



PATIENT

Tundra Chaves

PRESENTING CLINICAL SIGNS

Chronic history of skin issues and hair loss which seems to be related to allergies. Testing for Cushings and hypothyroidism has been negative. He did have elevated liver enzymes though which lead to an abdominal ultrasound. A poorly defined mass effect was seen in the caudal liver along with a 5mm bleb in the splenic capsule.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Thoracic auscultation was within normal limits. Abdominal palpation - tense, but non-painful MSI - Ambulatory x 4 with bilateral hind limb lameness; occasional muscle tremors in the hind legs (owners say this has been going on for about 6 months); patchy alopecia over trunk, limbs, and tail; subcutaneous mass on the left flank (owners report that it was aspirated as a lipoma); two skin tags present on the head (1 between the eyes and 1 on the left dorsal muzzle) Neuro - alert and appropriate; normal CPs; no CN deficits noted. Elevated liver enzymes and liver mass effect seen on abdominal ultrasound - rule out hepatocellular carcinoma vs hemangiosarcoma vs hemangioma/hematoma vs other. A CT scan was recommended to better characterize the mass and look for potential metastasis. We may also be able to determine the resectability of the mass.

BREED

Husky

SEX

Male Neutered

COMPUTED TOMOGRAPHY OF THE ABDOMEN

Pre/post contrast studies provided for review.

AGE

12 Years

COMPUTED TOMOGRAPHIC FINDINGS

The left lateral liver shows a large round to ovoid, highly heterogeneous mass of 11.9 x 8.8 cm. The mass is clearly defined and is located in the right lateral abdomen caudal to the right liver with vessel supply originating from the left liver lobe. The right medial lobe presents a hypodense subcapsular area of 2.2 cm with broad-based contact to the diaphragm. The gallbladder is moderately filled and demonstrates some hyperdense sludge. The common bile duct is considered to be normal.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Mobile Pet Imaging

Moderate splenomegaly is noted with multiple small hyperdense nodule-like lesion without protrusions of the capsule.

REFERRING VET

Meaux

The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits.

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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.

DATE

2-14-22

Ureters, urinary bladder, trigonum and urethra are presented as expected. There is no evidence of cystic calculi.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large hepatic mass left lateral liver lobe
- Hypodense lesion right medial liver lobe
- Moderate splenomegaly and hyperdense nodule-like splenic lesions
- Sludge gallbladder (incidental)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings of the liver are unspecific. Morphology of the mass includes differentials such as nodular hyperplasia, adenoma, hepatocellular carcinoma and other malignant neoplasia/metastasis. I would rule out abscess formation and hematoma. Metastases are normally presented as multiple target lesions which is not recognized in this case. Diameters of > 3 cm indicate malignancy. Biopsy/FNA/resection is recommended for final assessment. Complete resection is possible from a CT perspective. Abdominal metastases are not suspected (chest rads?). The hypodense lesion in the right medial lobe likely represents a cyst. Cystic lesions of the liver commonly are benign, of biliary origin or reflect degenerative/regenerative issues. However, cystic biliary adenomas or even -adenocarcinomas cannot be fully excluded. I do not suspect the latter.

Splenomegaly is unspecific and common under anesthesia. The patchy appearance and the nodular lesions are commonly seen with extramedullary hematopoiesis and/or benign lymphoid hyperplasia. Neoplastic infiltration and splenitis are further differentials. Metastatic or other infiltrative pathology is thought very unlikely. Final assessment is a matter of the temporary course (follow-up in 6 weeks) and ultrasound guided FNA.



