



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Hercules M18 Animal Welfare Services

Estimated 5 year old MI Husky X was previously rescued and now with welfare services. Had mildly elevated liver enzymes one month ago. Now has marked hyperbilirubinemia, marked neutrophilia, moderately elevated liver enzymes. Anorexia, dull. Previously fed raw meat of various sources. Other dog(s) from previous situation/home also had hepatopathy of unknown etiology.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Icteric, marked neutrophilia, marked hyperbilirubinemia, moderately elevated ALT and ALP, mildly low cholesterol, mild thrombocytopenia, mildly prolonged PTT, leptospirosis Witness negative.

**BREED**

Husky X

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

Plain and post contrast studies in soft tissue and bone windows available for review. Assessment is limited owing to the collimated field of view which does not include the ventral abdomen entirely and photon starvation caused by the limbs and other attenuating materials positioned to the side of the abdomen. Study is right/left flipped.

**SEX**

MI

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE**

5 Years

There is a large irregular shaped cavitated and heterogeneously enhancing right divisional liver mass of approximately 15 x 10 cm diameter. Dorsal deviation and compression of the caudal vena cava are seen. The portal vein is deviated to the left of the midline. Severe peripheral fat stranding is noted. The remainder of the hepatic parenchyma is multinodular in appearance with heterogeneous contrast enhancement. No regular hepatic parenchyma is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The portal lymph nodes are moderately enlarged.

A mild amount of mineral attenuating material is present within the renal pelvis of both kidneys.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**HOSPITAL NAME**

Animal Health Partners

- Large right divisional liver mass meeting neoplastic criteria.
- Multinodular hepatopathy of the remainder of the liver.
- Portal lymphadenomegaly.
- Bilateral hypercalcemic nephropathy.
- Cranial peritoneal fat stranding.

**REFERRING VET**

Dr. Ashley Gold

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

50653

The CT findings suggest presence of neoplasia within the right division of the liver. Right medial lobe origin is considered likely. However, the lesion margins are severely ill-defined and multiple nodules are scattered throughout the parenchyma of the remainder of the liver. These nodules blend into the liver mass and cannot be entirely separated from it. There is a mass effect onto the cystic duct of the gallbladder. The mass appears to interfere with the pathway of the common bile duct; however, common bile duct dilation is not directly seen. Hepatocellular carcinoma and secondary neoplasia of the liver such as sarcoma are potential differential diagnoses. Final diagnosis will require sampling for histology. Non-neoplastic pathology such as hepatitis with large abscess is highly unlikely based on the CT findings but cannot be ruled out entirely.

**DATE**

3-2-22

The fat stranding may represent carcinomatosis, effusion, and less likely peritonitis.



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Hercules M18 Animal  
Welfare Services

Differential diagnosis for the portal lymphadenomegaly includes metastatic disease as well as reactive hyperplasia. Fine needle aspiration could be considered for further definition.

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**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

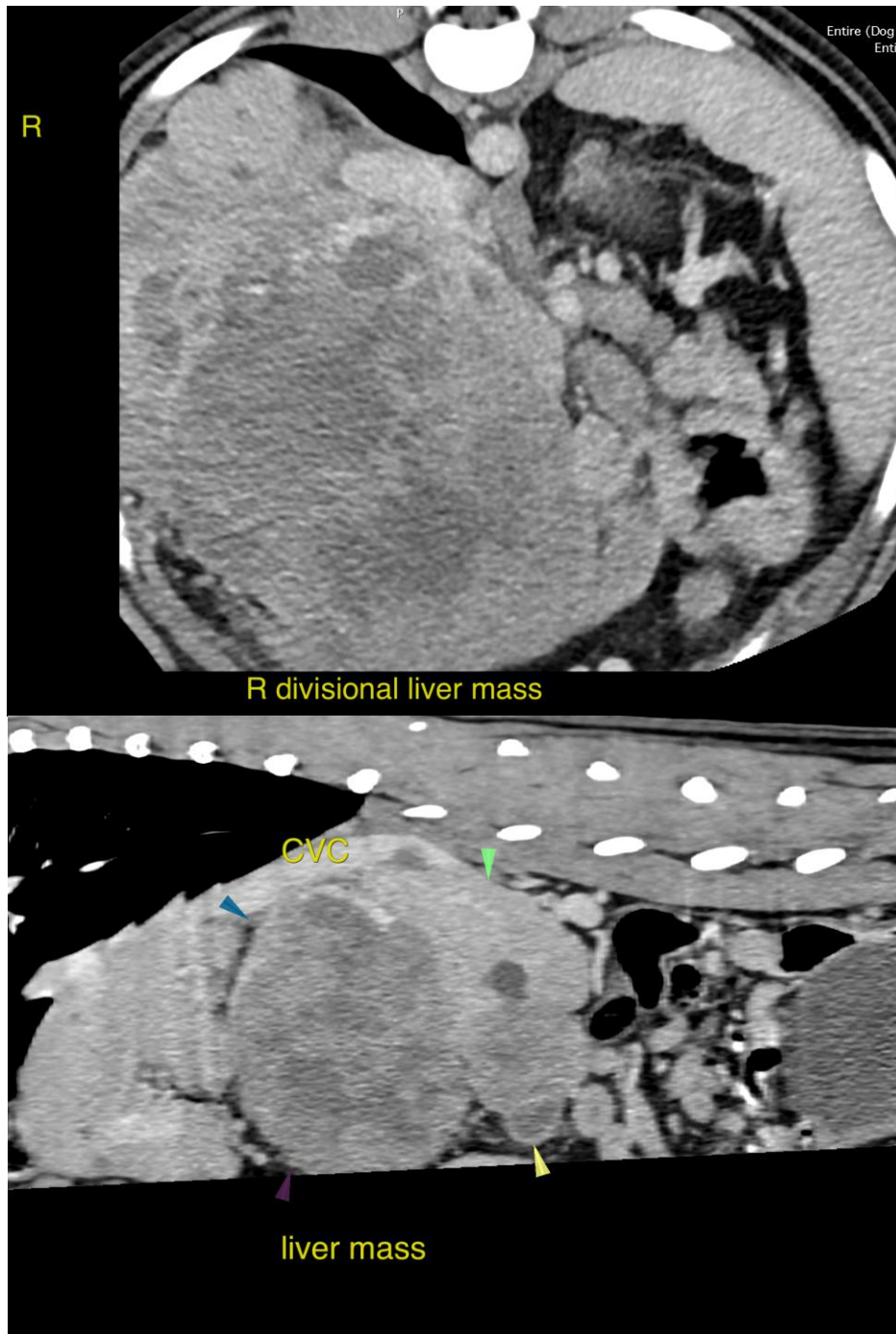
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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**

Husky X

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