

## PATIENT

Eve Zak

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

9Y

## WEIGHT

9lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Dr. Vitale

## HOSPITAL NAME

Wilson Veterinary  
Hospital

## REFERRING VET

Dr. Nick Vitale

## INVOICE

74413

## DATE

3-31-26

## PRESENTING CLINICAL SIGNS

- Patient presents for anorexia, normal blood, ascites noted, modified transudate, unable to identify either a mass associated with the left liver lobes or stomach itself. Looking for possibility to remove.

Abnormal PE/Chem/CBC/UA Results: BW WNL, modified transudate ascites, normal thorax rads

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

An ill-defined soft tissue mass of approximately 6 x 4 cm is seen in the cranial abdomen primarily involving the left liver division with additional infiltrative components in the central and right liver divisions. The mass extends beyond the liver margins infiltrating the peritoneum, diaphragm, and body wall. Extensive invasion into the caudal vena cava is present.

Moderate peritoneal and moderate bilateral pleural fluid is noted.

The gallbladder is almost empty.

No lymph node enlargement or infiltration is identified.

The stomach and spleen present within expected limits.

The kidneys, adrenal glands, and pancreas are within normal limits as well.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

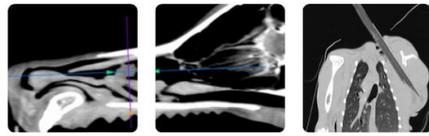
- Multifocal highly invasive hepatic mass with peritoneal, body wall, and vascular invasion (caudal vena cava).
- Moderate ascites and pleural effusion consistent with mass effect and venous obstruction.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging features are consistent with a malignant hepatic neoplasia with aggressive local infiltration. Biliary or hepatic carcinoma are primary differential diagnoses. Sarcoma and round cell neoplasia are less likely but cannot be excluded. The findings are not compatible with a benign mass. The caudal vena cava invasion and ill-defined infiltrative behavior complicate surgical options and renders the mass nonresectable.

The moderate ascites and pleural effusion likely represent transudate secondary to venous obstruction. Primary neoplastic effusion or carcinomatosis are possible as well.

Histopathologic confirmation via ultrasound guided biopsy can be considered if tissue diagnosis is a goal. Surgical resection is not possible. Palliative management can be considered depending on the clinical correlation and definitive diagnosis. Prognosis is guarded to poor.



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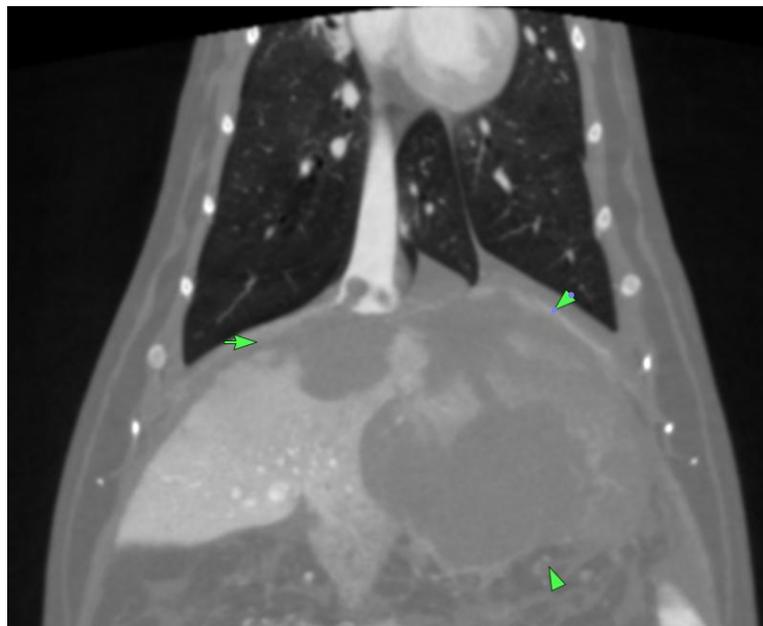
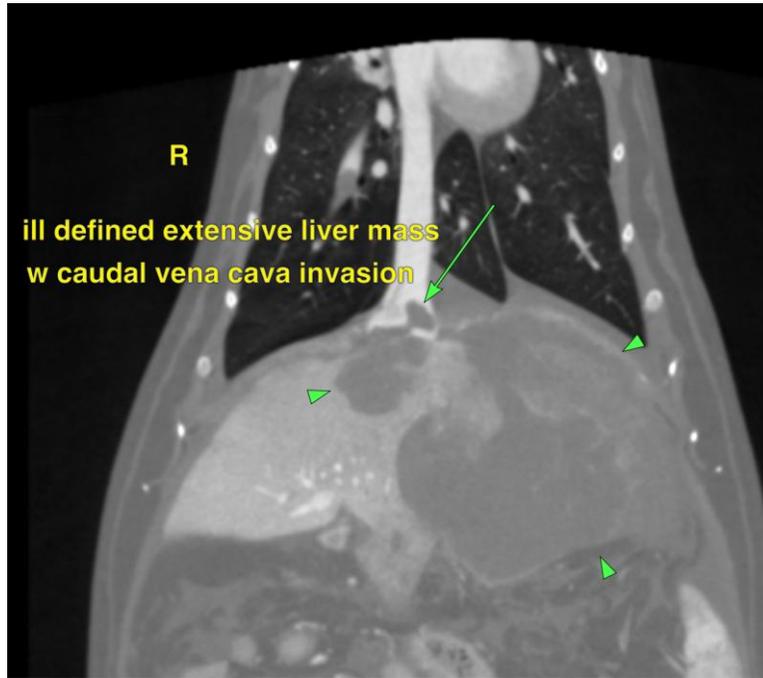
Dr. Nick Vitale

