



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lexi Holik
SPECIES Canine
BREED Golden Retriever
SEX FS
AGE 7yr

Pet presented through ER for mid-abdominal mass and hemoabdomen 2/25/26. Exploratory surgery was performed and a splenectomy was performed due to bleeding splenic mass. Histopathology determined the mass to be a ruptured splenic hematoma from benign lymphoid hyperplasia. Liver nodules were noted at the time of surgery but were not aspirated or biopsied. The patient's anemia never completely normalized after surgery, getting as high as ~26% hct at the 1 month recheck, then becoming more anemic at the last recheck on 4/10, down to 22%. The anemia has been non-regenerative at each recheck. Abdominal radiographs at the recheck on 4/10 revealed a mid-abdominal mass structure, possibly coming off the liver.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Status post splenectomy. The surgical site appears unremarkable with expected post operative changes.

A large complex mass measuring ~ 7 cm x 6 cm is located caudal to the diaphragm within the right lateral liver lobe. Non-uniform attenuation with complex internal architecture and variable contrast enhancement is seen. Lesion margins are ill-defined. A 2 cm size complex nodule is seen within the ventral aspect of the left lateral liver lobe presenting similar heterogeneous characteristics though smaller in size. Multiple additional hepatic lesions represented by well-defined nodules throughout the parenchyma of all liver lobes measuring up to 1.5 cm are seen. These are hypoattenuating and hypoenhancing on both pre and post contrast images and appear to be non-complex and cyst like.

INTERPRETED BY

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

A mild volume of free peritoneal fluid is seen most evident in the right cranial abdomen and left caudal abdomen.

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The abdominal lymph nodes are within normal limits.

The adrenal glands are normal in size and morphology.

The kidneys present mild age-related changes.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large complex hepatic mass in the right lateral liver lobe with additional complex lesion in left lateral liver lobe: concerning for hepatic neoplasia or metastatic disease
- Multiple small well-defined hypoattenuating hepatic nodules most consistent with benign cysts or myelolipomas less likely metastatic lesions or hemorrhagic lesions
- Mild peritoneal effusion
- Status post-splenectomy

INVOICE

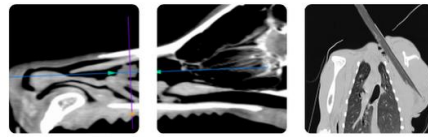
24511

DATE

04/15/2026

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

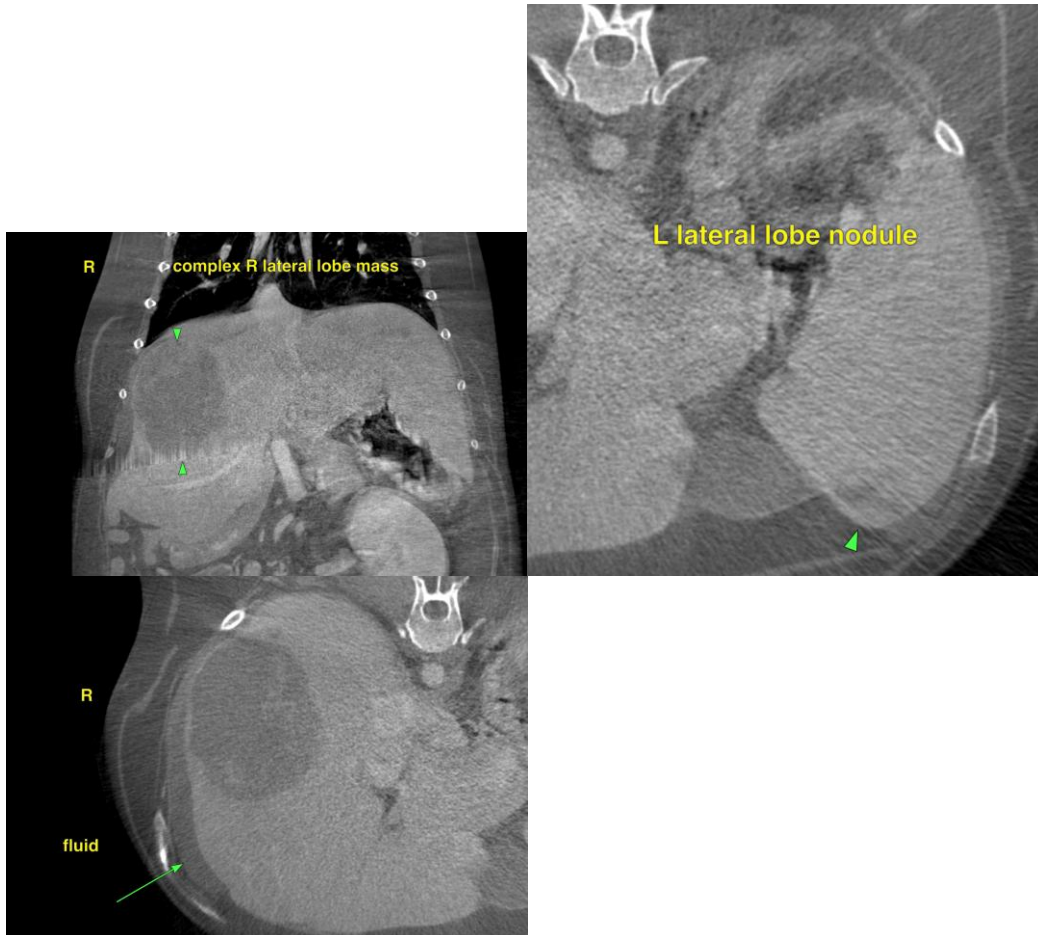
The presence of a large complex hepatic mass in conjunction with persistent non-regenerative



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anemia is clinically significant and raises concern for neoplasia although definitive diagnosis requires tissue sampling. The large right lateral liver lobe mass and the left lateral liver lobe nodule are concerning for primary or secondary hepatic neoplasia such as hepatocellular carcinoma or metastatic disease. The smaller hepatic nodules have a more benign imaging appearance and may represent incidental cystic or hyperplastic changes. Hemorrhagic metastases or hematomas are considered less likely.

Definitive diagnosis by means of ultrasound or CT guided biopsy of the large hepatic mass can be considered. Consider coagulation status prior to sampling. Further staging may entail thoracic imaging if not already performed. The involvement of the right lateral liver lobe is extensive which may limit a surgical resectability.



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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.



PATIENT 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.

Lexi Holik

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