

PATIENT

Kona Duckworth

SPECIES

Canine

BREED

Lhasa Apso

SEX

FS

AGE

8Y

WEIGHT

9kg

PRESENTING CLINICAL SIGNS

History:

- chronic elevated ALKPhos levels x 1+ year. Most recent result: 1627 (23-212)
- 4 x 6 x 8cm suspicious area on ultrasound left middle liver lobe.
- Cytology of liver mass: 2025 Dec 22, 04:59:19 PM by Nenninger, Ariel
- Description/Comments: Sample: Left Liver Mass (3 slides)
- Description: The direct smears are of low to moderate cellularity with moderate to marked hemodilution with scattered blood associated leukocytes in a basophilic proteinaceous background. Nucleated cells consist of a low to moderate density of hepatocytes found in small to large cohesive clusters with variably distinct cell borders. The NC ratio is low to moderate with basophilic, granular cytoplasm that occasionally has a lacy appearance and rarely, greenish-blue pigment (lipofuscin). Anisocytosis and anisokaryosis are mild. Nuclei are round with a coarsely stippled chromatin pattern and a single, variably prominent nucleolus. Binucleation is present. No etiologic agents are identified.
- Comments: The above cytologic findings are most consistent with mildly atypical hepatocytes with mild vacuolar change. Given the history of a liver mass and mild atypia of the hepatocytes, differentials include a regenerative nodule, hepatic adenoma or much less likely, a well-differentiated hepatic carcinoma. A biopsy with histopathologic evaluation is recommended for a more definitive diagnosis.
- Interpretation: 1) Mildly atypical hepatocytes 2) Mild hepatocellular vacuolar change
- CT for surgical planning

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

Abnormal PE/Chem/CBC/UA Results: Elevated ALK Phos Cushings patient

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

IMAGING PERFORMED BY

Amanda and Lisa

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

HOSPITAL NAME

Casselton Vet Service

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.

REFERRING VET

Mary Moen

Nodular enlargement of the caudal pole of the left adrenal gland is seen; measuring 10 mm in diameter. The cranial pole of the right adrenal gland has a heterogeneous contrast enhancement pattern and is measuring 10 mm in diameter.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

DATE

1-21-26

Protruding from the caudal surface of the left division of the liver, an ovoid shaped, uniform soft tissue attenuating and mild increased irregular contrast enhancing ovoid shaped mass is seen; measuring 8.4 x 6.7 x 7.7 cm. The stomach is deviated dorsally and caudally by the mass effect. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

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

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



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The bony and surrounding soft tissue structures reveal no abnormalities.

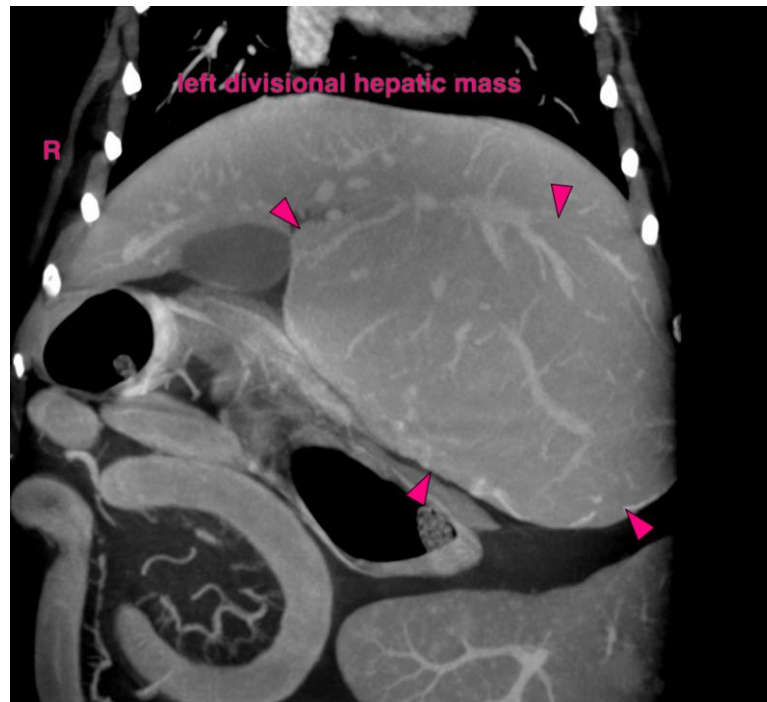
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass
- Nodular enlargement adrenal gland bilaterally without vascular invasion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left divisional hepatic soft tissue mass can present benign nodular hyperplasia/regeneration nodule or primary hepatic neoplasia – such as hepatocellular adenoma or carcinoma. Complete surgical resection of the hepatic mass is considered feasible – suspect origin from the left medial liver lobe.

