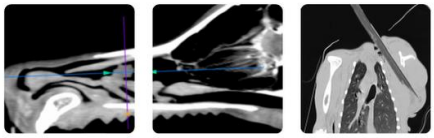


PATIENT

Denver Gao

SPECIES

Canine

BREED

G. Shepherd X

SEX

Male Neutered

AGE

11

WEIGHT

38.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center of Corona

REFERRING VET

Bart Huber

INVOICE

73543

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- pDVM noticed mild ALT and Alk Phos elevations that had gone up compared to previous lab work. They performed AUS and found a liver mass. 3 view Chest rads showed no obvious mets. Denver came in for met check and surgical margin evaluation. First (full) abdominal scan was done caudal to cranial wo we could better fit Denver in the machine, We then did liver only with more contrast, used our liver shunt protocol hence two mid body scans. Total of 4 scans - one thorax, one full abdomen, two liver focused.

Abnormal PE/Chem/CBC/UA Results: Tender abdomen, rest of PE was unremarkable today. Last labs at pDVM 12/23/25: ALT (SGPT) 202 12 - 118 IU/L ALK PHOS 1673 5 - 131 IU/L Platelet Count 452 170 - 400 10^3/uL Urine: Specific Gravity 1.015 1.015 - 1.05 pH 6.0 5.5 - 7 Protein 1+ Negative Microalbuminuria 10.4 <2.5 (BUN, creatinine and SDMA were all well within normal limits.)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal spondylosis formation is seen.

In the dorsal aspect of the 10th left intercostal space, a metal attenuating body is visible.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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 with randomly distributed interspersed punctuate mineralization.

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

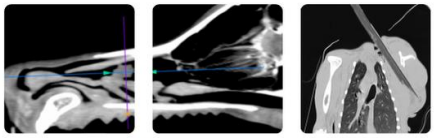
Abdomen

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, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for shape and organ architecture and present an increased maximum cross-sectional diameter of 12 mm.

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



PATIENT

Denver Gao

SPECIES

Canine

BREED

G. Shepherd X

SEX

Male Neutered

AGE

11

WEIGHT

38.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center of Corona

REFERRING VET

Bart Huber

INVOICE

73543

DATE

1-29-26

The hepatic volume is increased; the caudal hepatic margins are partially mildly irregular and rounded. The gastric axis is deviated caudally. In the caudal aspect of the caudate process of the liver and the left medial liver lobe, a roundish area with a heterogeneous contrast enhancement pattern is appreciated; protruding beyond the hepatic surface; measuring up to 7 cm in size. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

In the gallbladder, a small volume of gravity dependent, hyperattenuating sludge is visible.

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.

Both coxofemoral joints present moderate osteophyte new bone formation.

In the musculature of the mid ventral abdominal wall, a well-defined metal attenuating body is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Two hepatic masses with heterogeneous contrast uptake – left medial liver lobe and caudate process of the liver
- Bilateral adrenomegaly without vascular invasion
- Biliary sludge without mechanical obstruction
- Pulmonary osteomas
- Osteoarthrosis coxofemoral joints
- Suspect bullet fragment 10th intercostal space and ventral abdominal wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic masses are equivocal for nodular hyperplasia/regeneration nodules and hepatic cysts versus primary hepatic soft tissue neoplasia (e.g. hepatocellular adenoma or carcinoma). Ultrasound guided FNA sampling can be used for specification. Complete surgical resection of the hepatic masses appears feasible.

The adrenomegaly can be indicative for (non)functional macronodular hyperplasia, I would consider the odds for neoplastic transformation of the adrenal glands lower. Testing of the pituitary adrenal axis can be performed for specification.

PATIENT

Denver Gao

SPECIES

Canine

BREED

G. Shepherd X

SEX

Male Neutered

AGE

11

WEIGHT

38.1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center of Corona

REFERRING VET

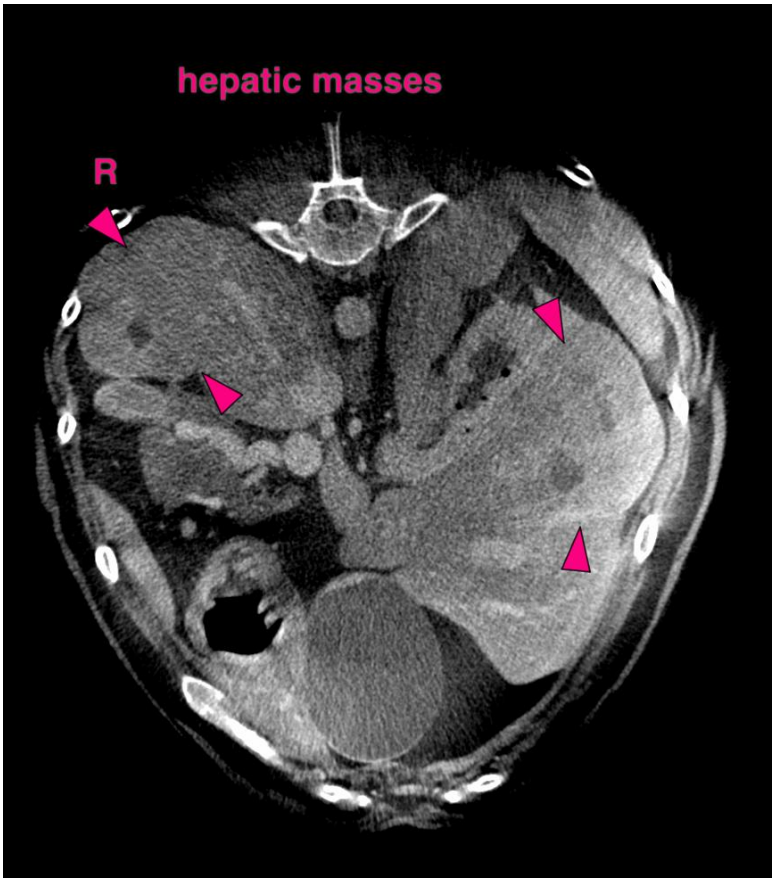
Bart Huber

INVOICE

73543

DATE

1-29-26



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