



PATIENT

Mocha Flood

PRESENTING CLINICAL SIGNS

Presented to surgeon due to Right sided liver mass. Eval for surgical resection. Also left sided liver nodules, left adrenomegaly, suspect chronic pancreatitis. Pet is diabetic & has KCS with cataract.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Pendulous abdomen. Right sided horners. BG before CT 210 (pet received half insulin dose this am)

BREED

Morkie

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female Spayed

Thorax:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

AGE

11 Years

Pulmonary density is within normal limits presenting mild focal atelectasis of the right caudal lobe in its ventral and dorsal aspects. There is no overt evidence of nodular pulmonary lesions.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected.

Diaphragm is normal.

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.

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Abdomen:

The caudate lobe of the right lateral liver presents a large, rounded mass being expansile, heterogeneous, partially cystic and showing marked deviation of the hepatic vessels (7.51 x 6.57 cm). The left lateral liver reveals similar changes but less obvious (6.06 x 5.65 cm). Again, significant rounding of the liver margins and multiple small hypodense lesions are detected. The capsular outline is well defined on both sides. The hepatic periphery is inconspicuous.

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Meaux

The spleen appears mildly enlarged but shows normal findings in terms of surface, shape and contrast behavior. The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

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The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

DATE

12-7-21

Unremarkable presentation of the bilaterally symmetrical kidneys.

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Adrenal glands measure 2.34 x 0.69 x 0.65 cm on the left and 3.16 x 0.69 x 0.97 cm on the right side. Nodular changes are not noted.

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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. There are no signs of an obstructive or functional ileus.

Ureters, urinary bladder, trigonum and urethra are presented as expected.

BREED

Morkie

Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

Female Spayed

- Large liver mass right caudate lobe
- Large liver mass left lateral lobe
- Bilateral, mild and symmetric adrenal enlargement
- Focal areas of atelectasis right caudal lung lobe

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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The CT findings are highly suspicious for malignant neoplasia of the liver. Multiple differentials are possible including primary hepatic neoplasia (adenocarcinoma/hepatocellular carcinoma) and metastases. Degenerative changes cannot be fully excluded (granuloma, abscess, nodular hyperplasia) but are very unlikely. Biopsy/FNA are needed for further evaluation. I fear curative surgery is not possible since both sides are affected.

The bilateral adrenal enlargement still is consistent with benign hyperplasia. The pancreas appears normal from a CT perspective.

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Changes of the right lung could reflect mild atelectasis due to anesthesia and positioning in right lateral recumbency prior to CT. These are not typical for metastases. The latter however cannot be fully excluded. Follow up chest radiographs are recommended in 4 weeks.