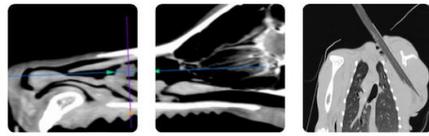
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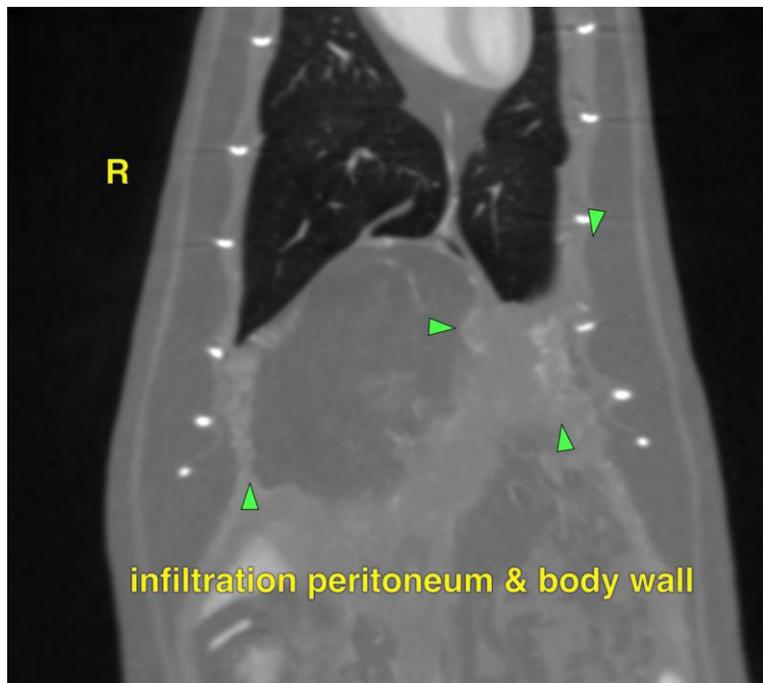
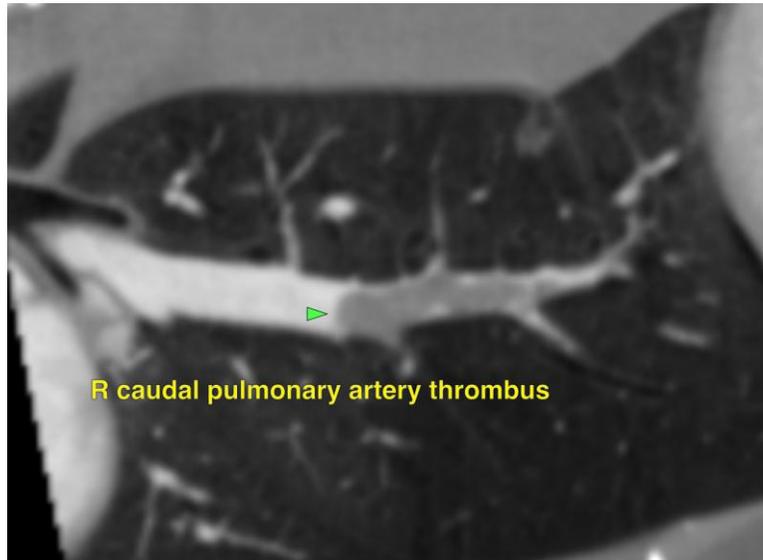
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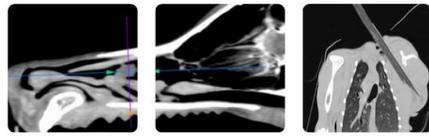
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Feline

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**

DSH

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

[info@sonopath.com](mailto:info@sonopath.com)

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