SonoPath Teleradiology
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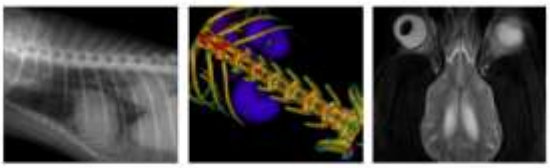


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tess Ciptak

SPECIES

Canine

BREED

Chow Chow

SEX

SF

AGE

11

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

Dr. D'Monte

INVOICE

47045

DATE

8-19-21

PRESENTING CLINICAL SIGNS

Seizures, epistaxis & diarrhea

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & ABDOMEN

Plain and post contrast studies of the head and abdomen available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

The dentition in incomplete. The remaining teeth present within age related normal limits.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

The tympanic bullae are aerated, the mucosal lining is not seen, and the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio of < 0.5. The attenuation and contrast enhancement pattern are uniform.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

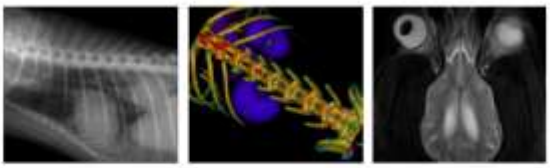
Mineral attenuating material is seen in the renal diverticuli of both kidneys. General shape, architecture, and enhancement of the kidneys are considered within normal limits.

Photon starvation causes streak artifacts level with the right adrenal gland which limits the assessment of which. As far as assessable, no structural abnormality can be identified.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

There is a large pedunculated cavitating liver mass of approximately 5.0 cm diameter in the left lateral division of the liver. Multiple up to 3.0 cm sized heterogeneously enhancing nodules are seen throughout the remainder of the liver involving all lobes.

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



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

Chronic organized and moderately compressive intervertebral disc extrusion is seen in the left ventral epidural space at T13/L1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large pedunculated liver mass meeting neoplastic criteria with presumed origin from the left lateral liver lobe.
- Multiple large heterogeneously enhancing nodules throughout the remainder of the liver.
- Bilateral hypercalcemic nephropathy.
- Chronic moderately compressive lateralized disc extrusion T13/L1.
- Structurally normal CT study of the brain.
- Structurally normal CT study of the nasal cavities and paranasal sinuses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding appears to be presence of a large cavitating and pedunculated mass in the left lateral division of the liver. Primary neoplasia of the liver such as hepatocellular carcinoma is a potential as well as secondary neoplasia such as hemangiosarcoma. Benign neoplasia such as hepatoma cannot be ruled out but is considered less likely. The multiple large nodules within the remainder of the liver are equivocal for metastatic disease versus benign nodular hyperplasia. Further definition would require sampling for cytology or histology.

The primary left lateral liver mass is in a resectable position; however, the remainder of the hepatic changes are considered non-resectable.

No structural cause of the epistaxis was found. However, paraneoplastic coagulopathy with epistaxis is not uncommon, especially in hemangiosarcoma.

The CT study of the brain revealed no structural pathology. Consider hepatic dysfunction/ hepatoencephalopathy a potential cause of the seizural activity. Nonstructural brain damage, however, cannot be ruled out.

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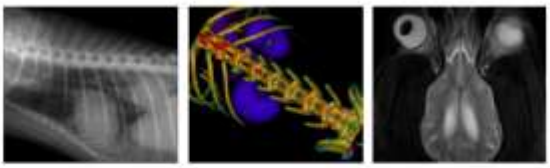

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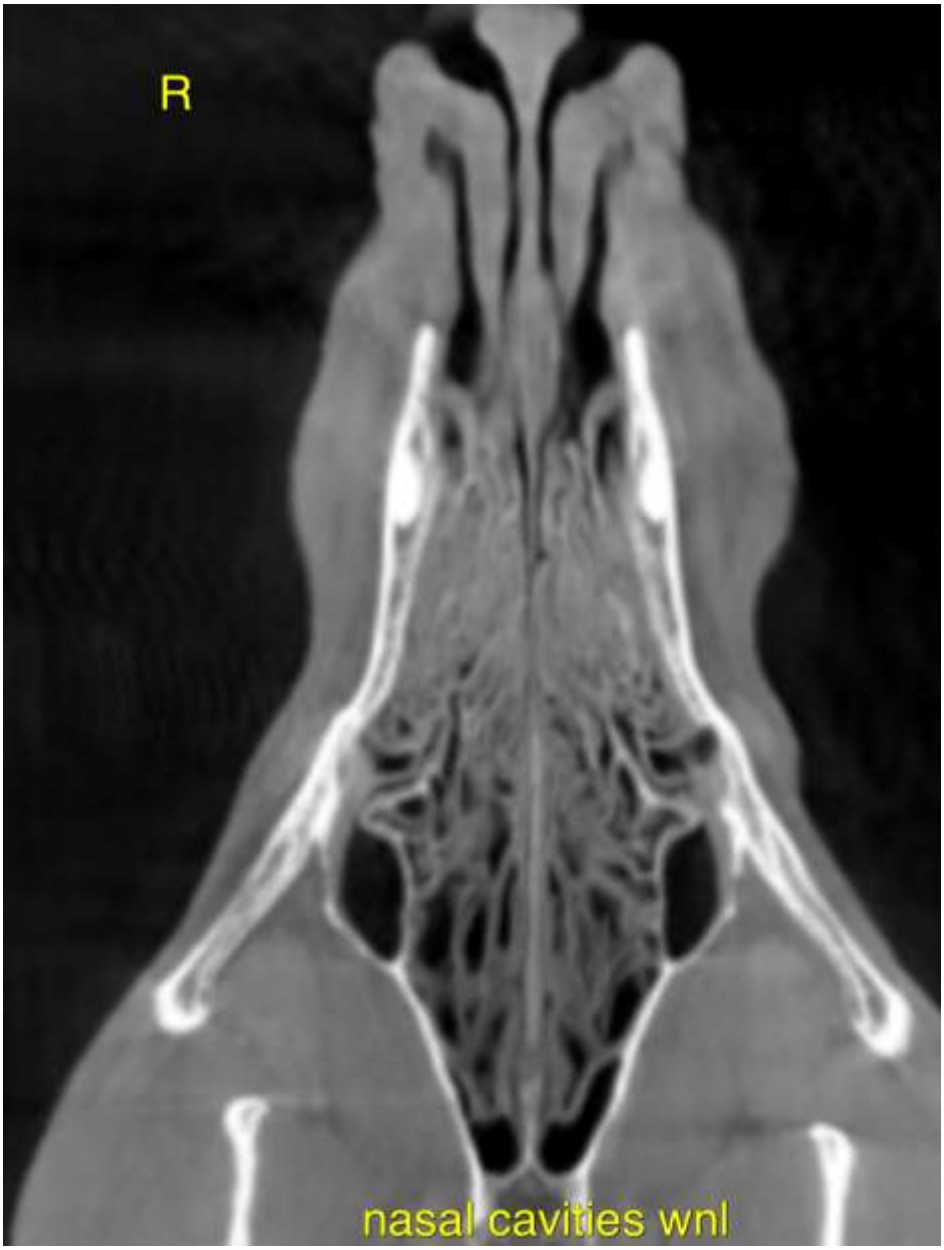