The nodular enlargement of the adrenal glands can present (non)functional macronodular hyperplasia versus metastatic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).





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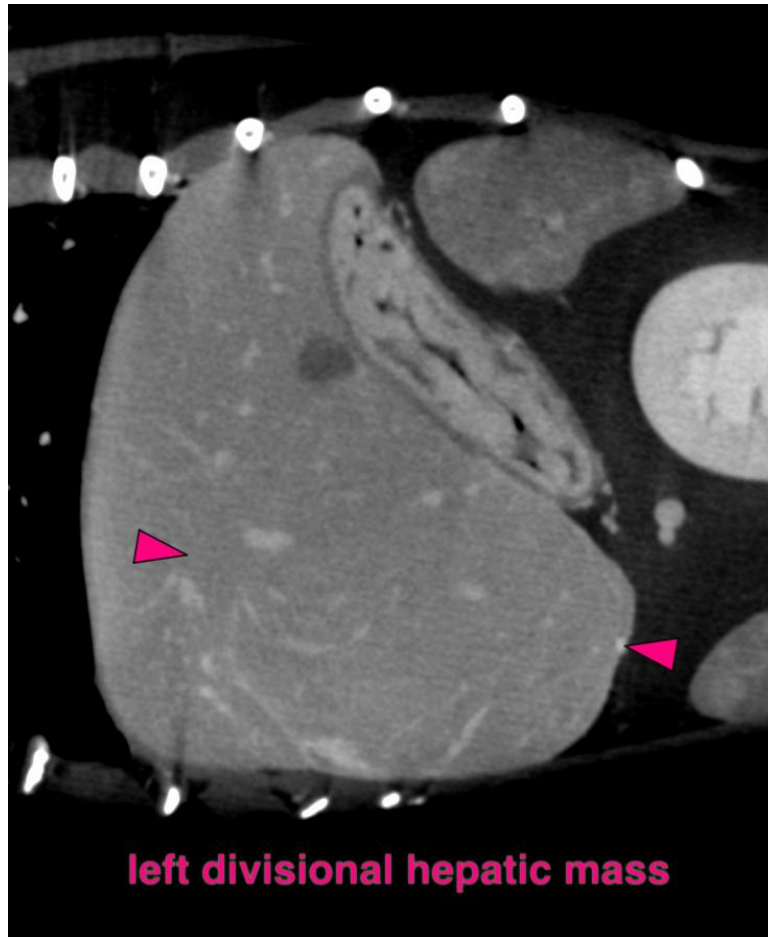
Mary Moen

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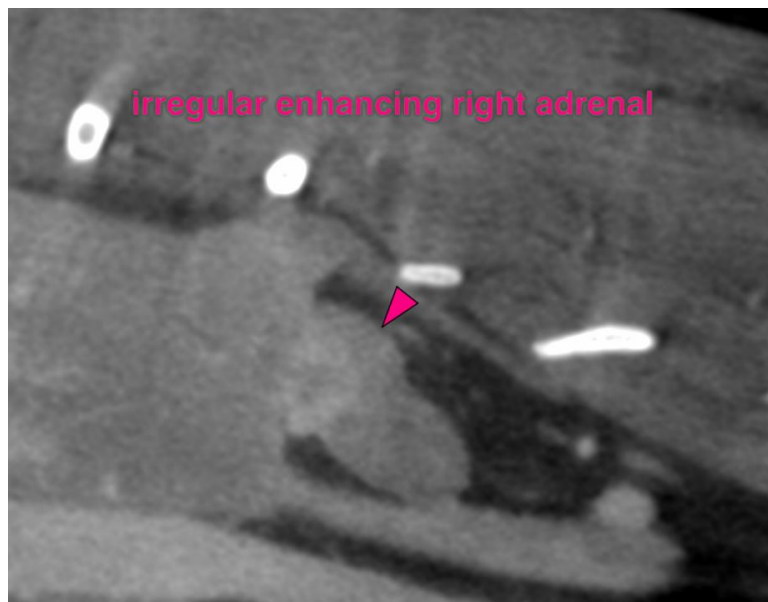
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left divisional hepatic mass



irregular enhancing right adrenal



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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
info@sonopath.com