



PATIENT PRESENTING CLINICAL SIGNS

Rosie Goldstein Rosie presented for Liver mass arising from the left liver lobe
Abnormal PE/Chem/CBC/UA Results: wbc high alk high Rbc low amylase high

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Canine Post-contrast study available for review. Contrast resolution is poor.

COMPUTED TOMOGRAPHIC FINDINGS

The abdominal cavity is voluminous. The ventral abdominal wall is pendulous.

BREED

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A large irregular shaped soft tissue attenuating mass with heterogeneous contrast enhancement and multifocal mineralization is occupying and expanding the left division of the liver. The mass measures approximately 12 cm in width and 14 cm in length. Severe mass effect onto the stomach is noted. The mass also extends into the portal hilus and causes a mass effect onto the gastric outlet and portal vein; however, no direct interference with portal vein, common bile duct, cystic duct, or other critical structures in the portal hilus is seen. No other masses or nodules are seen within the remainder of the liver, however, the assessment is limited to the available contrast resolution.

SEX

FS

AGE

15 Years

Both kidneys present multiple cortical renal infarcts and a moderate amount of mineral attenuating material is present within the renal diverticuli and pelvis of both kidneys.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

One paraaortic lymph node is enlarged at 5mm x 8mm.

Both adrenal glands are prominent with cranial and caudal pole measurements of 8mm on the left side and 7mm caudal pole and 10mm cranial pole on the right side.

HOSPITAL NAME

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Center

There is no evidence of peritoneal effusion.

Degenerative lumbosacral stenosis and multiple spondyloses are seen within the lumbar spine.

Non-compressive mineral attenuating material is present within the vertebral canal of the lumbar spine between L1/2 and L3/4 as well as at T12.

REFERRING VET

Dr. Infernuso

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left divisional liver mass meeting neoplastic criteria.
- Mild single paraaortic lymphadenomegaly.
- Mild bilateral adrenomegaly.
- Chronic hypercalcemic nephropathy with multiple small cortical renal infarcts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

3-24-22

The CT study reveals a single large left divisional liver mass. The mass occupies the entire left division of the liver. Left lateral lobe origin is considered most likely however left medial and quadrate lobe involvement lobe is a potential. Differential diagnosis includes hepatocellular carcinoma, hepatoma, and less likely sarcoma or round cell neoplasia. The mass is in a resectable position even though the size of the mass may limit the resectability.



PATIENT

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The assessment of the remainder of the hepatic and splenic parenchyma was limited to the available contrast resolution. If available, cross referencing with the results of the abdominal ultrasound examination is recommended.

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The enlargement of the paraaortic lymph node may be unrelated to the hepatic pathology and represent reactive hyperplasia or neoplastic infiltrate including metastatic disease which, however, is not necessarily likely. Sampling of the lymph node would be required for a final diagnosis.

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The mild bilateral adrenomegaly may represent an anatomic variant. However, functional pituitary dependent hyperadrenocorticism and stress induced hyperplasia cannot be ruled out. Correlate with the laboratory values.

Consider renal staging prior to potential surgery.

