



**PATIENT**

Chester Ganz

**PRESENTING CLINICAL SIGNS**

Liver mass, decide whether or not it is resectable, 2/6 heart murmur.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

Post contrast study available for review.

**BREED**

Mixed Breed

**COMPUTED TOMOGRAPHIC FINDINGS**

A large pedunculated mass is protruding from the right division of the liver. The mass measures approximately 12 cm in length, 9 cm in height, and 9 cm in width. The mass has a lobulated appearance with heterogeneous contrast enhancement and multiple intralesional cavitations. The remainder of the liver presents moderate generalized enlargement with multiple hypoenhancing nodules.

**SEX**

Male

The gallbladder is severely distended.

No evidence of interference between the mass and the cystic duct, common bile duct, gastric outlet, or portal vein is seen, even though the gastric outlet, descending duodenum, and pancreas are shifted towards the left of the midline.

**AGE**

15 Years

The kidneys presents cortical infarcts and small cysts.

Bilateral mild adrenomegaly with caudal pole diameters of 11mm and 8.5mm is noted.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Occasional hyperenhancing splenic nodules are seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large expansile mass protruding from the right division of the liver.
- Hepatopathy with multiple small nodules.
- Splenic nodules.
- Mild bilateral adrenomegaly.
- Degenerative changes of both kidneys.

**HOSPITAL NAME**

Animal Surgical  
Center

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a large right divisional liver mass. Direct infiltration or interference with critical structures in the portal hilus is not seen even though a significant mass effect onto the portal vein, gastric outlet, duodenal papilla, and common bile duct is noted. Lobar origin from the caudate lobe is considered most likely. However, right lateral lobe involvement cannot be ruled out as well. The mass effect onto the surrounding critical anatomy may limit the resectability, even though no direct infiltration of the aforementioned structures is noted. Differential diagnosis for the mass includes primary neoplasia of the liver such as hepatocellular carcinoma and less likely secondary neoplasia of the liver including sarcoma. Benign neoplasia such as hepatoma is thought unlikely but cannot be ruled out entirely.

**REFERRING VET**

Commack Veterinary  
Center

**INVOICE**

57079

**DATE**

3-6-23

Note the presence of mild bilateral adrenomegaly and hepatopathy with small nodules which may indicate endocrine hepatopathy secondary to pituitary dependent hyperadrenocorticism. The small nodules within the liver may also represent metastatic disease of the liver tumor even



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though this is considered less likely.

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The splenic nodules are more likely to represent benign nodular hyperplasia or extramedullary hematopoiesis rather than metastatic disease even though this cannot be ruled out entirely.

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**AGE**

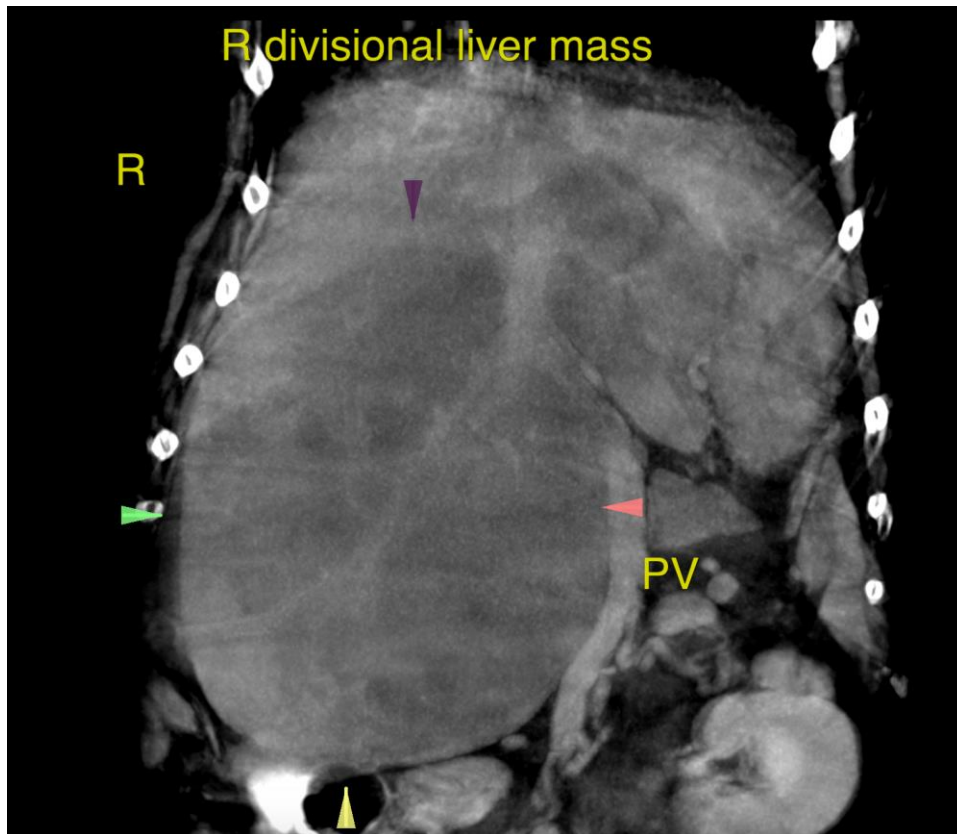
15 Years

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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.

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**Nele Eley, DVM, Dr. med. vet., DipECVDI**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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