



PATIENT PRESENTING CLINICAL SIGNS

Echo La Brier presented to the Toronto Animal Health Partners Surgery Service for a possible cholecystectomy and liver biopsy/mass removal. Echo initially presented on July 28, 2023 to Huronia Emergency Clinic for vomiting, inappetence, and lethargy. Radiographs were performed and revealed a possible mass effect mid-abdomen. Recheck August 1, 2023 revealed further elevations in ALP, static ALT, and normal tbili (owner showed in room) An abdominal ultrasound was performed: Cholelithiasis and cholecystitis Right sided liver mass with cholangiohepatitis Reactive cranial mesentery Mild peritoneal effusion Since discharge energy levels improve, not eating low fat food offered. Did steal pieces of pizza. No vomiting. Usually BAR, quiet since thursday. Echo was sent home with: Famotidine, Gabapentin, Cerenia, Fortiflora, Zonisamide today History of seizures- 5 years ago, started on the zonisamide. No break-through seizures since. Abnormal PE/Chem/CBC/UA Results: A FUO panel was submitted and revealed July 28, 2023 WBC: 22k ALT 234 ALP 348

SPECIES

Canine

BREED

Husky

SEX

MN

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review in soft tissue and bone windows.

COMPUTED TOMOGRAPHIC FINDINGS

AGE

11 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

A severe and heterogeneously enhancing ill-defined ovoid mass of approximately 13mm diameter is seen emerging from the caudal extremity of the caudate liver lobe.

HOSPITAL NAME

Animal Health Partners

Multiple large ill-defined cavitating masses are seen in the right, central, and left divisions of the liver blending into each other. The right medial caudate, left medial, and left lateral liver lobes appear to be involved. Nonuniform contrast enhancement and multifocal cavitation with contrast sparing fluid attenuating areas are seen.

REFERRING VET

Dr. Debbie Reynolds

The gallbladder is moderately distended. Moderate thickening of the gallbladder wall with mineralization is seen. A 10mm sized partially mineralized calculus is seen ventrally within the gallbladder. The cystic and common bile ducts are dilated. The common bile duct contains hypoattenuating material and is dilated up to 10mm, approximately 15mm prior to its orifice at the major duodenal papilla, then tapers down abruptly to a diameter of 3.5mm which is still dilated but less significantly. Mild regional fat stranding is seen in the portal hilus at the time of the CT examination. There is no evidence of free peritoneal effusion.

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The portal and epigastric lymph nodes are mildly enlarged.

DATE

8-2-23

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

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents



PATIENT uniform contrast enhancement.

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

SPECIES The bony and surrounding soft tissue structures reveal no abnormalities.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large right divisional liver mass emerging from the caudate liver lobe meeting neoplastic criteria.
- Multiple cavitating liver masses blending into each other in the right, central, and left divisions of the liver.
- Chronic cholecystitis with mineralization of the gallbladder and regional peritonitis.
- Cystic and common bile duct dilation, suspect mucus plugging of the common bile duct.
- Multiple portal and epigastric lymphadenomegaly

SEX

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

The CT study reveals a liver mass emerging from the caudate liver lobe meeting neoplastic criteria. Hepatocellular carcinoma is a primary differential diagnosis. Sarcoma and other neoplasia cannot be ruled out. Hepatoma and benign nodular hyperplasia are thought unlikely. The mass is in a resectable position.

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There appear to be multiple cavitating liver masses in the right, central, and left divisions of the liver.

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Partners

Multiple biliary angiectasis cannot be ruled out entirely but the CT presentation is more of diffuse cavitating liver masses rather than branching dilated elements of the intrahepatic biliary tree and neoplasia such as metastases, cyst adenoma, cyst adenocarcinoma, and other cannot be ruled out. These cavitating "liver masses" are nonresectable. Further definition by means of biopsy is strongly recommended prior to potential surgery.

The lymph node changes are equivocal for reactive lymphadenitis versus metastatic disease. Sampling is recommended here as well.

