



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Chloe Arbor	S/Hx: Patient presented for second opinion regarding liver mass. On pred 5 mg per day (2.5 mg q12). Liver mass confirmed via US, but based on previous vets notes unclear if resectable.
<b>SPECIES</b>	<b>COMPUTED TOMOGRAPHIC STUDY OF THE THORAX &amp; ABDOMEN</b>
Canine	Pre/post contrast studies provided for review.
<b>BREED</b>	<b>COMPUTED TOMOGRAPHIC FINDINGS</b>
West Highland Terrier	Thorax:  The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions. The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The diaphragm appears normal.
<b>SEX</b>	
Female Spayed	
<b>AGE</b>	
10 Years	The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.
<b>INTERPRETED BY</b>	Abdomen:  The liver shows a mass-like lesion in the right medial lobe with broad based contact to the peritoneal surface adjacent to the diaphragm. Images after contrast reveal a more cystic center with a peripheral enhancement. Maximum diameters measure approximately 2.75 x 2.70 cm. The liver appears normal apart from that.
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging	
<b>HOSPITAL NAME</b>	The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal. The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. There is a mildly inhomogeneous splenic texture noted with at least one hyperdense nodule-like lesion in the central spleen. Moderate splenomegaly is detected. Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits.
Mobile Pet Imaging	
<b>REFERRING VET</b>	As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass. Ureters, urinary bladder, trigonum and urethra are presented as expected. There is no evidence of cystic calculi.
Meaux	
<b>INVOICE</b>	
49468	Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.
<b>DATE</b>	
1-11-22	

**PATIENT**

Chloe Arbor

- Liver mass right medial lobe 2.75 x 2.70 cm
- Mildly inhomogeneous spleen and splenomegaly
- Normal findings of the thorax

**SPECIES**

Canine

**BREED**West Highland  
Terrier**SEX**

Female Spayed

**AGE**

10 Years

**INTERPRETED BY**Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

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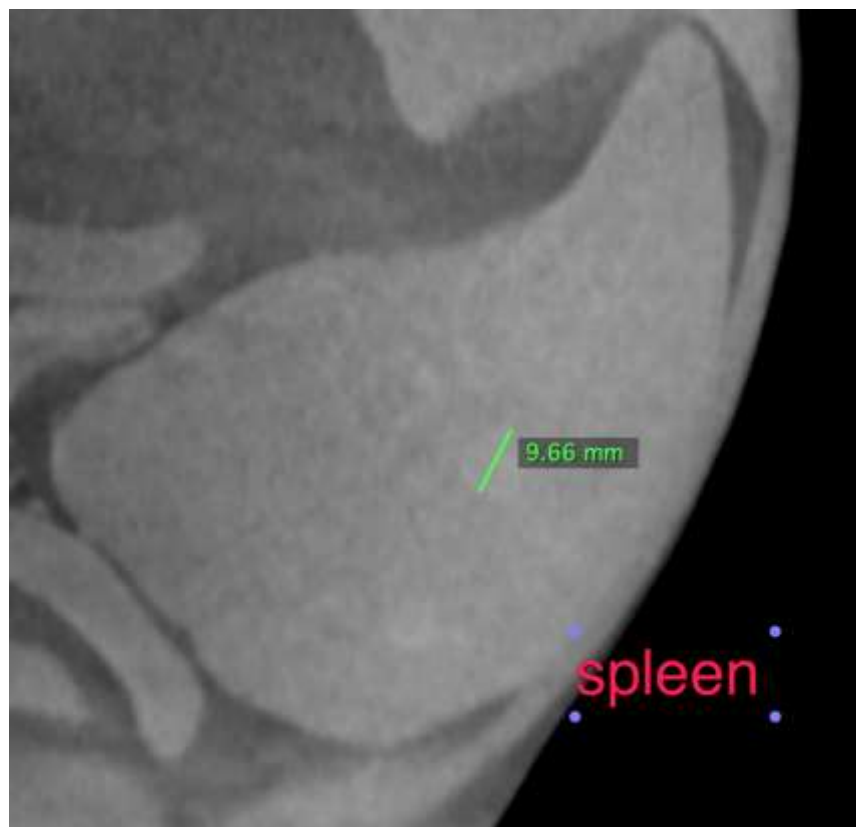
**DATE**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS****INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings of the liver are unspecific. The detected mass appears cystic from a CT perspective with an indicated peripheral/ring enhancement. Differentials include liver cysts, cystic adenoma, and -carcinoma as well as hemangiosarcoma. Residuals of an encapsulated abscess are possible as well. Regional and distant metastases are not recognized. Regular sonographic rechecks to monitor size, shape and number could be performed as well surgical resection of the right medial liver lobe.

