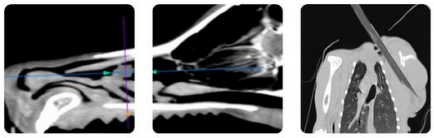

PATIENT

Harley Hayes

SPECIES

Canine

BREED

Bluetick Coonhound

SEX

Female Spayed

AGE

10

WEIGHT

6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Peter Bashara

HOSPITAL NAME

Gentle Doctor Animal Hospital

REFERRING VET

Nicholas Hayes

INVOICE

73467

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- Mild decreased appetite and weight loss with increased drinking.

Abnormal PE/Chem/CBC/UA Results: Abdominal ultrasound revealed hepatic mass and possible mass caudal to left kidney. Chem/CBC also revealed elevated ALP at 1200

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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

In the left mid ventral abdomen, a well-defined, roundish soft tissue attenuating mass without overt contrast uptake is appreciated; measuring 3.6 cm in diameter.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal parenchyma, multiple well-defined roundish parenchymal filling defects are seen; measuring up to 12 mm in diameter. The renal lymph nodes are moderately prominent.

The right adrenal gland is within normal limits for size, shape and organ architecture. The left adrenal gland presents an increased diameter of up to 10 mm.

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

Originating from the quadrate liver lobe, a roundish uniform soft tissue attenuating and post contrast mild irregular contrast enhancing mass is seen; measuring approximately 9 cm in diameter.

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.

Along the lumbar spine, multifocal spondylosis formation is seen.

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

In the subcutaneous tissue of the right ventral abdominal wall, a well-defined, ovoid shaped lipoma is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass quadrate liver lobe
- Multiple simple hepatic cysts
- Nodular enlargement left adrenal gland, no vascular invasion
- Peritoneal soft tissue mass left ventral abdomen
- Osteoarthrosis coxofemoral joints due to hip dysplasia
- Multiple simple renal cysts
- Subcutaneous lipomas

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- Spondylosis deformans

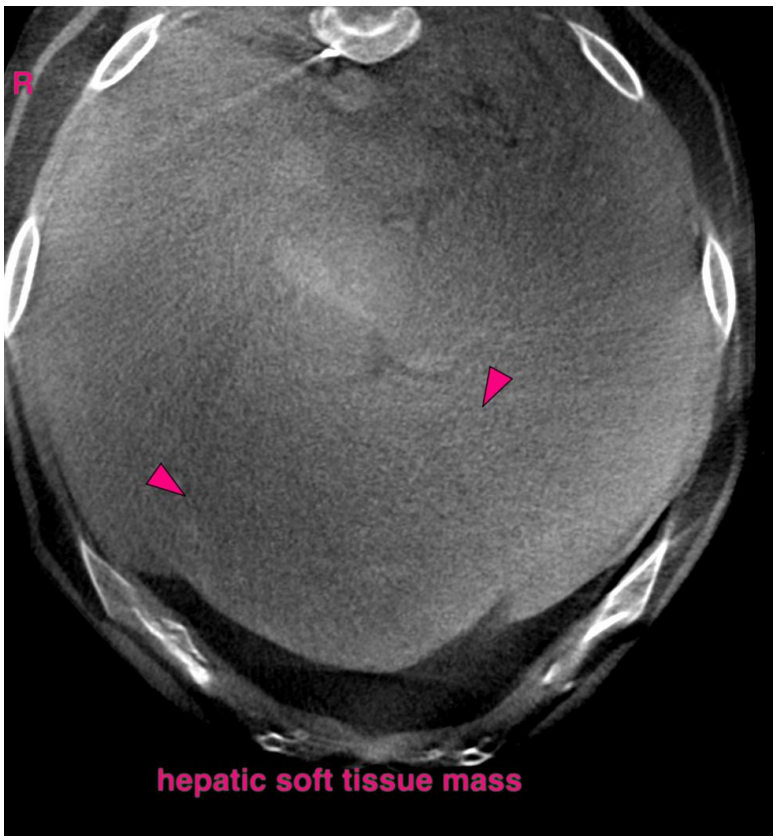
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue mass is highly concerning for primary hepatic soft tissue neoplasia – such as hepatocellular adenoma or carcinoma; large hepatic regeneration nodule is a differential. Ultrasound guided FNA sampling can be performed as minimally invasive advanced diagnostic test. Surgical management of the hepatic mass appears feasible.

The enlarged renal lymph nodes can present benign nodular hyperplasia or neoplastic infiltration – ultrasound guided FNA sampling can be tried.