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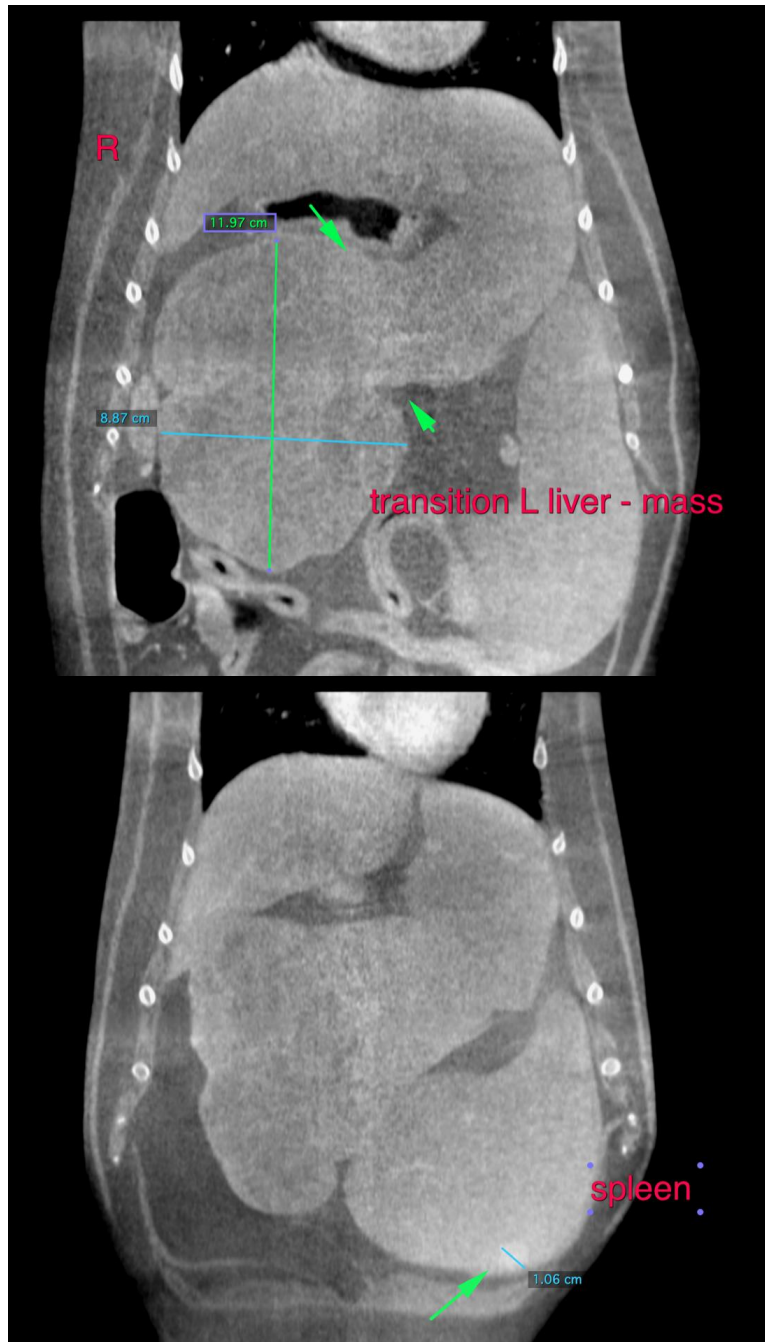
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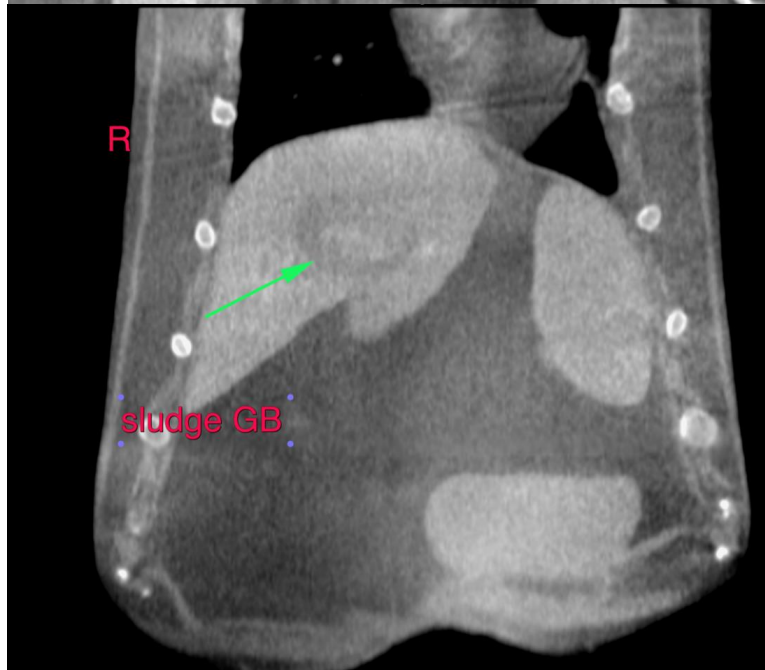
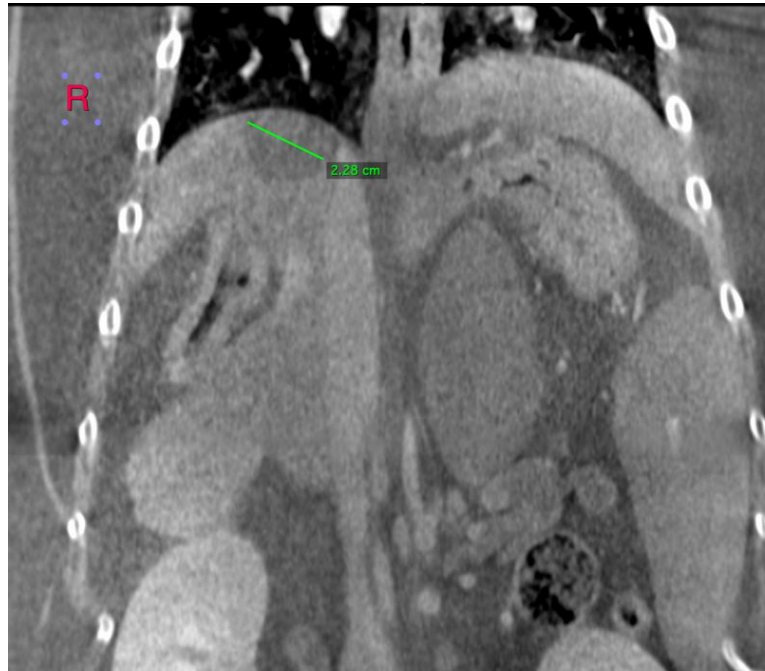
