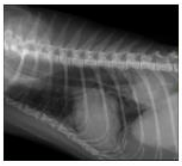
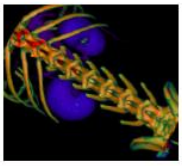
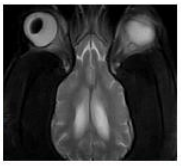

PATIENT

Sherlock Campbell

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years, 4 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

56393

DATE

1-26-23

PRESENTING CLINICAL SIGNS

Large, cystic, hepatic mass. The primary ddx is HCC. Consider CT to further evaluate the extent of the disease and to help determine if resectable. - Lymphadenopathy, mild. Suspect reactive lymphoid hyperplasia. - GB debris, non-obstructive - Renal cyst, left-sided - Degenerative renal changes

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the subcutaneous tissue at the caudoventral thoracic wall, an ovoid shaped lipoma is seen, measuring 2.8 x 1.1 cm in size.

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.

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.

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.

Abdomen

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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration in the caudal pole of the left kidney, a well-defined roundish parenchymal filling defect is seen.

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.

Originating from the left lateral liver lobe, an irregular shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is protruding caudally into the abdomen 10.5 x 11.4 x 15.9 cm in size. The stomach is deviated 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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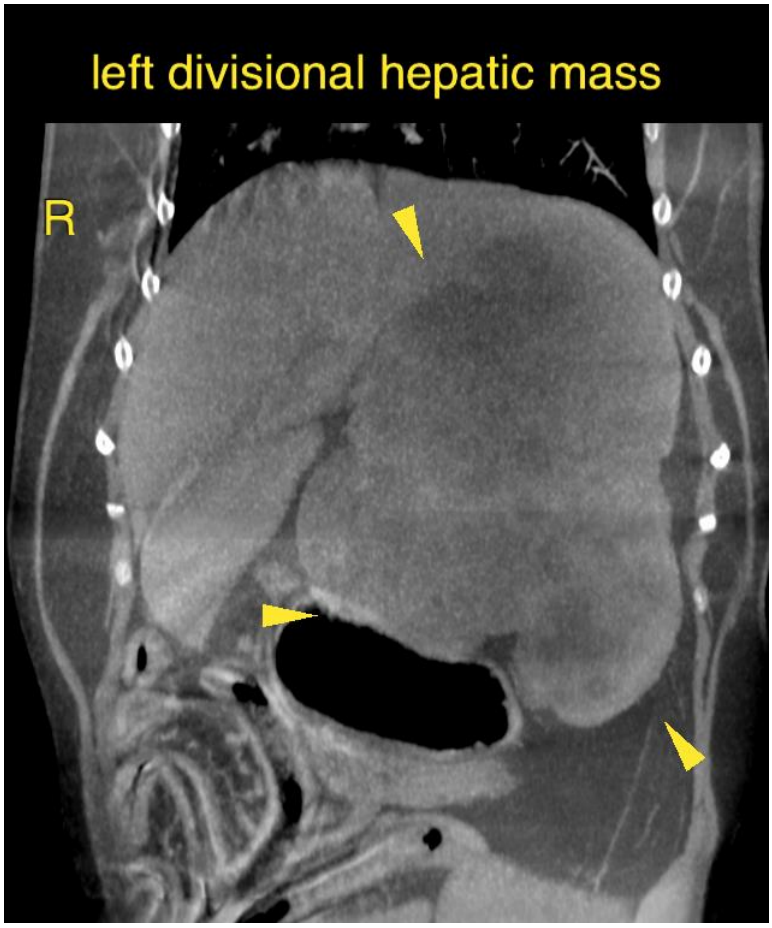
A lipoma is seen along the distal segment of the left iliopsoas muscle.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass
- Subcutaneous lipoma caudoventral thoracic wall and lipoma along the distal segment left iliopsoas muscle
- Left sided renal cyst
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of a hepatic mass, the hepatic mass is likely originating from the left lateral liver lobe and the top differential is hepatocellular carcinoma or adenoma. Complete surgical excision of the mass by amputation of the affected liver lobe is considered feasible.



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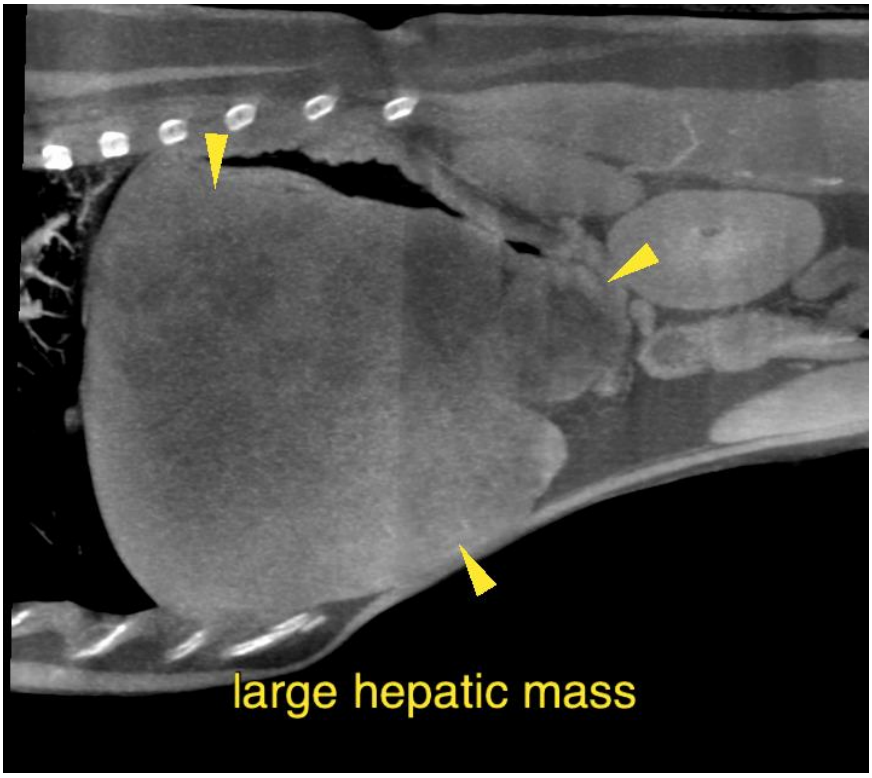

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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