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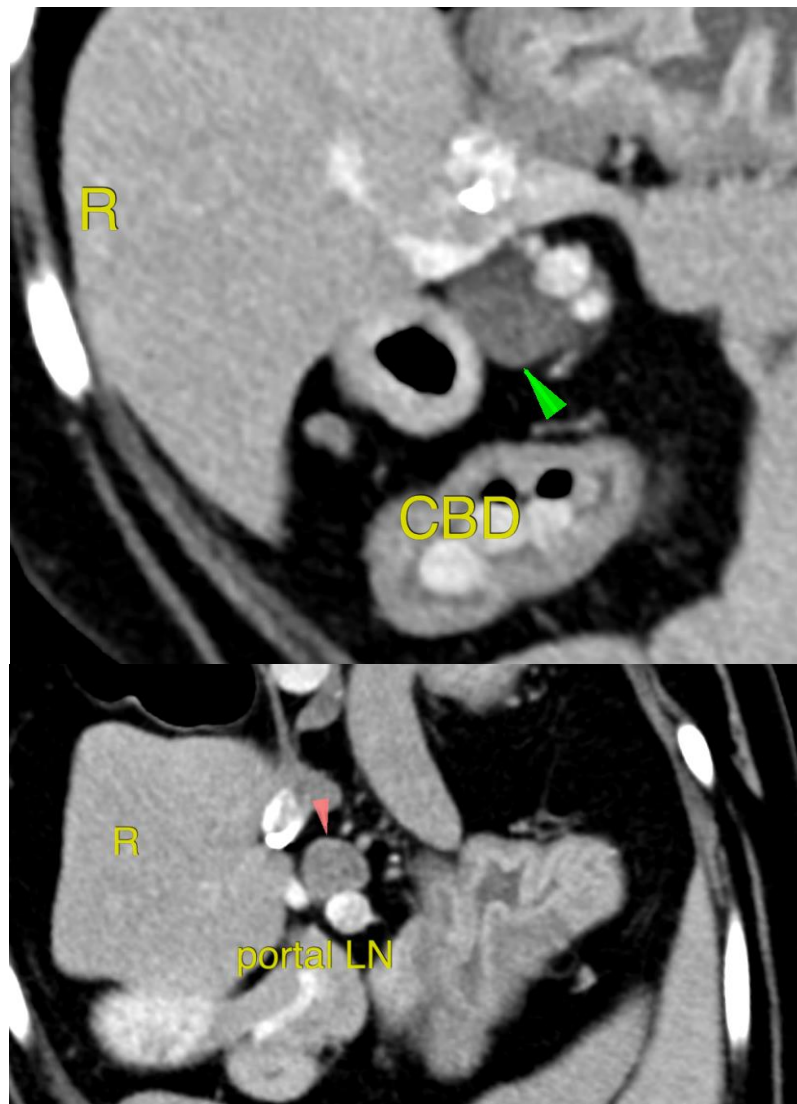
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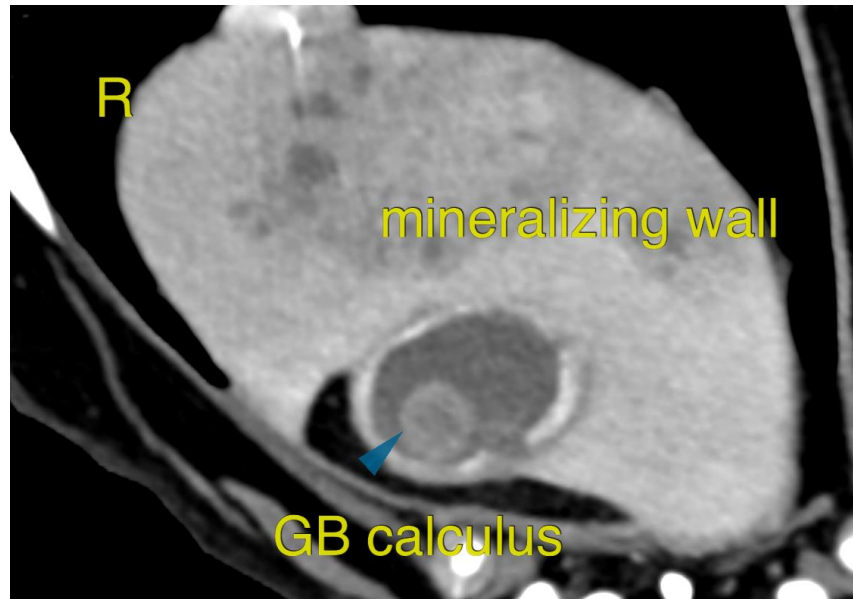
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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