The peritoneal soft tissue mass in the left caudal abdomen is most suggestive to have a benign origin, such as granuloma or peritoneal leiomyoma. Malignancy such as carcinoma or sarcoma is considered less likely. Complete surgical excision of the peritoneal mass is feasible.

The prominent left adrenal gland can present (non)functional macronodular hyperplasia versus early stage of neoplastic transformation (e.g. adenoma, adenocarcinoma).



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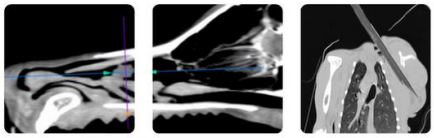

Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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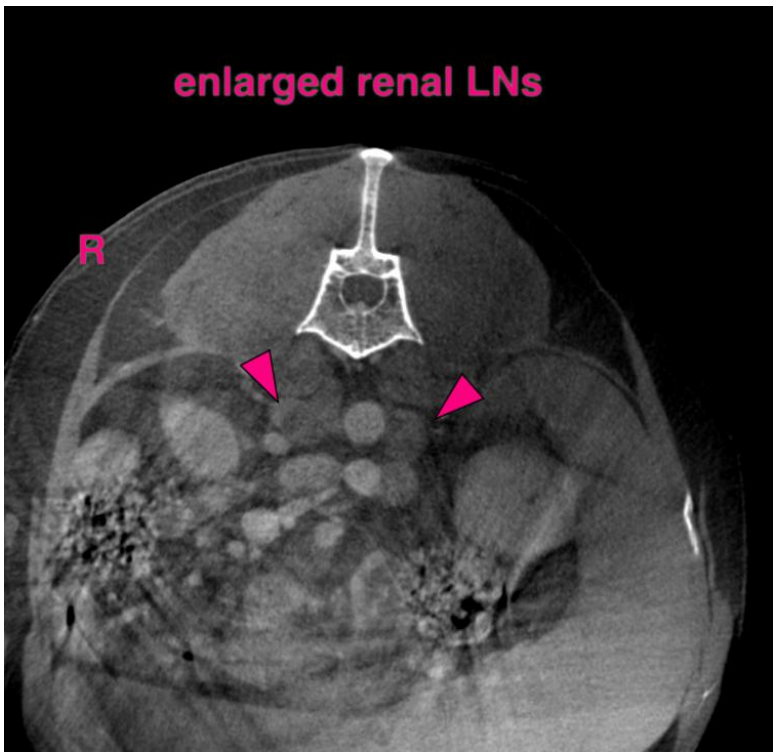

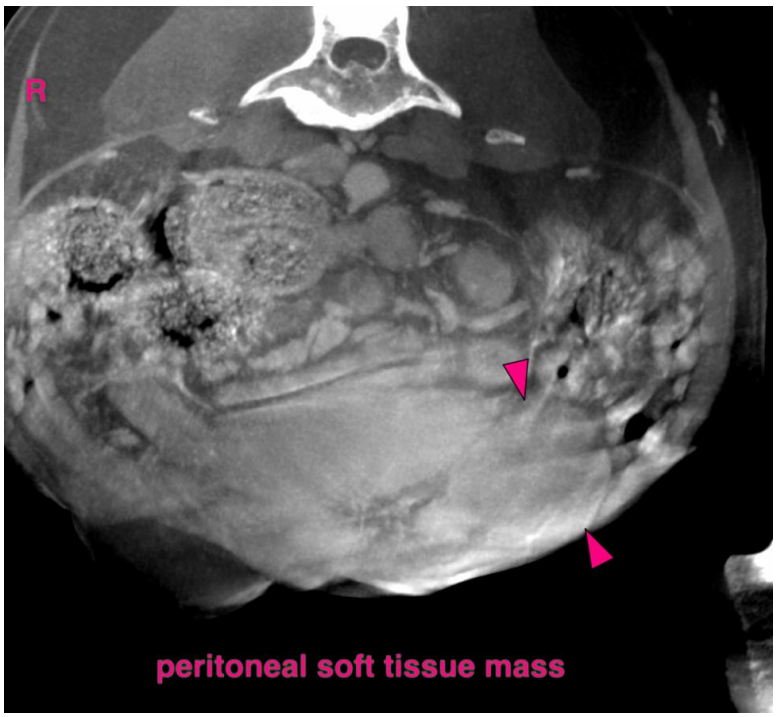

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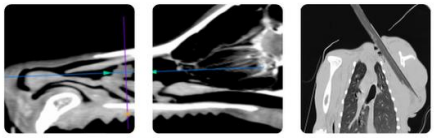

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com