



**PATIENT**

Niko King

**PRESENTING CLINICAL SIGNS**

Historical elevated liver enzymes with evidence of liver masses on abdominal ultrasound, minimal clinical signs other than general adr and inappetance.  
Abnormal PE/Chem/CBC/UA Results: Elevated ALP/ALT

**SPECIES**

Canine

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

Plain and post contrast studies available for review.

**BREED**

Bichon Frise

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

**SEX**

Male Neutered

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.

**AGE**

12

The cardiovascular structures including the pulmonary vasculature are within normal limits.

Mild tracheal collapse is noted.

There is a mild generalized bronchial lung pattern with even distribution throughout the lung.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

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 abnormal dilation.

**HOSPITAL NAME**

Scottsdale Veterinary  
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**Abdomen**

A small fat attenuating subcutaneous nodule is noted in the left cranioventral abdominal wall.

Both kidneys present multiple small mineral attenuating foci within the renal diverticuli. No evidence of pyelectasia is noted. There are multiple small cortical renal cysts.

**REFERRING VET**

Dr. Kerby

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents multiple hyperenhancing nodules of up to 1 cm diameter.

**INVOICE**

51578

A 6 x 5.5 cm sized heterogeneously enhancing expansile mass is seen within the left division of the liver. No interference with the extrahepatic portal vein, common bile duct, cystic duct, or other critical structures in the portal hilus is seen. The remainder of the liver presents occasional faintly hypoattenuating nodules. Mild peripheral fat stranding in the left cranial abdomen is seen close to the liver mass.

**DATE**

4-16-22

The gallbladder is severely distended. The gallbladder content is layered in appearance with amorphous central mineralization. Mild generalized gallbladder wall thickening is noted.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

**SPECIES**

Canine

The bony structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****BREED**

Bichon Frise

- Large left divisional liver mass.
- Multiple smaller liver nodules.
- Suspect immobile gallbladder content with mineralizations.
- Bilateral hypercalcemic nephropathy with multiple degenerative cortical renal cysts.
- Multiple splenic nodules.
- Small fat attenuating subcutaneous nodule in left cranioventral abdominal wall - suspect lipoma.
- Mild tracheal collapse.

**SEX**

Male Neutered

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**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a left divisional liver mass with heterogeneous contrast enhancement. Lobar origin from the left medial lobe is considered likely. Differential diagnosis includes hepatocellular carcinoma, secondary neoplasia of the liver such as sarcoma and hepatoma. The possibility of small regional hemorrhage should be considered owing to the presence of peripheral fat stranding in the left cranial abdomen in proximity of the liver mass. The mass is in a resectable position.

The multiple hepatic nodules may represent benign nodular hyperplasia or regenerative nodules, however, metastatic disease cannot be ruled out.

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Differential diagnosis for the gallbladder presentation includes chronic cholecystitis, gallbladder mucocele, and mineralizing gallbladder sludge.

Differential diagnosis for the splenic nodules includes benign nodular hyperplasia, extramedullary hematopoiesis, and less likely metastatic disease.

**REFERRING VET**

Dr. Kerby

At this time, there is no evidence of pulmonary metastases.

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**REFERRING VET**

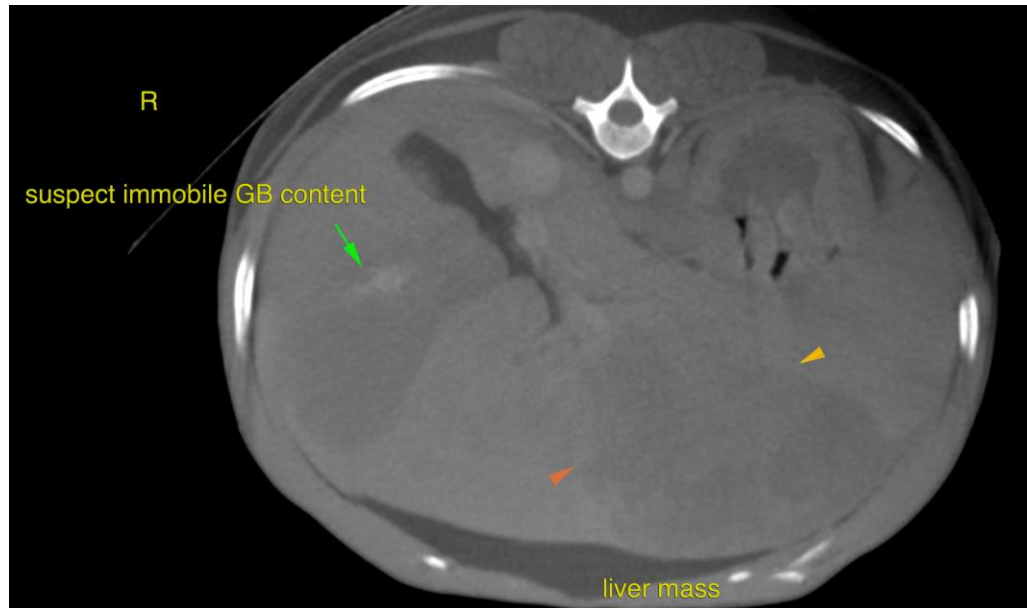
Dr. Kerby

**INVOICE**

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**DATE**

4-16-22



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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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