



PATIENT PRESENTING CLINICAL SIGNS

Coby D'Elia Liver Mass
Abnormal PE/Chem/CBC/UA Results: ALT 3130

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Canine Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

BREED
Labradoodle

A large cavitating right divisional liver mass is seen. The mass measures approximately 10 cm in diameter. The liver capsule is severely expanded. Predominance of peripheral enhancement and multifocal large central cavitation with fluid attenuating contrast negative material is seen. There is extensive peripheral fat stranding and mild regional peritoneal effusion. Lobar origin from the caudate lobe is most likely, however, right lateral lobe involvement cannot be ruled out. The gastric outlet, descending duodenum, pancreas, and common bile duct are pushed ventrally. No direct involvement of these structures is seen. The portal vein is mildly deviated medially.

SEX
MN

AGE
7 Years

A second 3 cm sized expansile and hypoenhancing mass is seen in the medial and caudal aspect of the left division of the liver. Lobar origin from the left lateral liver lobe is considered likely. No interference with critical structures is seen.

The portal lymph nodes present mild symmetric enlargement.

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

The right adrenal gland presents a 6.5mm sized hypoenhancing nodule within its caudal pole. The left adrenal gland presents within normal limits.

Occasional small hyperenhancing splenic nodules are seen.

HOSPITAL NAME
Blairstown Animal Hospital

The visible lung presents no evidence of metastatic disease. The lung, however, is not fully included. This is an abdominal read only.

Both coxofemoral joints present severe signs of dysplasia. The right femoral head is luxated dorsally. The left femoral head presents severe dorsolateral subluxation. Severe secondary osteoarthritic changes are present bilaterally.

REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS

- Dr. Leal
- Large cavitating liver mass meeting neoplastic criteria within the right division of the liver.
 - Expansile liver mass meeting neoplastic criteria in the left division of the liver.
 - Regional fat stranding and peritoneal effusion in the cranial abdomen associated with the large right divisional mass.
 - Mild portal lymphadenomegaly.
 - Right adrenal gland nodule.
 - Splenic nodules.
 - Severe bilateral canine hip dysplasia with coxofemoral osteoarthritis.

INVOICE
52365

DATE
6-7-22



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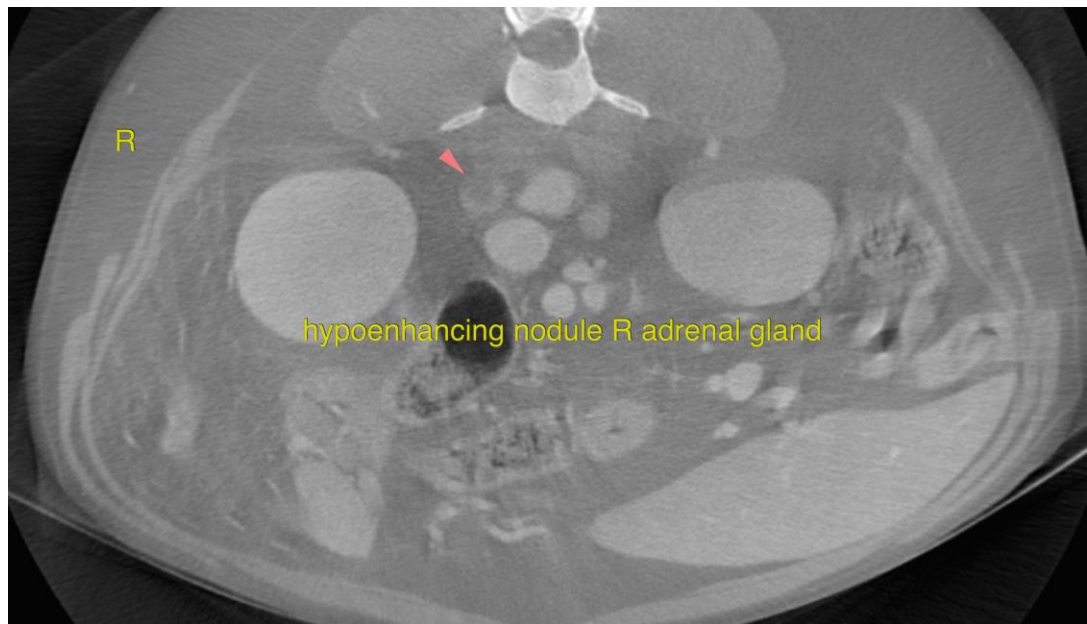
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals not one but two large masses within the liver. The right divisional mass measures 10 cm in diameter and presents cavitation, heterogeneity, and peripheral fat stranding with mild regional effusion. Differential diagnosis includes hepatocellular carcinoma, hemangiosarcoma, hemangioma, and less likely hepatoma or other neoplasia. The regional effusion may well represent emerging or prior hemorrhage or paraneoplastic effusion including carcinomatosis. The second mass may represent a metastases as well as a separate entity such as primary or secondary neoplasia of the liver. Both masses are in a resectable position even though for the larger right divisional mass, anatomic interference with the gastric outlet, descending duodenum, duodenal papilla, pancreas, and common bile duct has to be expected. Lobar origin from the caudate and left lateral lobes is considered most likely.