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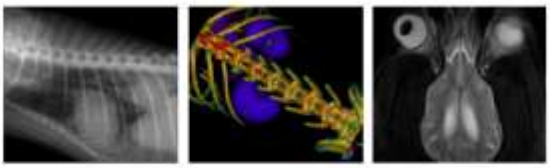

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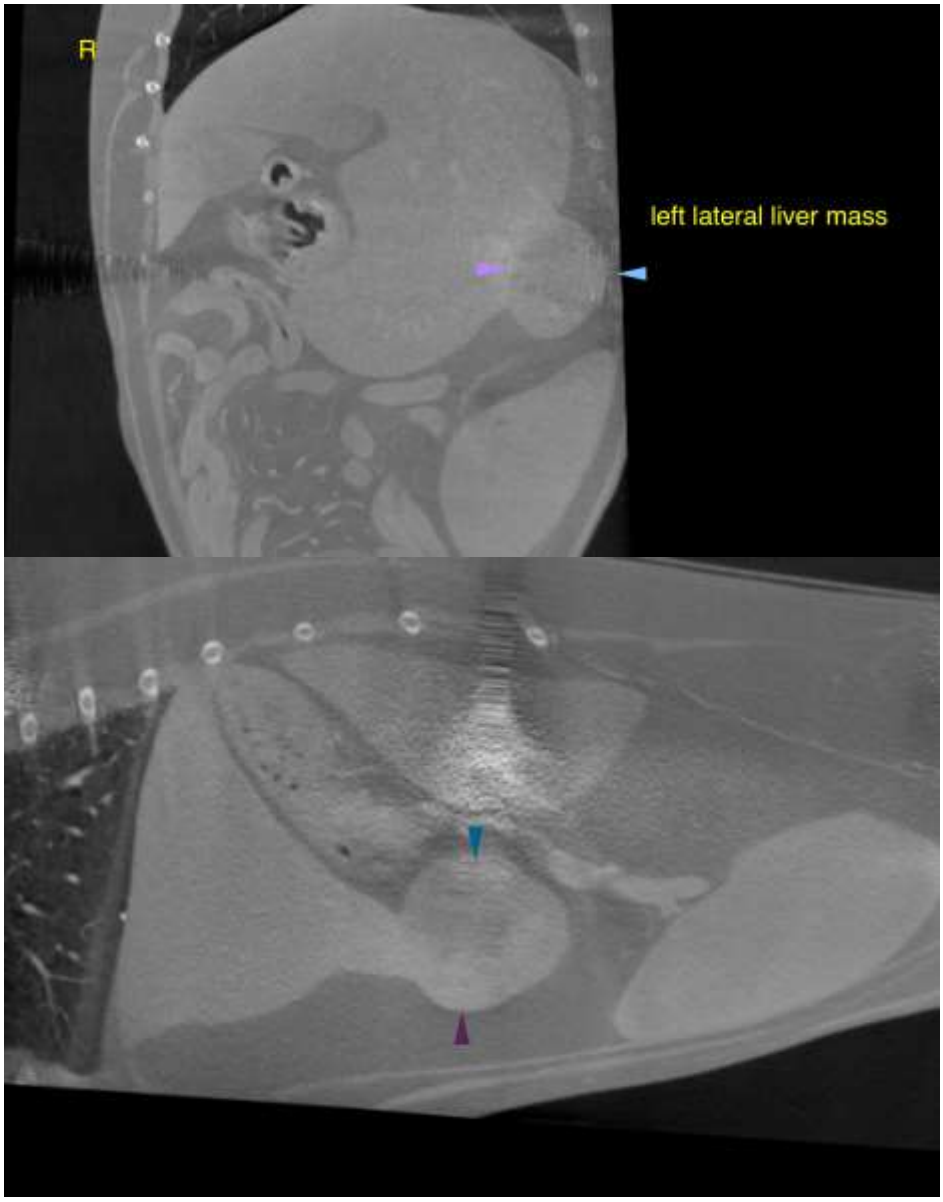

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
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