



PATIENT PRESENTING CLINICAL SIGNS

Leela Poppleton Acute onset marked elevation in ALT. Hepatomegaly noted on abdo rads. Recent development of hypoglycemic episodes, otherwise patient asymptomatic. Paired insulin/glucose ratio pending. FNA of suspected mass pending

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 5,400U/L BG 1.7mmol/L

Canine **COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

BREED A pre- and post-contrast CT study of the thorax and abdomen in a soft tissue, lung and bone reconstruction are provided for review.

Shepherd X **COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

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

FS 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.

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

11 Years **INTERPRETED BY** 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.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior. Mild punctuate mineralization of the lung parenchyma is present.

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

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Abdomen

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

Dr. Westgarth

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.

INVOICE Irregular nodular enlargement of the caudal pole of the left adrenal gland is visible, measuring 2.3 cm in diameter. The left adrenal nodule presents a heterogeneous contrast enhancement pattern and is in contact with the left renal vein caudally.

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

1-26-22

Originating from the right lateral liver lobe, a roundish, heterogeneous soft tissue attenuating and contrast enhancing mass is visible, protruding caudally into the abdominal cavity. The hepatic



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mass is measuring approximately 14.9 x 10.6 x 13.9 cm in size. The caudate process of the caudate liver lobe presents a well-defined roundish parenchymal filling defect, measuring 1.2 cm in diameter.

The gallbladder contains a mild amount of gravity dependent, mineral attenuating biliary sludge.

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The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

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

SEX

FS

Multifocal spondylosis formation is seen along the lumbar spine. L7 presents a normal shaped transverse process in the left aspect and articulates with the iliosacral joint in the right aspect.

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

AGE

11 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Large hepatic soft tissue mass – likely originating from the right lateral liver lobe
- Left adrenal mass
- Hepatic cyst
- Mineralized biliary sludge
- Degenerative osteoarthritis coxofemoral joints bilaterally due to hip dysplasia
- Asymmetric lumbosacral transitional vertebra (type III)
- Spondylosis deformans
- Pulmonary osteomas+
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Westgarth

The hepatic mass is compatible with primary hepatic neoplasia such as hepatocellular carcinoma/adenoma, hemangiosarcoma, cholangiocellular carcinoma, other. FNA sampling has already been performed for further definition. Complete surgical excision of the hepatic mass appears feasible.

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The adrenal nodule is suggestive for metastasis or (non)functional neoplastic transformation – e.g. adenoma, adenocarcinoma, pheochromocytoma. Testing of the pituitary adrenal axis can be used as advanced diagnostic tests. If surgery is an option as well, be aware of the close contact with the renal vein caudally and potential adhesions with the caudal vena cava.

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No abnormalities of the pancreas are appreciated, explaining the hypoglycemia, however if lab work indicates insulinoma, intraoperative thorough palpation of the pancreas is recommended to rule in/out nodular lesions. Rule out potential paraneoplastic hypoglycemia, which has been described in conjunction with hepatocellular carcinoma.



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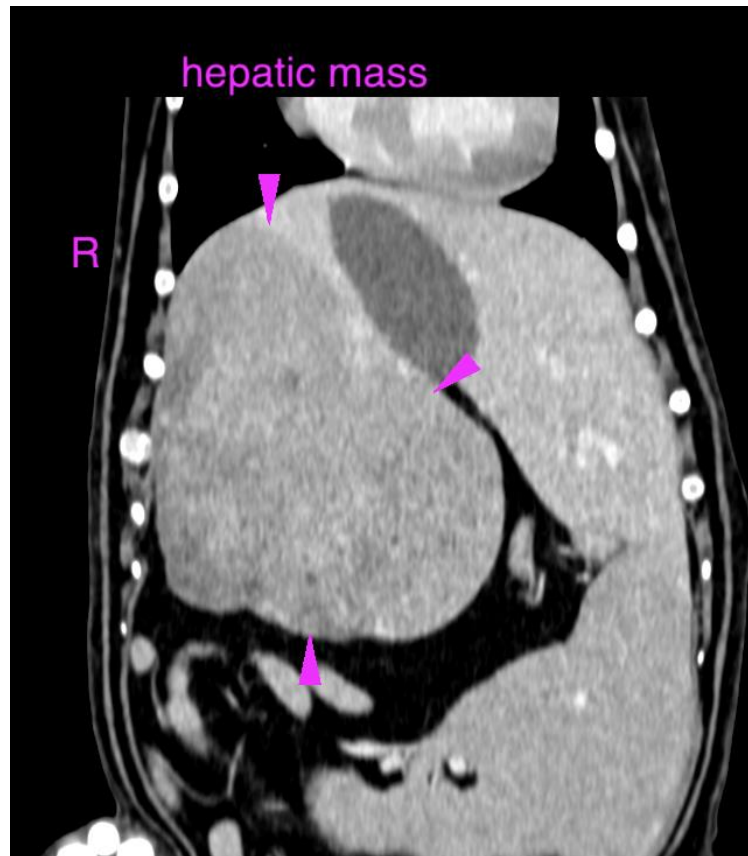
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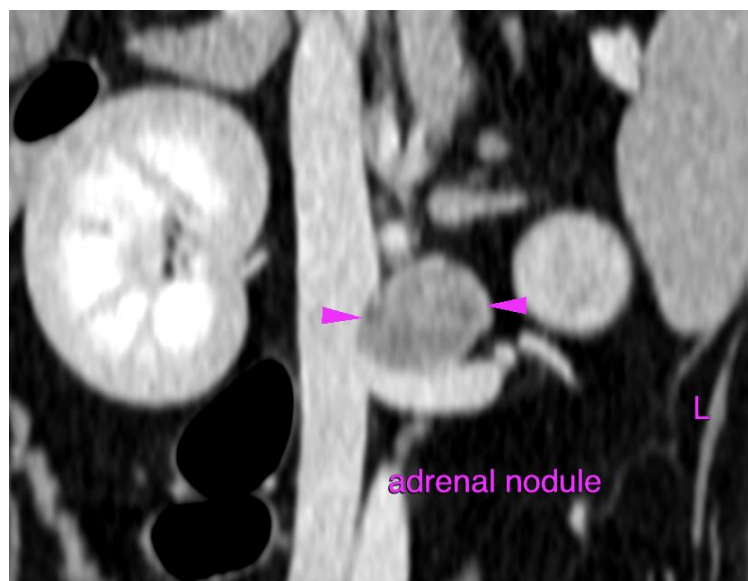
Dr. Westgarth

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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.

BREED

Shepherd X

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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