



**PATIENT**

Charlotte Bueno

**PRESENTING CLINICAL SIGNS**

10 year old female spayed Maltese. Previous vet had diagnosed with liver disease over a year ago. Recently came in for a 2nd opinion and US revealed a hepatic mass. FNA showed its most likely a carcinoma. Oncologist recommends surgical removal and possible chemotherapy. Echocardiogram showed a stage B2 left and right valvular disease but still an anesthetic candidate. Plan will be to do a CT chest and abdomen to check mass location and assess chances of doing surgery.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- ALT mild increased, ALP moderate increased, BUN and PHOS mil decreased

**BREED**

Maltese

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

Plain and post contrast studies available for review.

**SEX**

SF

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

A heterogeneously enhancing cavitated left lateral liver lobe mass is seen. The mass expands the liver lobe and is in the ventral aspect of the left lateral liver lobe. Mass measurements approximate 4 x 4 x 3.5 cm. The remainder of the hepatic parenchyma presents within normal limits.

**AGE**

10 Years

The portal lymph nodes present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Not all of the spleen is fully included, however, visible parts of the spleen present within normal limits.

Occasional very small cortical renal cysts are seen in both kidneys. The general renal architecture and nephrogram present within normal limits.

**HOSPITAL NAME**

Veterinary Image  
Center

Mild partially mineralized chronic intervertebral disc hernias are seen between L5/6 and L6/7.

**Thorax**

Mild spondylosis deformans is seen between T8 and T9.

**REFERRING VET**

Dr. H. Lidin, DVM

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.

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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.

**DATE**

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The lung parenchyma presents the expected architecture and attenuation behavior.

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



**PATIENT** abnormal dilation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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Canine

- Large expansile left divisional liver mass meeting neoplastic criteria.
- Small cortical renal cysts likely degenerative.
- No evidence of metastatic disease within the thoracic and abdominal organs.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study confirms presence of a left divisional liver mass. Lobar origin is from the left lateral liver lobe. The mass is in a resectable position. No additional nodules or masses and no evidence of metastatic disease is seen in the thorax and abdomen. Differential diagnosis for the liver mass includes hepatocellular carcinoma primarily. Hepatic adenoma/hepatoma and secondary neoplasia of the liver such as sarcoma cannot be ruled out entirely but are thought by far less likely.

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Center

**REFERRING VET**

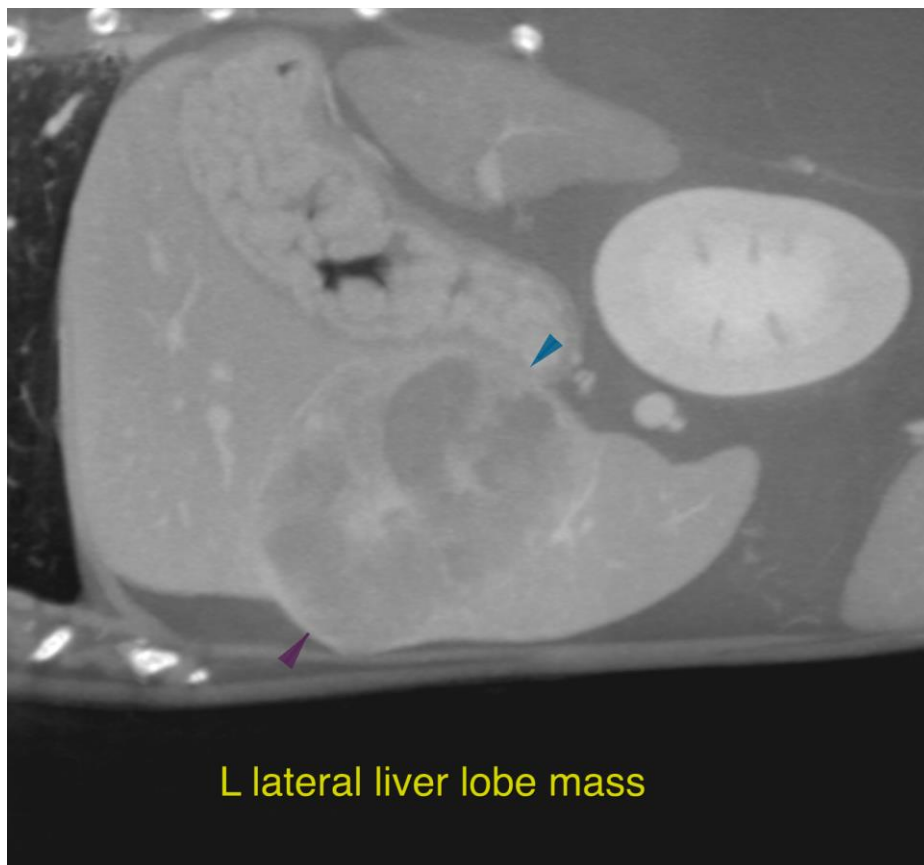
Dr. H. Lidin, DVM

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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**

Canine

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