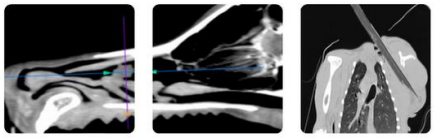

PATIENT

Winter Hetherington

SPECIES

Canine

BREED

Blue Heeler

SEX

SF

AGE

11Y

WEIGHT

52lbs

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Justeene Marquez

HOSPITAL NAME

Petroglyph Animal Hospital

REFERRING VET

Viviana Sanchez

INVOICE

73781

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- Pt has hx of elevated liver enzymes.
- 2/13/26: Abdominal ultrasound done and noted 3 apparent mass lesions within the liver. There is also a small heterogenous mass lesion in the spleen.
- CT done for surgical planning
- Clinical sign noted is a decrease in appetite

Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur, subc mass on ventral thoracic region, dental tartar no obvious palpable mass on abdominal palpation CBC/CHEM - Decreased red blood cell mass: RBC 5.15 M/µL, HCT 33.9 %, HGB 12.7 g/dL, hyperalbunemia, elevated liver enzymes ALT 252 U/L, ALKP > 2000 U/L

COMPUTED TOMOGRAPHY OF THE ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The liver presents generalized enlargement with rounded margins. There are small, ill-defined, and hypodense lesions noted, s. for example left lateral liver lobe.

There is a large mass caudal to the liver in the central abdomen originating from the papillary process of the caudate lobe showing maximal diameters of approximately 11.7 x 8.3 cm, being well-defined and encapsulated with an inhomogeneous inner texture after contrast application. The periphery is inconspicuous.

The spleen is inhomogeneous with nodular-like, hypodense lesions in its central part showing diameters of 0.9 cm. In addition, ectopic splenic tissue cranial and dorsal to the spleen is noted measuring 5.2 x 3.2 cm with multiple nodular-like lesions of 1.0 cm in its periphery.

Free peritoneal fluid is not noted. The intestines appear inconspicuous. Both kidneys present cortical lesions, consistent with age-appropriate structural nephrosis.

A pathologic enhancement is not noted. The other abdominal organs are unremarkable, including the abdominal lymph nodes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe hepatomegaly
- Neoplastic lesion papillary process right caudate liver lobe
- Hypodense, ill-defined lesion left lateral liver
- Inhomogeneous spleen
- Ectopic splenic tissue and nodular lesion splenic periphery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

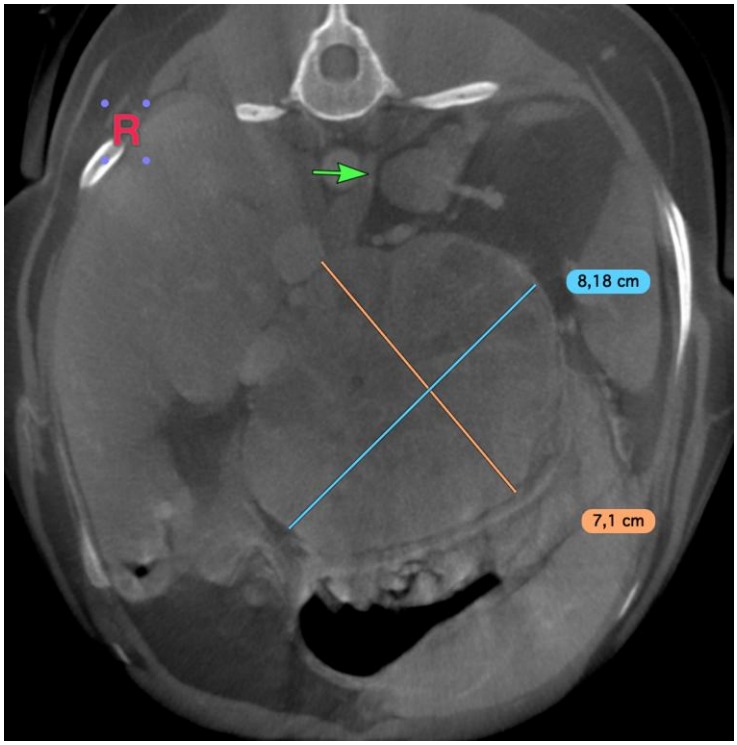
The CT findings do explain the reported patient's history and elevated liver enzymes. The large mass of the caudate lobe is in close proximity to the stomach and pancreas and is suspicious for a malignant neoplastic process due to its size and CT morphology. However, CT cannot differentiate between benign hyperplasia/adenoma and malignant neoplasia.

The generalized hepatomegaly and the inhomogeneities within the liver texture are commonly noted with chronic degenerative and regenerative liver disease as chronic hepatitis and lipidosis. This must be considered in case of surgery, since the liver problems will probably not solve even with successful resection of the large mass.

