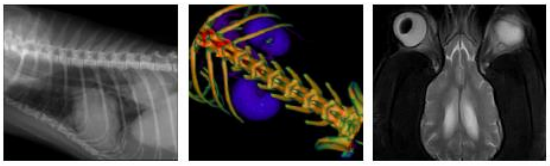
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mowgli Higgins

SPECIES

Canine

BREED

Shih Tzu

SEX

Male

AGE

13 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Tomas Infernuso

INVOICE

51736

DATE

4-25-22

PRESENTING CLINICAL SIGNS

Mass of elevated liver enzymes anemia
Abnormal PE/Chem/CBC/UA Results: all liver enzymes high (ALT, ALP, GGT)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Post-contrast study available for review. Study is right/left flipped.

COMPUTED TOMOGRAPHIC FINDINGS

A large right divisional liver mass is seen. The mass measures approximately 7 x 10 cm and is multilobulated and cavitating in appearance. Foci of mineralization are seen within the mass. Most of the right division of the liver is occupied by the mass. The mass appears to involve both the right lateral and caudate liver lobes. Caudal deviation of the right kidney is seen. The gastric outlet, descending duodenum, and common bile duct are pushed medially. The gallbladder is also deviated medially. No direct interference or involvement of these structures is noted. The remainder of the hepatic parenchyma presents several hypoattenuating smaller nodules.

Occasional hyperenhancing splenic nodules are seen.

The remainder of the abdominal structures present within normal limits.

There is no evidence of effusion or peripheral fat stranding in the cranial abdomen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right divisional liver mass meeting neoplastic criteria.
- Hepatic and splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a single cavitating right divisional liver mass. The lobar origin cannot be exactly defined, however, right lateral and caudate lobe involvement is considered likely. The mass does interfere with anatomic pathways of the gastric outlet, duodenal papilla, common bile duct, and cystic duct; however, no direct involvement of these structures is seen.

Differential diagnosis includes hepatocellular carcinoma, secondary neoplasia of the liver such as sarcoma, and less likely hepatoma or nodular hyperplasia.

The smaller liver nodules may represent nodular hyperplasia or regenerative nodules. Metastatic disease cannot be ruled out entirely.

The splenic nodules may present nodular hyperplasia, extramedullary hematopoiesis, or less likely metastatic disease.

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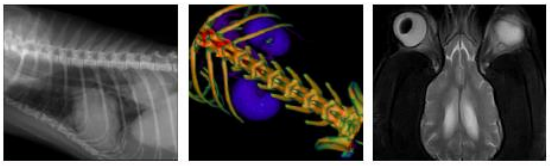

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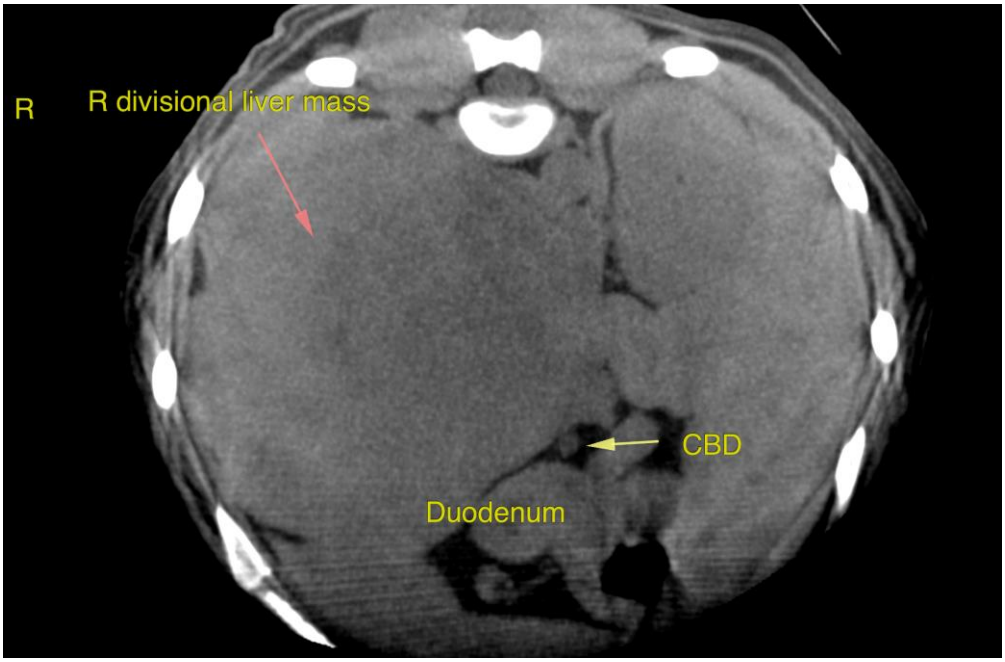

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Nele.Eley@sonopath.com