



PATIENT

Sam Willis

SPECIES

Canine

BREED

Queensland Heeler

SEX

FS

AGE

12

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Rory Applegate

INVOICE

14370ag

DATE

07/15/2023

PRESENTING CLINICAL SIGNS

Historical hyporexia and vomiting. Cholestatic hepatopathy appreciated on imaging but no functional hepatic compromise. AUS performed showed region of atypical in liver with cavitation and no signs of other regions of the liver affected. Mild peritoneal effusion present. CT scan performed previously and nondiagnostic in region of liver. Internal review of repeat CT performed and surgical removal of lesion pursued but CT review for additional assessment. Concurrent asymptomatic pulmonary bullae.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post IV contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Limited assessment of the liver. The left lateral liver lobe margins appear to be slightly rounded. Diffuse heterogenous contrast enhancement appears to be present in the left division of the liver.

The right portal lymph node is moderately enlarged measuring 1.5 cm x 1.0 cm. A second enlarged lymph node is seen ventral to the gastroduodenal junction measuring 2.0 cm in diameter.

Peripheral xxx and mild peritoneal effusion are seen.

The stomach contains a mild amount of fluid, and a short wire type linear metal attenuating structure is seen ventrally within the gastric body. Regional thickening of the gastric wall appears to be present.

The bilateral adrenal glands present mild symmetric enlargement with the caudal pole of the left adrenal gland measuring 10 mm and the caudal pole of the right adrenal gland measuring 8.5 mm.

Multifocal small mineral attenuating foci are seen in the renal cortices bilaterally.

Mild generalized enlargement of the pancreas is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect regional hepatopathy of the left division of the liver.
- Moderate epigastric lymphadenomegaly involving the right portal and pancreaticoduodenal lymph node.
- Pancreatopathy.
- Gastropathy.
- Mild effusion and regional fat stranding.
- Mild bilateral asymmetric adrenomegaly.



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- Bilateral nephrocalcinosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There appears to be a region of abnormal enhancement with rounded contours in the left division of the liver involving the left lateral liver lobe. The findings are not necessarily typical for a liver mass. Differential diagnosis includes vacuolar, endocrine or metabolic hepatopathy, hepatitis and neoplasia. Sampling under ultrasonographic guidance since ultrasound was able to identify this region of atypical architecture vs laparoscopic sampling could be considered.

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Differential diagnosis for the epigastric lymphadenomegaly includes a neoplastic infiltrate such as primary lymphoma vs metastatic and lymphadenitis. Ultrasound guided or open biopsy is recommended for further definition.

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The gastric wall changes may be associated with the wire type foreign material and represent gastritis however polyp and gastric neoplasia cannot be ruled out. Consider open or endoscopic sampling for further definition.

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Differential diagnosis for the adrenomegaly includes pituitary dependent hyperadrenocorticism vs stress induced hyperplasia or anatomic variant. Correlate with laboratory values. Systemic hypercalcemia should be ruled out.

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Consider the possibility of pancreatitis.

