass. The mass was initially noticed on 12/14/21 while evaluating her acute vomiting. Blood work and abdominal U/S were performed. Blood work was unremarkable and U/S revealed moderate to marked segmental enteropathy, left-sided hepatic mass, and mild lymphadenopathy. Griddie has had a previous history of heart murmur and behavioral problem (extremely nervous in new environment). Echo was performed 6-8 months ago (no records received yet) and no medication needed at that time. Griddie current medications apoquel. Griddie is currently eating hydrolyzed diet (very strict to it), with is allergic to everything except hydrolyzed diet . She has recently been drinking/urinating more with increased appetite. Griddie is UTD on vaccines. Echo performed: Revealed Grade 4 heart murmur and SVT

Abnormal PE/Chem/CBC/UA Results: Lt. hepatic mass Recently developed PU/PD/PP Food allergies -- hydrolyzed diet Heart murmur -- previously diagnosed as degenerative mitral valvular disease Echocardiogram performed on 2/8/22 by AHP Cardiology Service Stage B1 (no enlargement in LA) with paroxysmal supraventricular tachycardia

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies in soft tissue and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

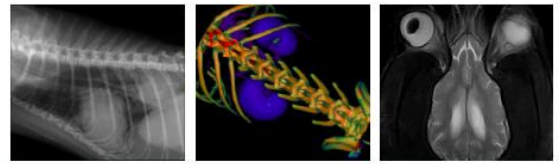
The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

A single 4.7 x 3.5 x 4.5 cm sized heterogeneously enhancing and expansile mass is seen in the left division of the liver within the medial and caudal aspect of the left lateral liver lobe. The remainder of the liver parenchyma presents within normal limits. The mass does not interfere with critical structures in the portal hilus.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.



PATIENT

Thorax

Griddie Ender

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

SPECIES

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

Canine

Plate-like atelectatic changes are seen in the right and left cranial lung lobes. A mild regional peripheral peribronchial infiltrate with volume loss is seen in the ventral aspect of the right middle lung lobe.

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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

- Single left divisional liver mass meeting neoplastic criteria.
- Multifocal atelectatic changes of the lung.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an expansile left divisional liver mass with heterogeneous contrast enhancement. Lobar origin from the left lateral lobe is considered most likely. The mass is in a resectable position. No evidence of metastatic disease was found in the CT study. Differential diagnosis includes hepatoma, hepatocellular carcinoma, and secondary neoplasia of the liver. Final diagnosis will require histology.

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The noted pulmonary changes are very likely to be benign and represent positional atelectasis. A secondary neoplastic infiltrate / metastatic disease is considered highly unlikely as a differential diagnosis.

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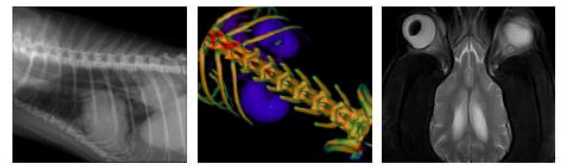
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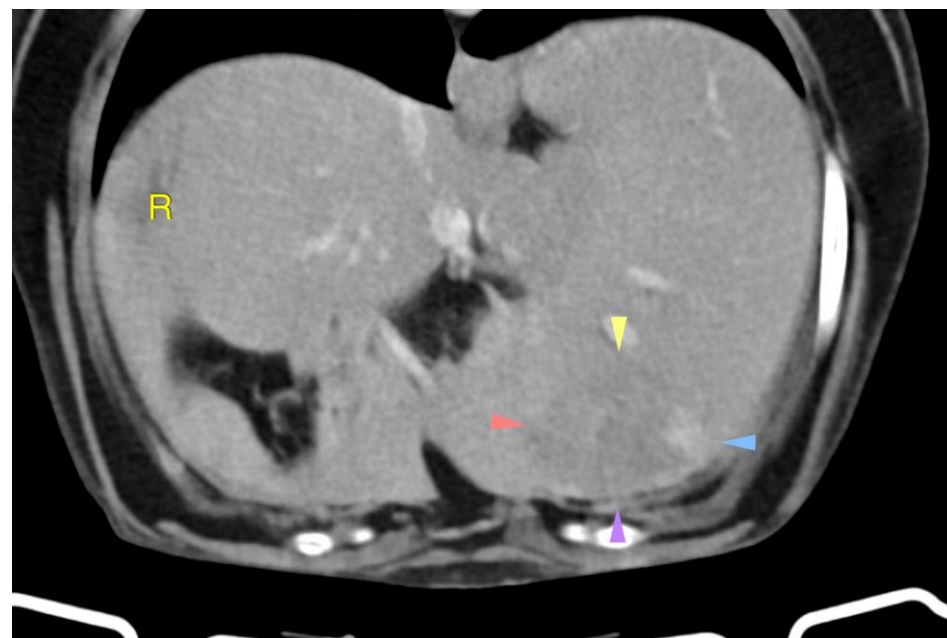
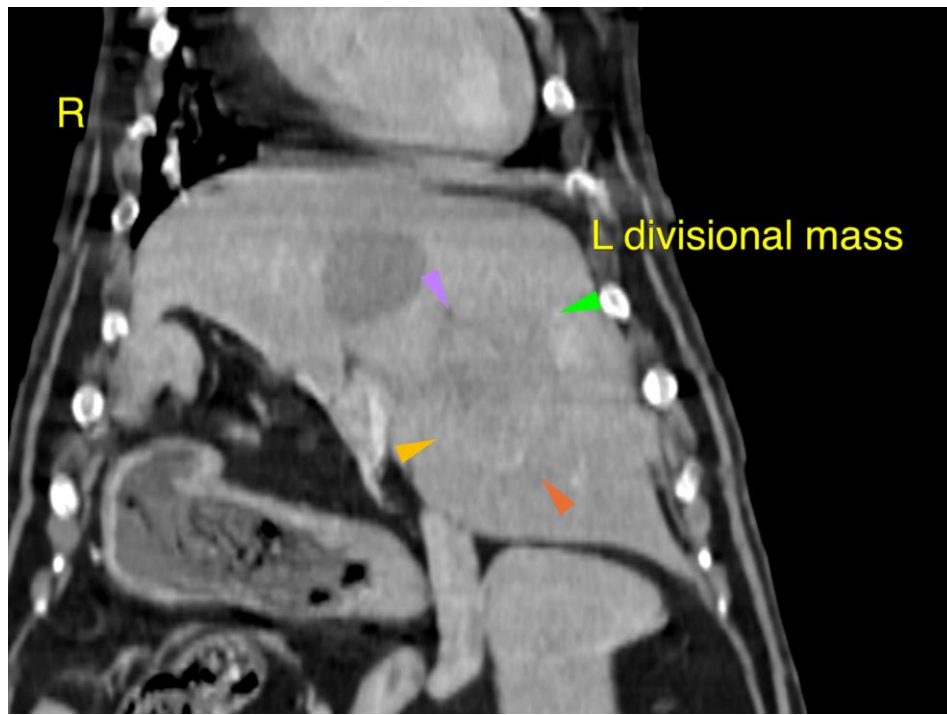
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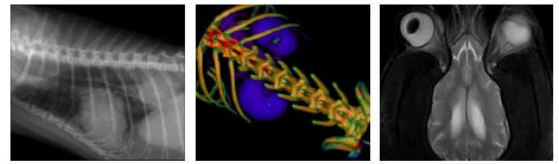
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
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