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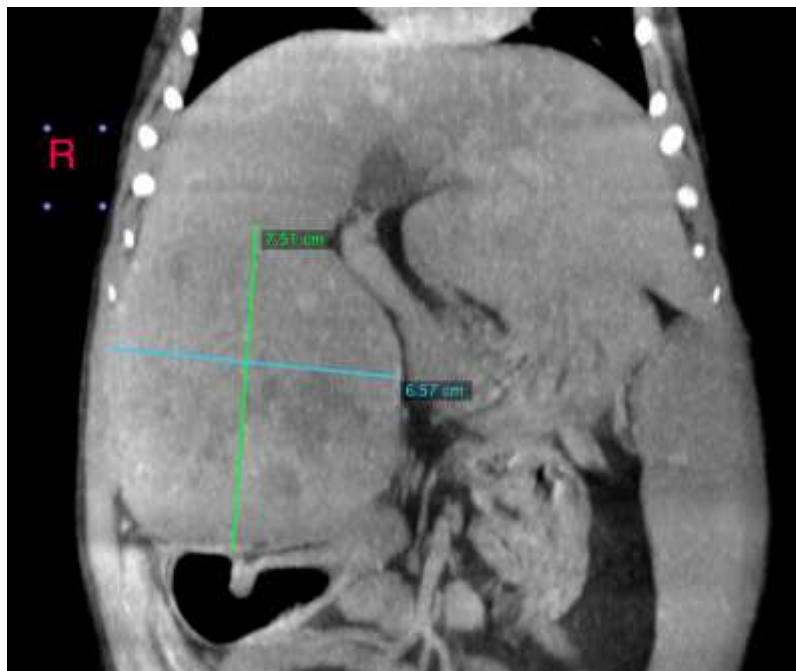
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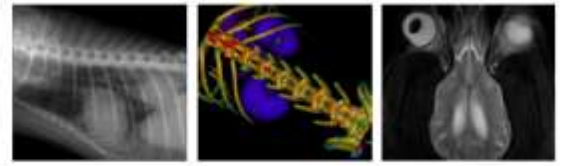
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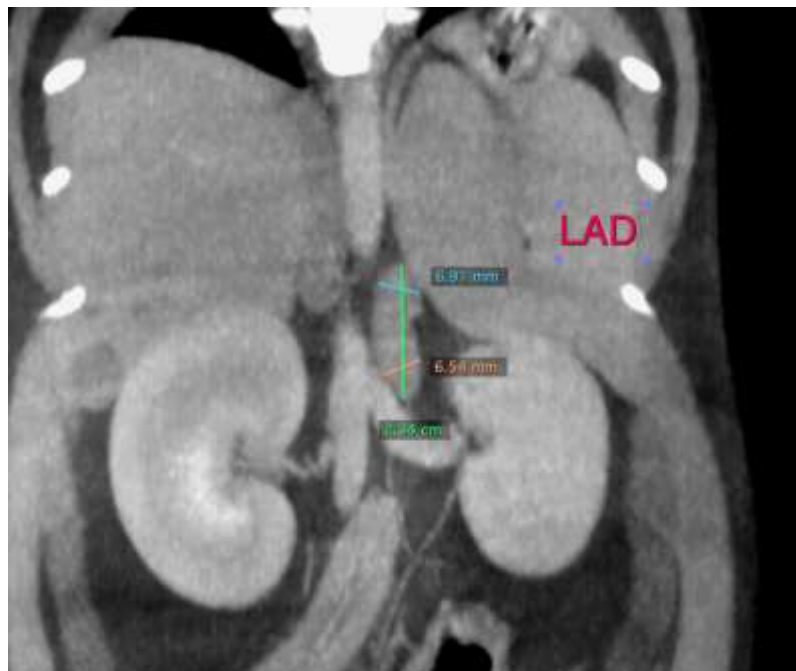
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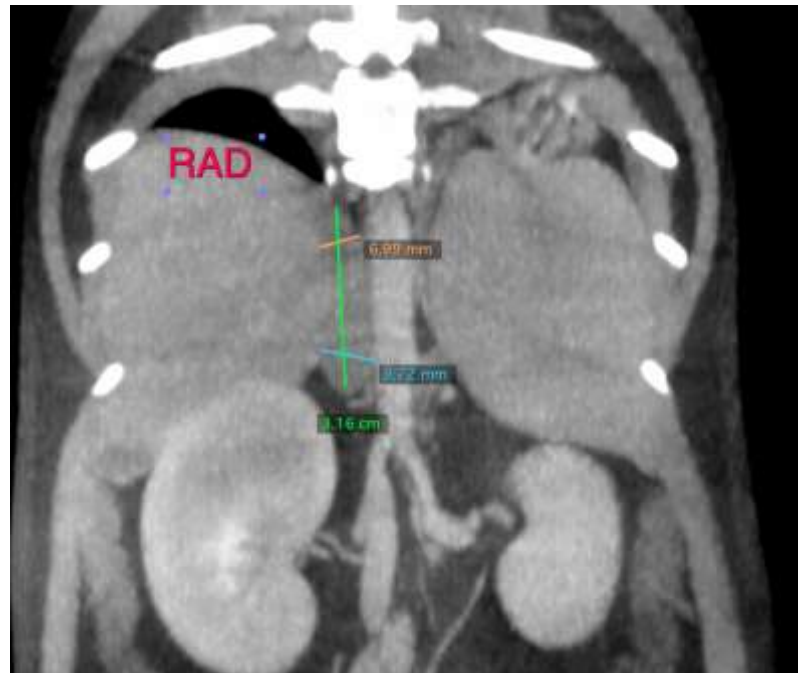
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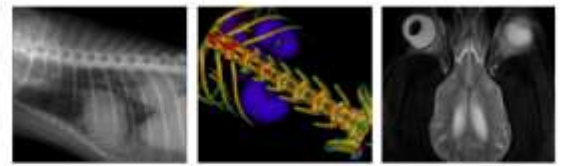
