



PATIENT PRESENTING CLINICAL SIGNS

Zara Batur
 Had lump removal in May of this year and pre anaesthetic bloods showed markedly increased ALP and slight increase in ALT. Screening ultrasound on abdomen noticed small nodular mass in liver. FNA at the time attempted and found only mixed inflammation or potential hepatic adenoma. Owner recently noticed abdomen to be more swollen and seemed a bit off. Bloods showed inflammatory leukogram with increased globulins and high ALP again. Re scan showed large hepatic mass. Ct scan performed for staging.

SPECIES

Canine

BREED

Dingo x Staffy

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female

Abdomen

A 13 x 9 cm sized heterogeneously enhancing expansile and cavitating mass is emerging from the central division of the liver. The mass effect extends into the right division of the liver as well. Dorsal deviation of the gastric body and fundus are seen.

AGE

13

Multiple expansile heterogeneously enhancing nodules are seen in the left lateral liver lobe. Additional nodules are also seen in the right division of the liver.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The gallbladder is moderately distended. A mild amount of mineral attenuating sediment is seen in the gallbladder.

Multiple epigastric lymphadenomegaly is noted.

There are multiple small mesenteric nodules distributed throughout the entire abdominal cavity of up to 7mm size.

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 Hospital

The medial iliac lymph nodes are mildly enlarged.

Hypo- and hyper-enhancing splenic nodules are seen.

REFERRING VET

Chris Papantonio

There are cortical renal infarcts.

A 7mm sized hypoattenuating nodule is seen in the cranial pole of the right adrenal gland. The left adrenal gland presents within normal limits.

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The ovaries are prominent.

Multiple thoracic, lumbar, and lumbosacral spondyloses and disc protrusions are seen.

DATE

8-30-22

Thorax

The mammary glands are prominent.

The sternal lymph nodes are enlarged at 16 x 10mm.



PATIENT The cardiovascular structures including the pulmonary vasculature are within normal limits.

Zara Batur The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

SPECIES The lung parenchyma presents the expected architecture and attenuation behavior.

Canine Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

BREED **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Dingo x Staffy
- Large central and left divisional liver mass meeting neoplastic criteria.
 - Multiple expansile and heterogeneously enhancing nodules throughout the remainder of the liver parenchyma.
 - Biliary microlithiasis.
 - Splenic nodules.
 - Right adrenal gland nodule.
 - Multiple abdominal lymphadenomegaly and multiple mesenteric nodules.
 - Sternal lymphadenomegaly.
 - Spondylosis
 - Intervertebral disc protrusions
 - Cortical renal infarcts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest a primary hepatic neoplasia such as hepatocellular carcinoma. Liver sarcoma and hepatoma cannot be ruled out entirely but are thought less likely.

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Note the presence of regional fat stranding and multiple mesenteric nodules as well as multiple abdominal lymphadenomegaly and hepatosplenic nodules which may represent metastatic disease. Benign reactive lymph node hyperplasia, ectopic splenic tissue, regenerative nodules, extramedullary hematopoiesis, and benign nodular hyperplasia are all potential but less likely differential diagnoses.

REFERRING VET

Chris Papantonio

The right adrenal gland nodule may represent a myelolipoma. Metastases, adenoma, adenocarcinoma, and pheochromocytoma as well as incidentaloma are potential differential diagnoses.

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The sternal lymphadenomegaly may represent reactive hyperplasia or metastatic disease. Note that the sternal lymph nodes drain the cranial abdomen.

Consider ultrasound guided sampling of the mesenteric nodules, abdominal lymph nodes, and eventually of the nodules within the liver and spleen to further define the prognosis prior to potential surgical intervention.

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The prognosis appears to be very guarded based on the impressions of the CT study.