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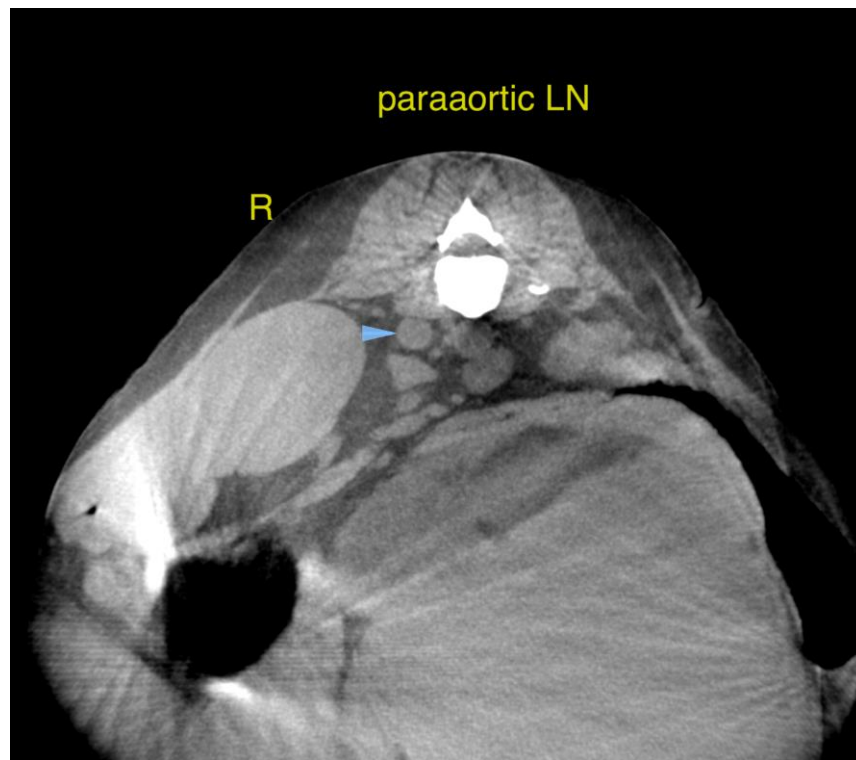
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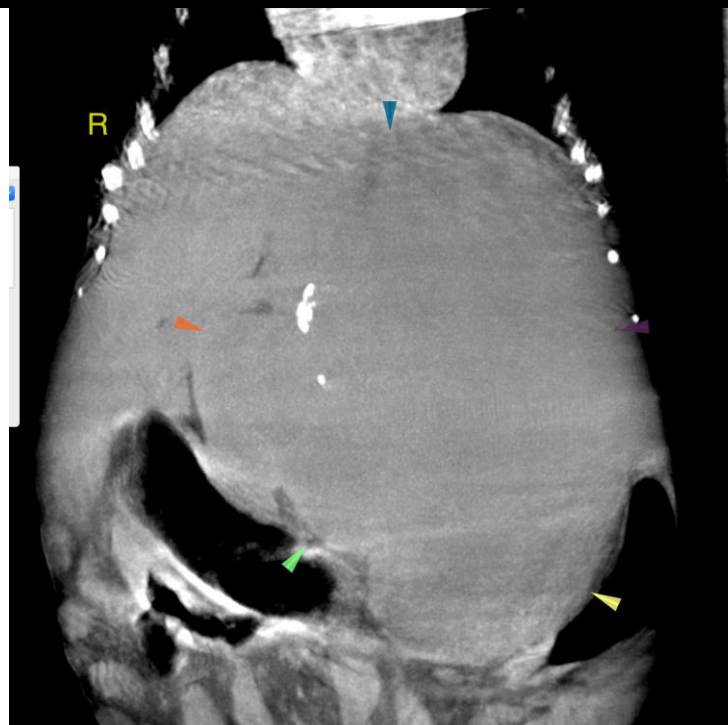
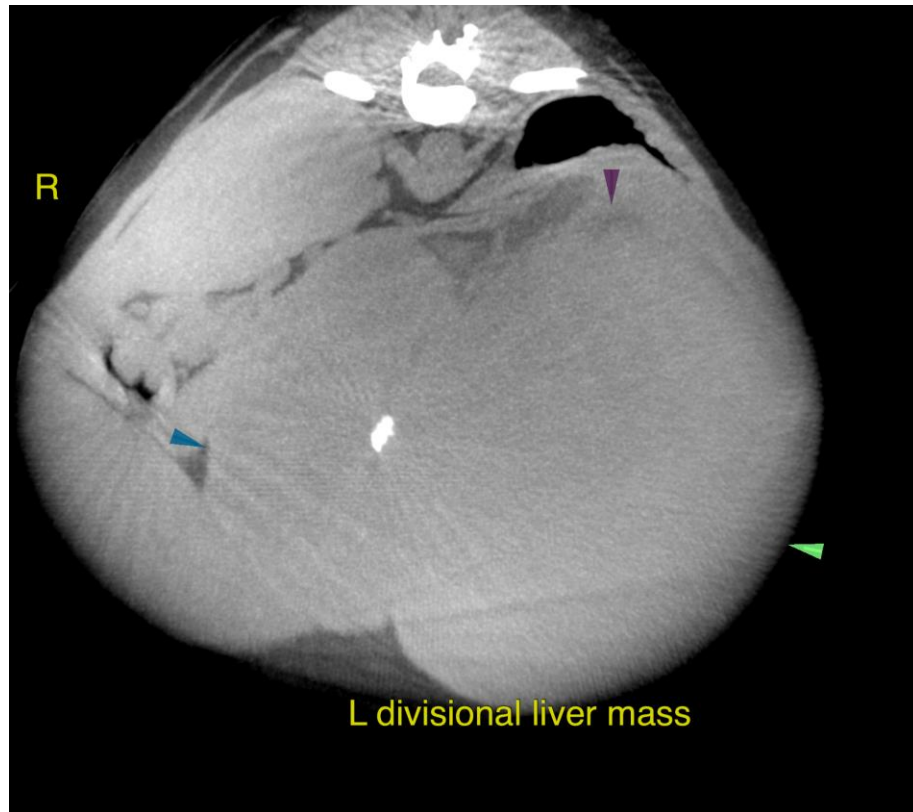
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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