The small right adrenal gland nodule is likely to represent myelolipoma. However, early adenoma, adenocarcinoma, pheochromocytoma, metastases, and incidentaloma are potential differential diagnoses which cannot be ruled out entirely.

The splenic nodules are more likely to represent benign nodular hyperplasia or extramedullary hematopoiesis than metastatic disease.





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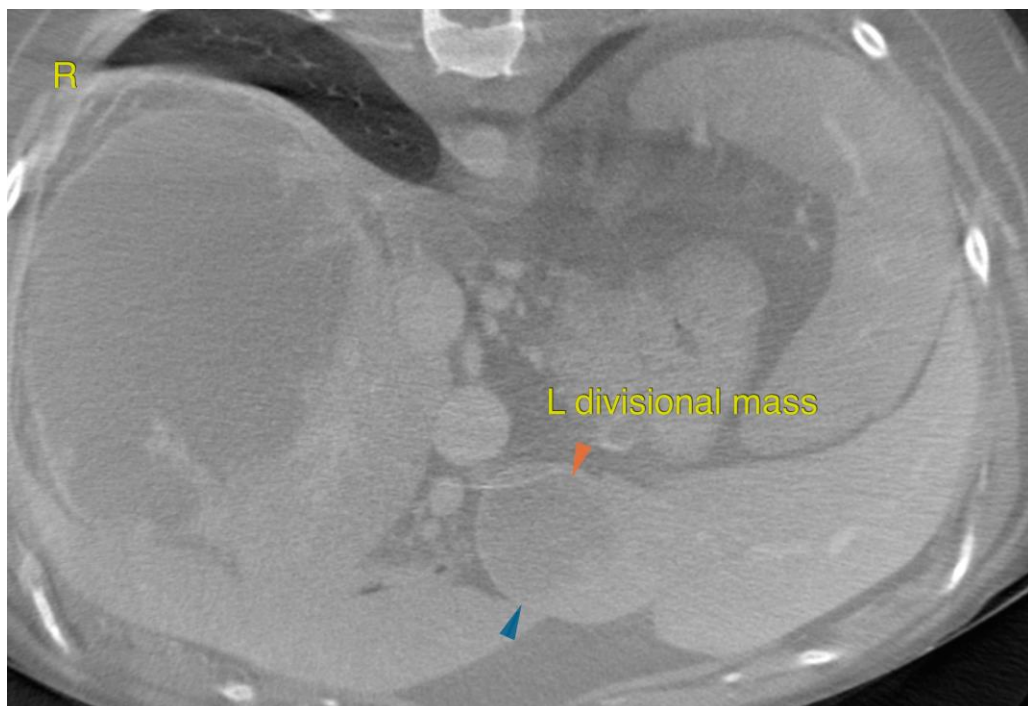
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PATIENT

Coby D'Elia

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.

SPECIES

Canine

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