The spleen-like masses cranial and dorsal to the spleen likely present ectopic splenic tissue since there is splenic vascular supply. The multiple nodular lesions in the splenic periphery are unspecific findings and could represent metastasis, optional splenic lymph nodes as well as further ectopic splenic tissue. These lesions are clearly separated from the stomach and pancreas.

The inhomogeneous spleen itself is another unspecific finding and not compellingly presenting neoplasia. There are numerous diseases that cause inhomogeneities or nodular-like lesions within the spleen as seen with nodular hyperplasia and extramedullary hematopoiesis.

I would recommend performing a screening of the chest and sampling of the ectopic splenic tissue and liver mass first.



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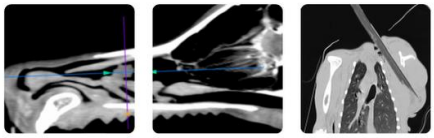

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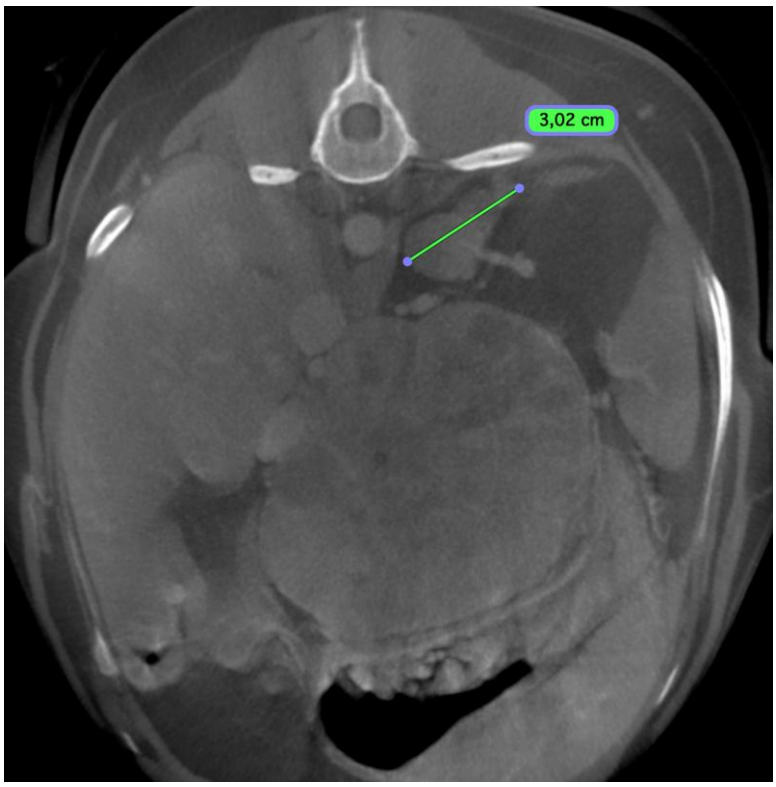

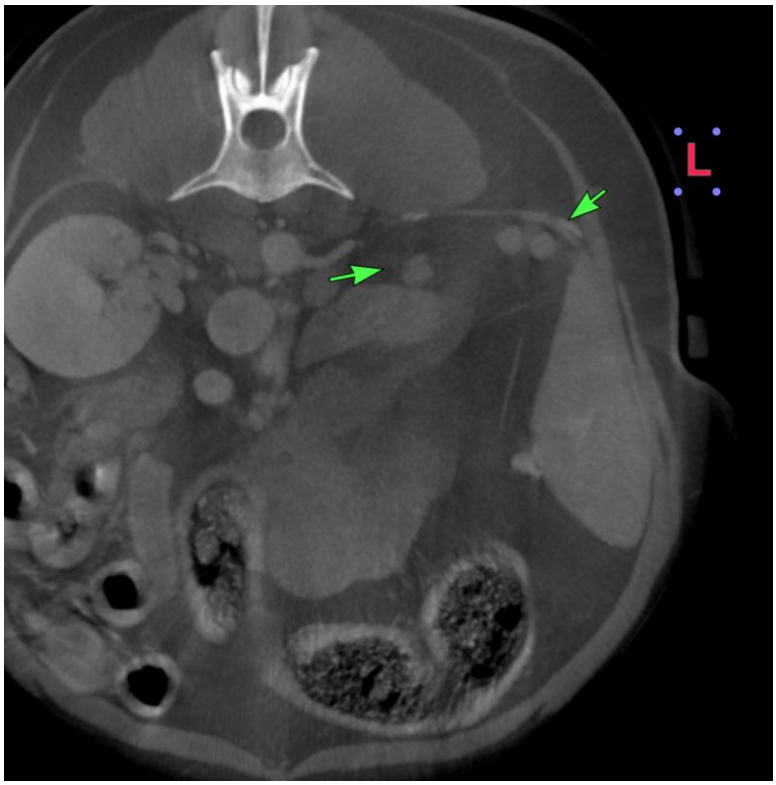

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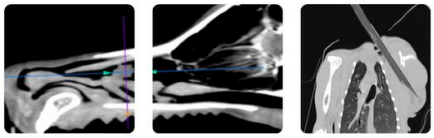