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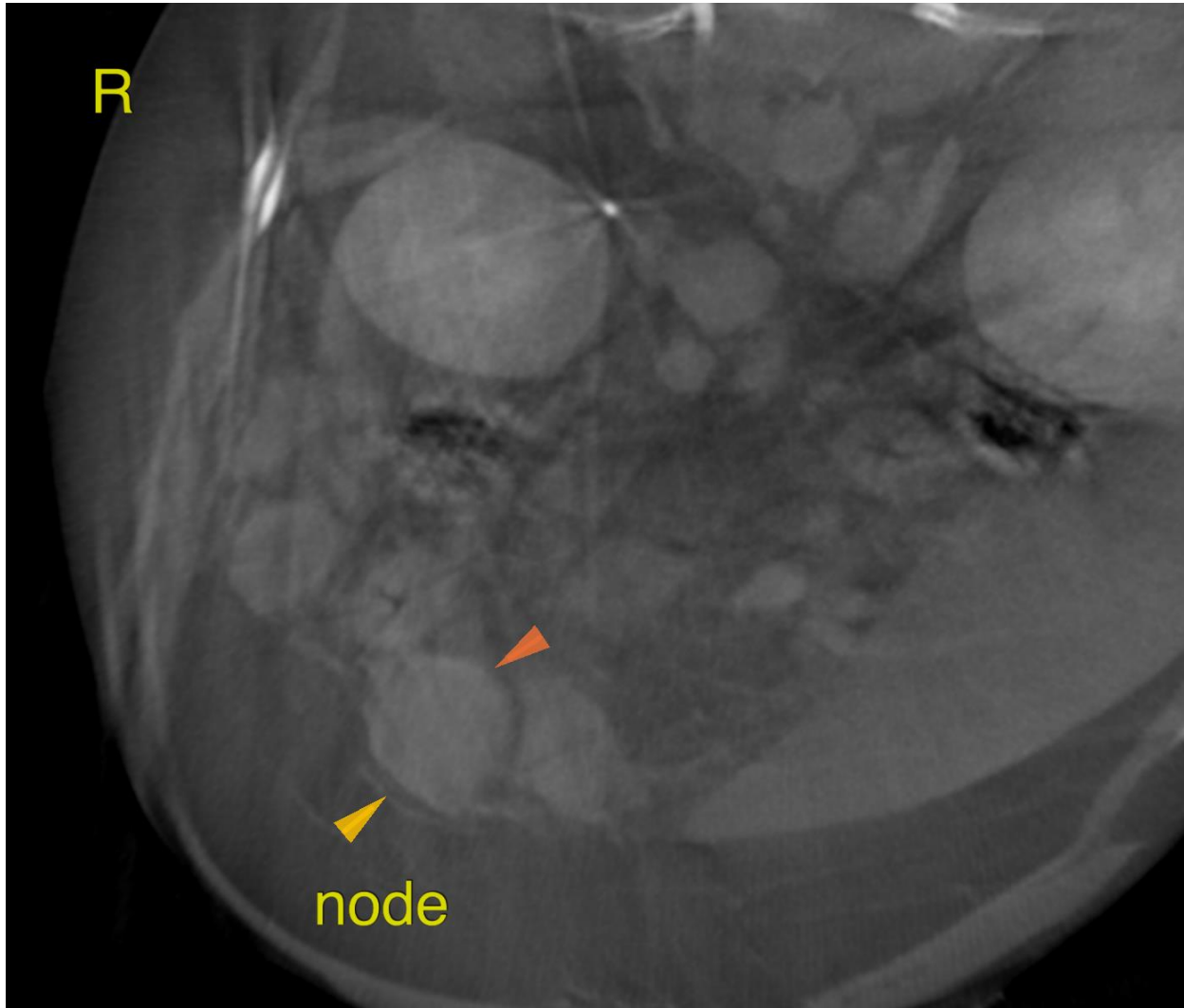
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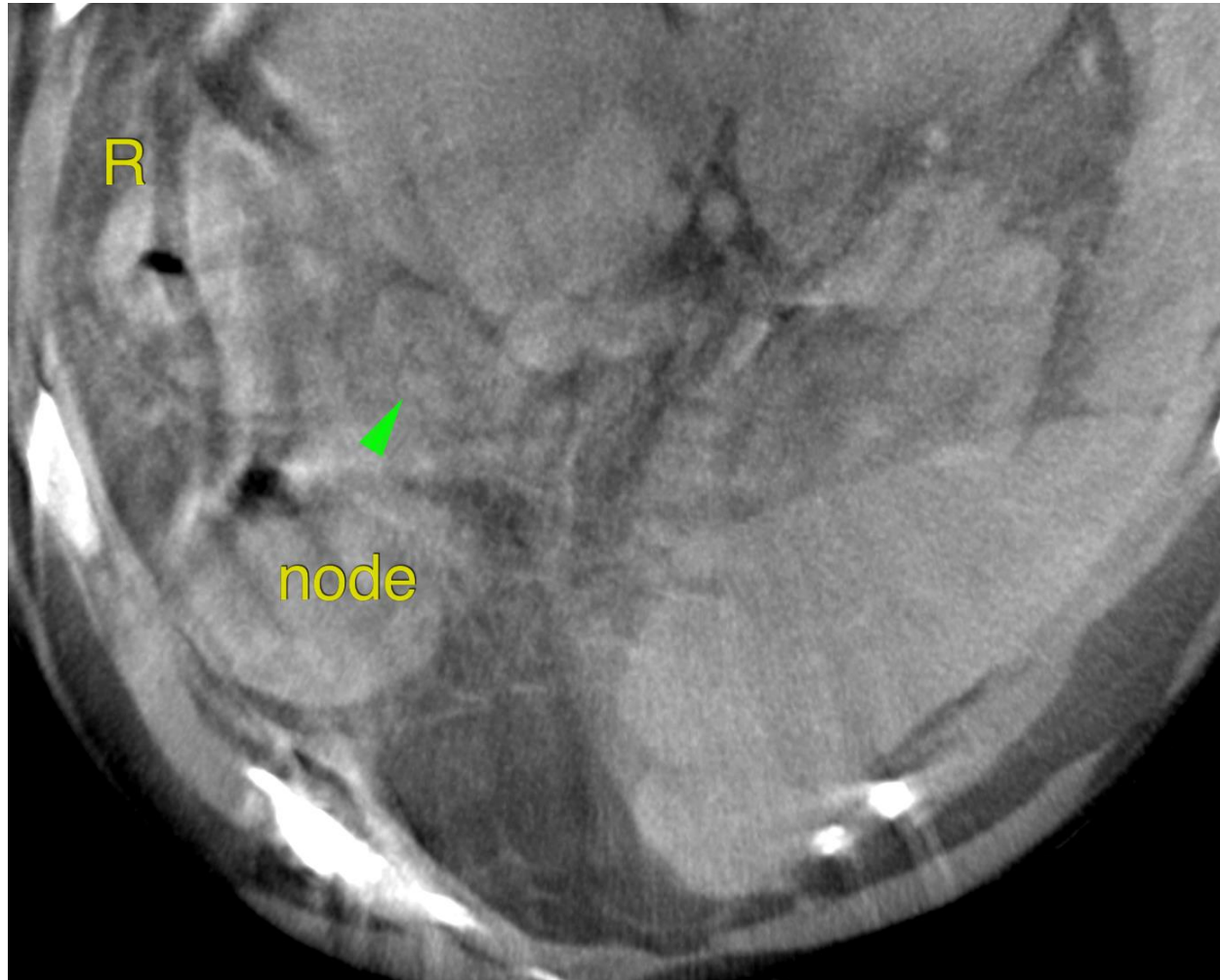
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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