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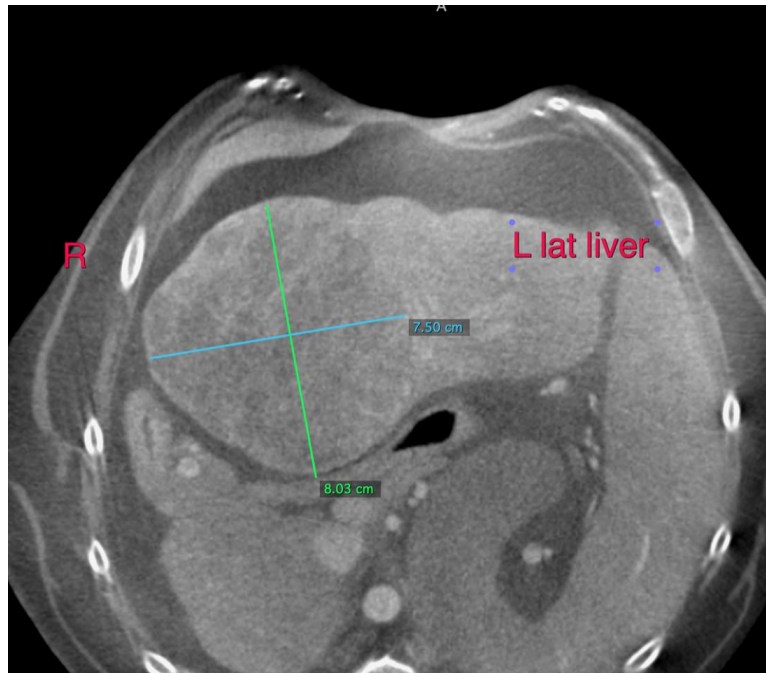
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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