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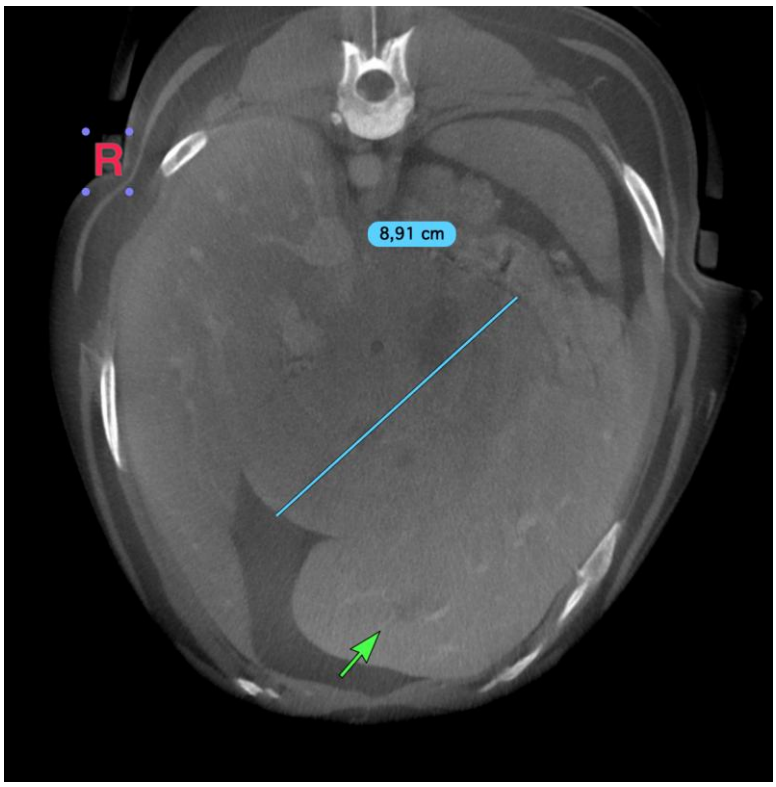

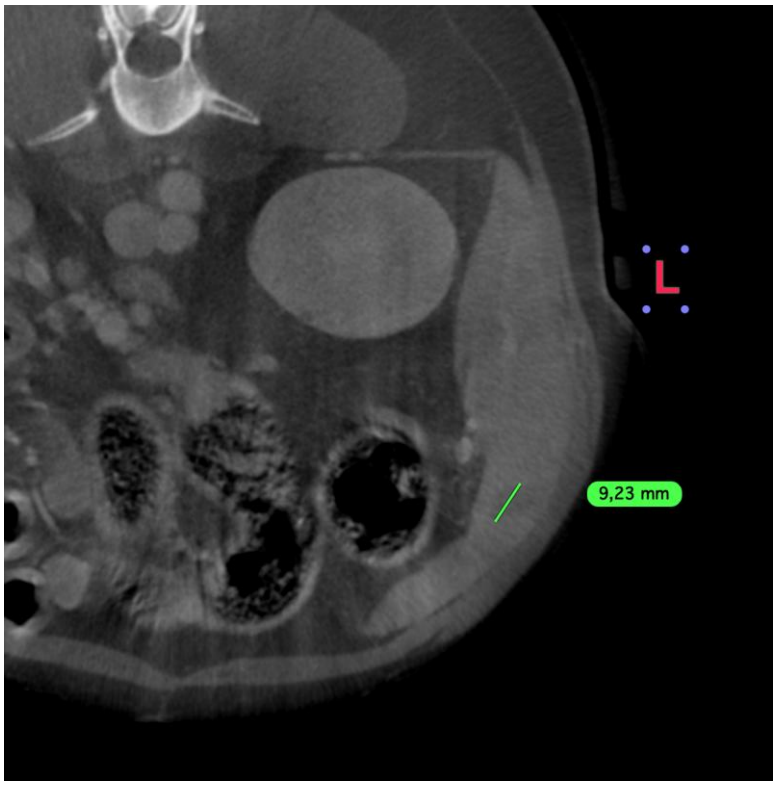

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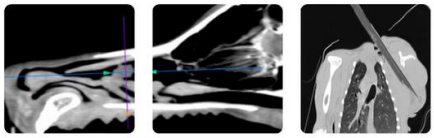

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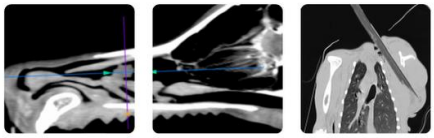

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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