



PATIENT PRESENTING CLINICAL SIGNS

Birdie Chung Liver mass; previously resected in the past.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

SPECIES A high resolution pre- and post-contrast CT study of the abdomen and a post-contrast CT study of the thorax are provided for review.

Canine

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

BREED Multifocal mild spondylosis formation is seen along the thoracic spine.

Golden Retriever

A lipoma is seen in the right axillary region and left dorsolateral left thoracic wall, level with the 4th to 6th left rib.

SEX

Neutered Male

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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

AGE

11 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

In the ventral tip of the right middle lung lobe, a well-defined roundish consolidated region is appreciated, measuring 1.6 cm in size and causing mild convex distortion of the pulmonary margins. The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

REFERRING VET

Meaux

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

INVOICE

56250

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. At the medial aspect of the cranial extremity of the spleen, a well-defined nodule, presenting the same attenuation and contrast enhancement pattern like the spleen is seen, measuring 14 x 9 x 14 mm in size.

DATE

1-19-23

At the caudal aspect of the right middle liver lobe and the ventral aspect of the caudate process of the caudate liver lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 7.6 x 6.2 x 9.0 cm in size. Multiple surgical metal attenuating vascular clips are seen in the periphery of the mass. The pancreas and duodenum at the same level are deviated ventrally. In the region of the left division of the liver, a vascular surgical clip and stapler row is appreciated. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.



PATIENT The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Birdie Chung The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised hepatic mass(es)
- Solitary pulmonary soft tissue nodule ventral tip right middle lung lobe
- Right divisional hepatic mass
- Suspect splenunculus level with cranial extremity of the spleen
- Lipoma right axillary region and left thoracic wall

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Golden Retriever

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated hepatic mass is consistent with primary hepatic neoplasia – such as hepatocellular adenoma or carcinoma. The origin of the mass cannot be clearly defined as it is attached both to the caudal margin of the right medial hepatic lobe and the caudate process of the liver – anyway surgical excision of the mass can be tried; be aware, that the hepatic mass is in contact with the portal vein and common bile duct.

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The solitary pulmonary nodular lesion in the ventral tip of the right middle lung lobe is not specific and the most ventral position within the right middle lung lobe is increasing the odds for inflammatory origin (e.g. granuloma, round pneumonia). Differentials include fibrosis or metastasis. Ultrasound guided FNA sampling can be tried for further differentiation.

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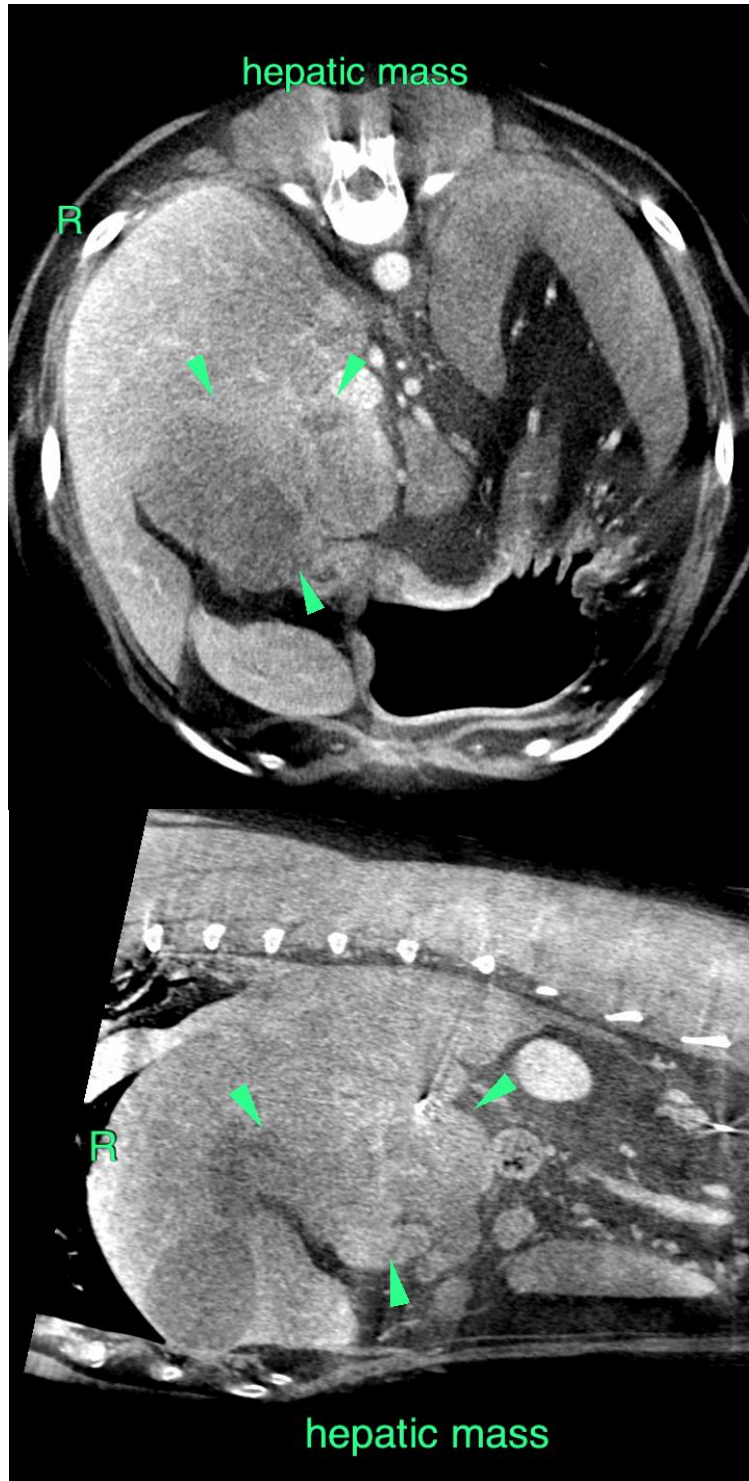
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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