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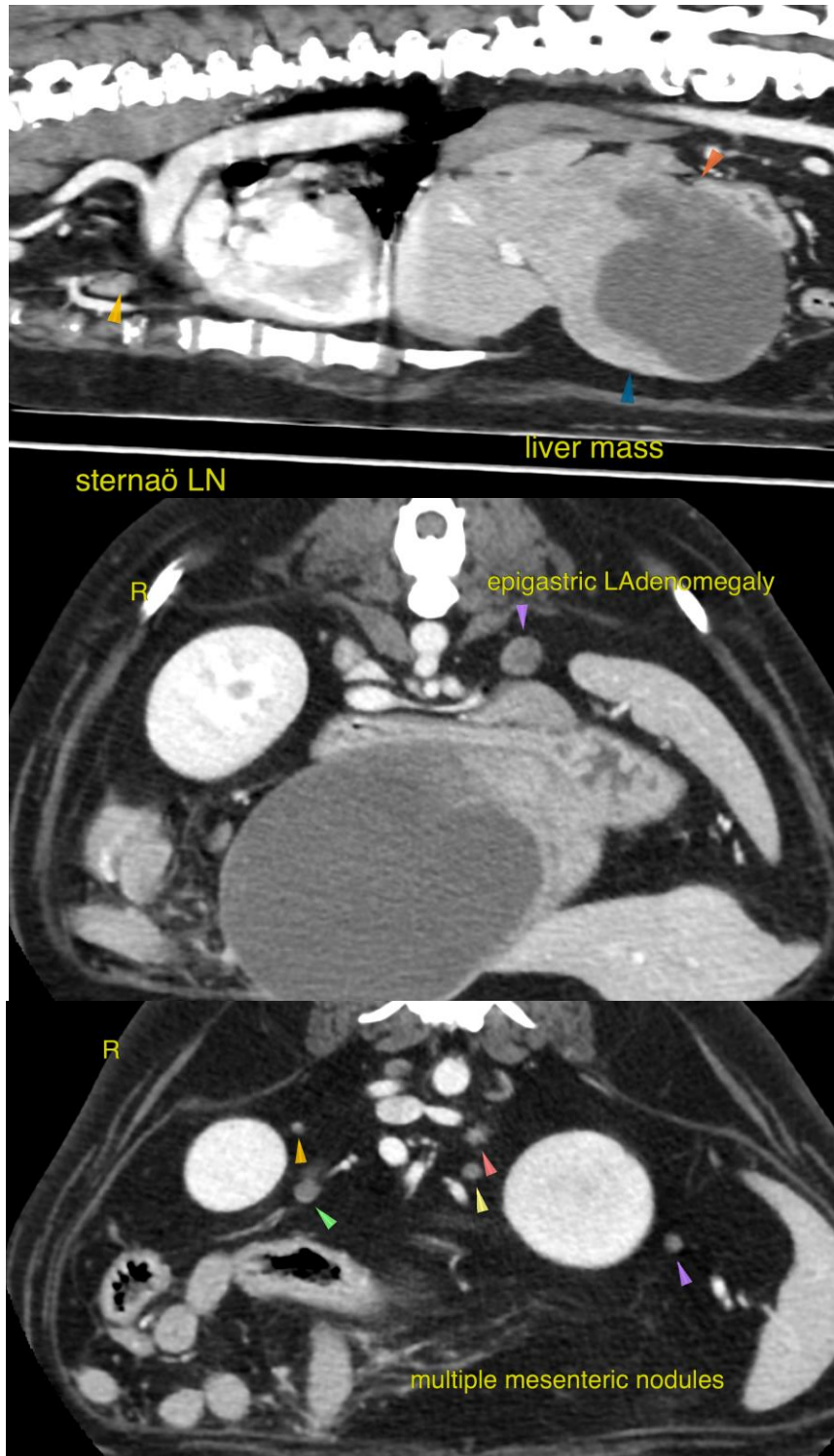
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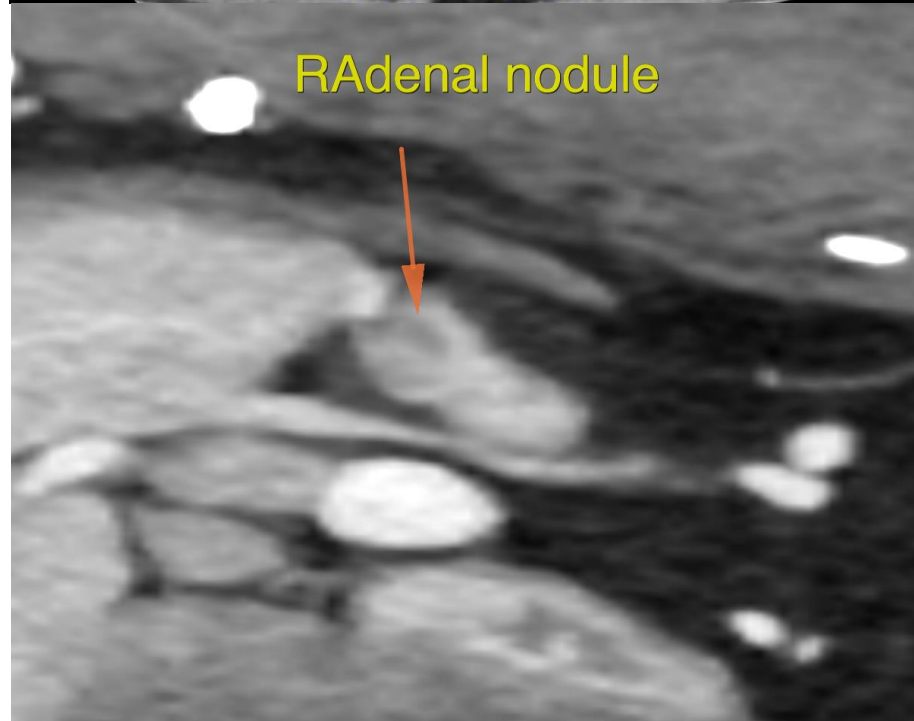
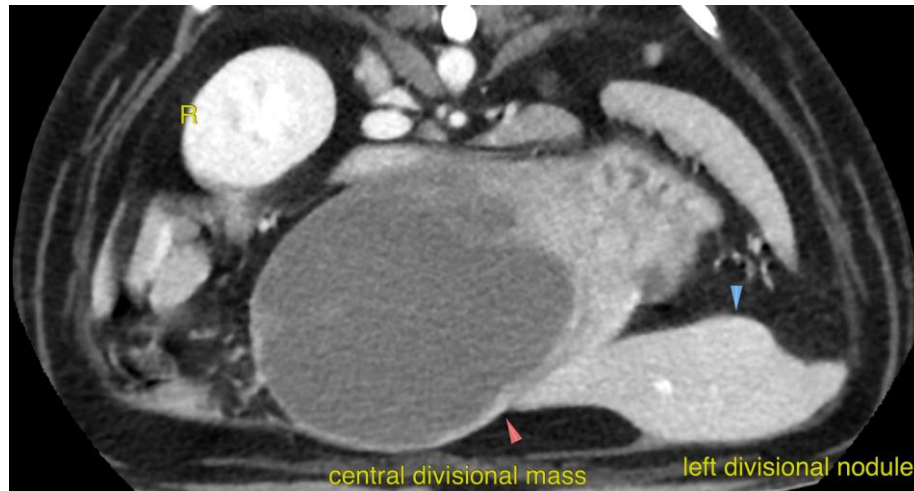
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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