



PATIENT

Harley Walters-Gonzalez

PRESENTING CLINICAL SIGNS

Presented for Abdominal CT. Diagnosed with >12cm liver mass, profound ascitis. Pitting edema R>L hind legs. Surgery will be a viable option?
Abnormal PE/Chem/CBC/UA Results: Borderline hypoproteinemia, albumin 2.5,

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

BREED

Boston Terrier

COMPUTED TOMOGRAPHIC FINDINGS

A significant amount of fluid attenuating material is appreciated in the peritoneal cavity and the abdominal volume is generalized moderately enlarged.

An irregular margined, globoid soft tissue attenuating mass with a heterogeneous contrast enhancement pattern is protruding caudally into the abdomen from the left division of the liver, measuring 11.0 x 9.6 x 14.5 cm in size. The remainder of the liver present smooth margins and a uniformly soft tissue attenuating and contrast enhancing parenchyma.

SEX

FS

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.

AGE

14 Years

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

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

HOSPITAL NAME

Taconic Route 202 24
Hour Veterinary
Center

The pictured bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left divisional hepatic mass
- Marked peritoneal effusion

REFERRING VET

Dr Mary Wallace

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of a solitary large hepatic mass, originating that appears to originate from the left lateral liver lobe. The hepatic mass is consistent with primary hepatic neoplasia – such as hepatocellular carcinoma, cholangiocellular carcinoma, sarcoma, other. The peritoneal effusion is consider to be paraneoplastic in origin. Complete surgical excision of the hepatic mass appears feasible but may warrant excision of the left medial & lateral liver lobe.

INVOICE

55929

DATE

1-2-23



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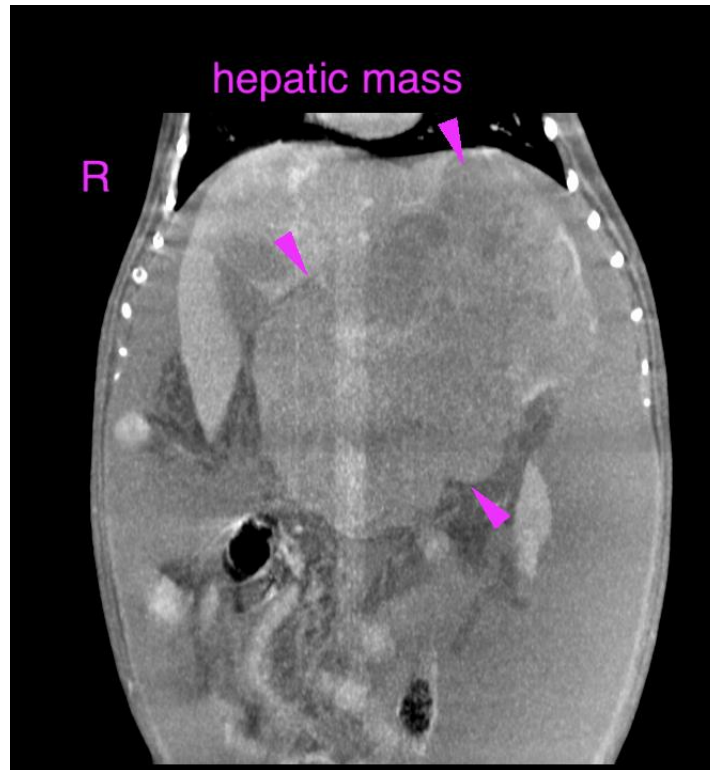
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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