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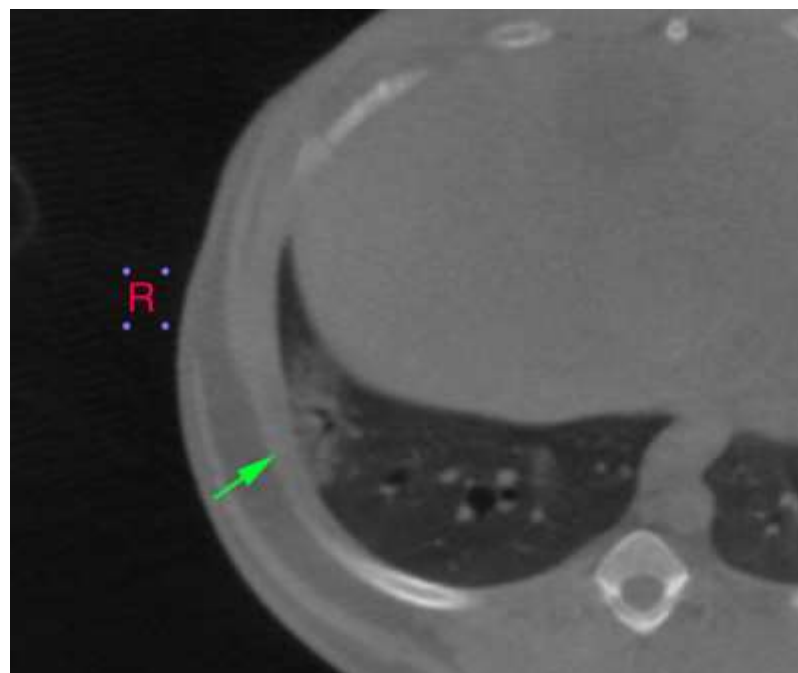
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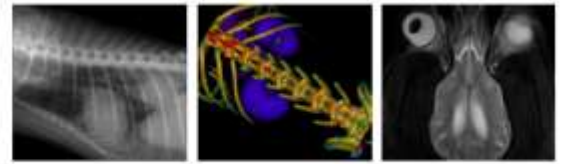
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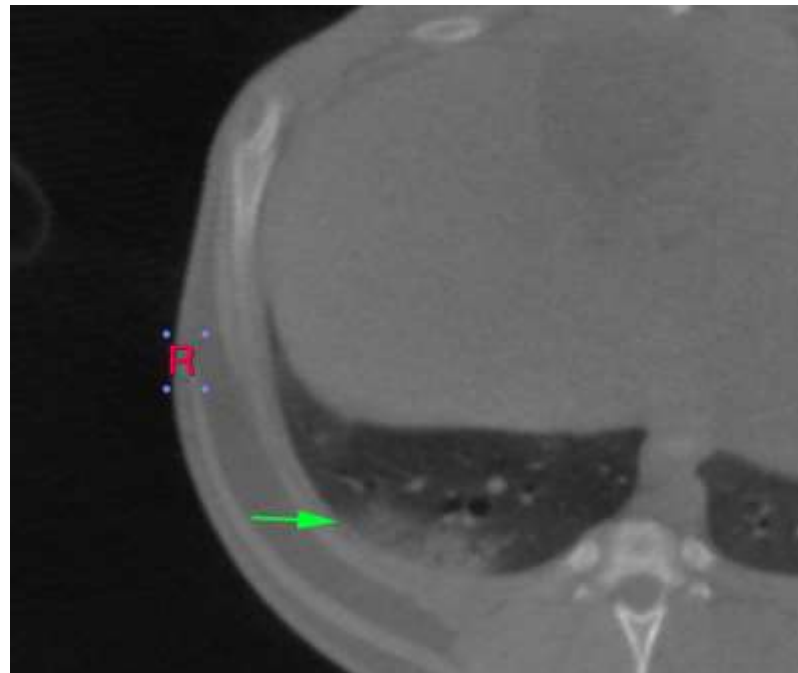
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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