Splenomegaly is a common and unspecific finding usually caused by anesthesia. The splenic findings are likely due to differential perfusion of the red and white pulp of the spleen under general anesthesia. Metastatic or other infiltrative pathology is thought very unlikely.





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Mobile Pet Imaging

**REFERRING VET**

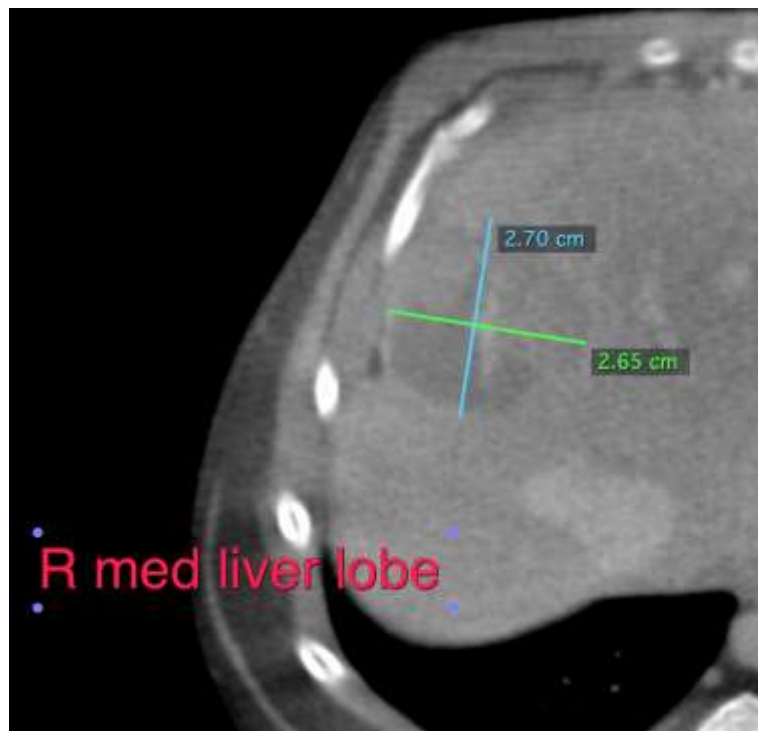
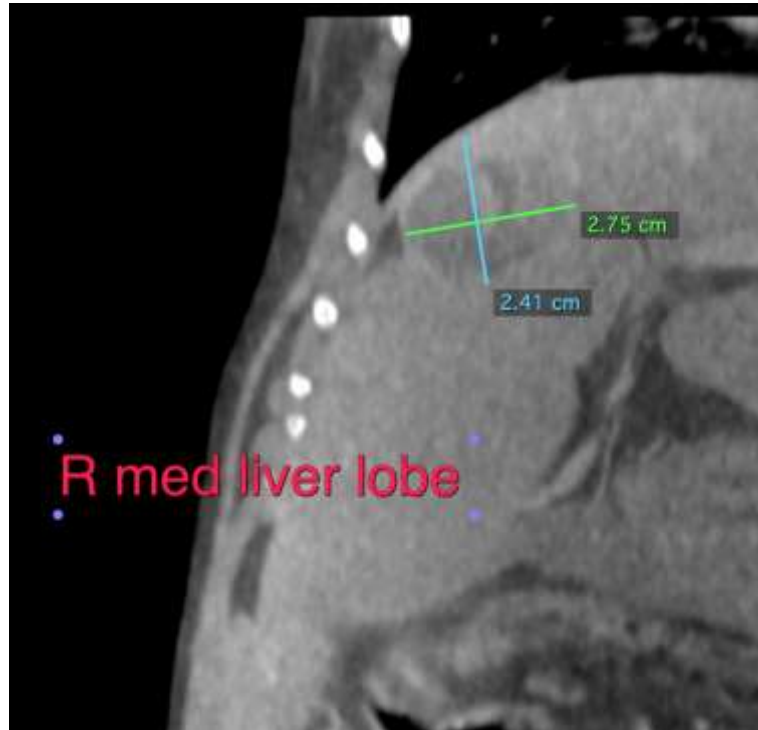
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**PATIENT**

Chloe Arbor

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.

**SPECIES**

Canine

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.

**BREED**

West Highland  
Terrier

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

**SEX**

Female Spayed

**AGE**

10 Years

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