



PATIENT

Sugar Lisi

PRESENTING CLINICAL SIGNS

Sugar, a 13 year old Female Spayed, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a Liver Mass. The mass was initially noticed 1 months ago with high ALT-1001 and ALP-435 value. U/S performed and found 10x6 cm mass. Sugar was seen by and referral was recommended. O report major diarrhea over 1 month, still active but shorter distance walking. Vomited a few episodes of bile, diarrhea has been for one month, unresponsive to 2 weeks of metronidazole, rice, and pumpkin. Diarrhea is 4-5 x a day, small quantity each time, totally liquid.

SPECIES

Canine

BREED

Multi-poo

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

SEX

FS

COMPUTED TOMOGRAPHIC FINDINGS

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

AGE

13 Years

Both kidneys present mild irregular margins. A very small amount of mineral attenuating material is associated with the left renal pelvis. After contrast administration both kidneys present a mild heterogeneous nephrogram.

The adrenal glands are within normal limits for size, shape and organ architecture.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Animal Health
Partners

Originating from the caudoventral aspect of the left division of the liver – suspect left medial liver lobe – a multilobulated uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 10.3 x 6.3 x 10.8 cm in size. The hepatic mass is protruding caudally into the peritoneal cavity. The stomach is deviated to the left and located between the mass caudally and the liver cranially. The pylorus of the stomach is deviated dorsally and the small intestinal loops caudally and to the right by the mass effect.

REFERRING VET

Dr. Lea Mehrkens

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous. Level with L2, a well-defined, parenchymal filling defect is seen in the medial aspect of the pancreatic parenchyma, measuring 6 mm in size.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout. The anal sacs are significantly distended by fluid attenuating material; the wall is smooth and thin.

INVOICE

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The periarticular bones of both stifle joints present mild osteophyte new bone formation. A surgical pin is seen in the left cranial tibial tuberosity.

DATE

10-27-22

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic mass
- Chronic nephropathy
- Pancreatic cystic lesion
- Bilateral mild degenerative osteoarthritis stifle joints
- Suspect history of left sided tibial tuberosity transposition versus apophysiolysis of the tibia tuberosity



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REFERRING VET

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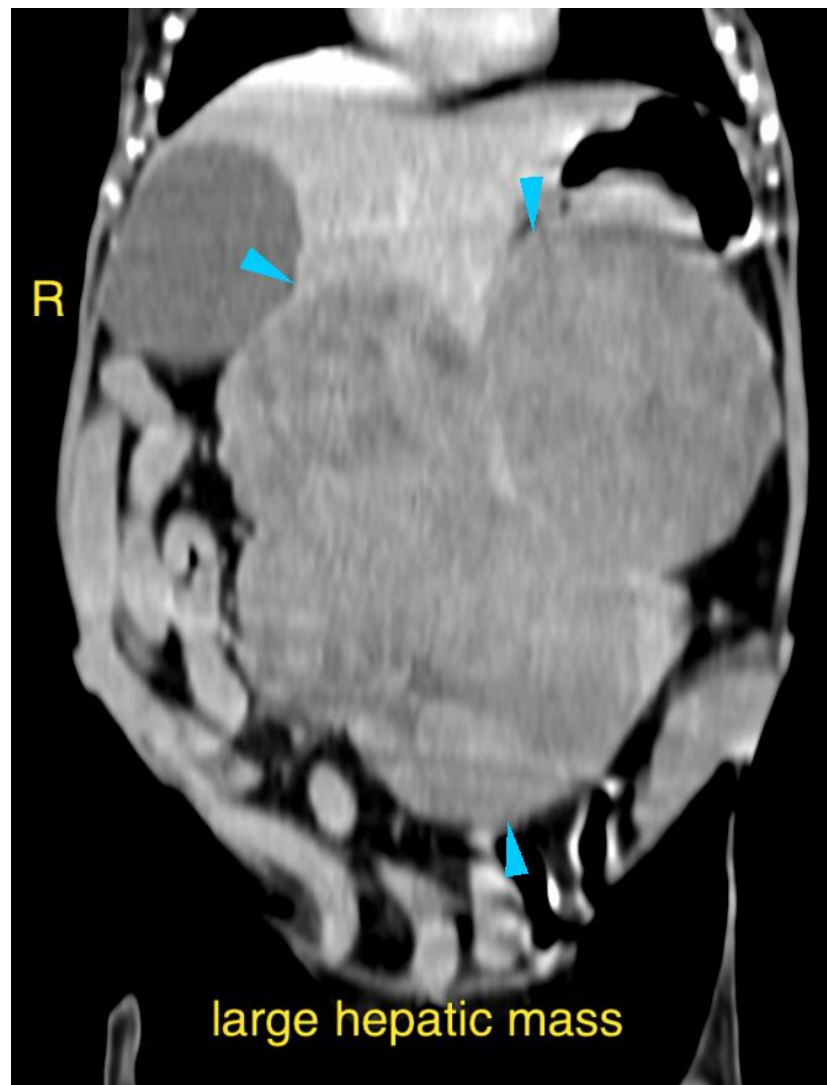
DATE

10-27-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is likely originating from the caudoventral aspect of the left medial liver lobe and is compatible with primary hepatic neoplasia, such as hepatocellular adenoma or carcinoma; sarcoma is a potential as well. FNA sampling of the hepatic mass can be used as advanced diagnostic tool. Complete surgical excision of the mass is considered feasible.

The small pancreatic cyst is likely an incidental finding and can be a sequela to preceding pancreatitis (e.g. pseudocyst, retention cyst) or less likely presents a parasitic cyst or cystic adenoma.





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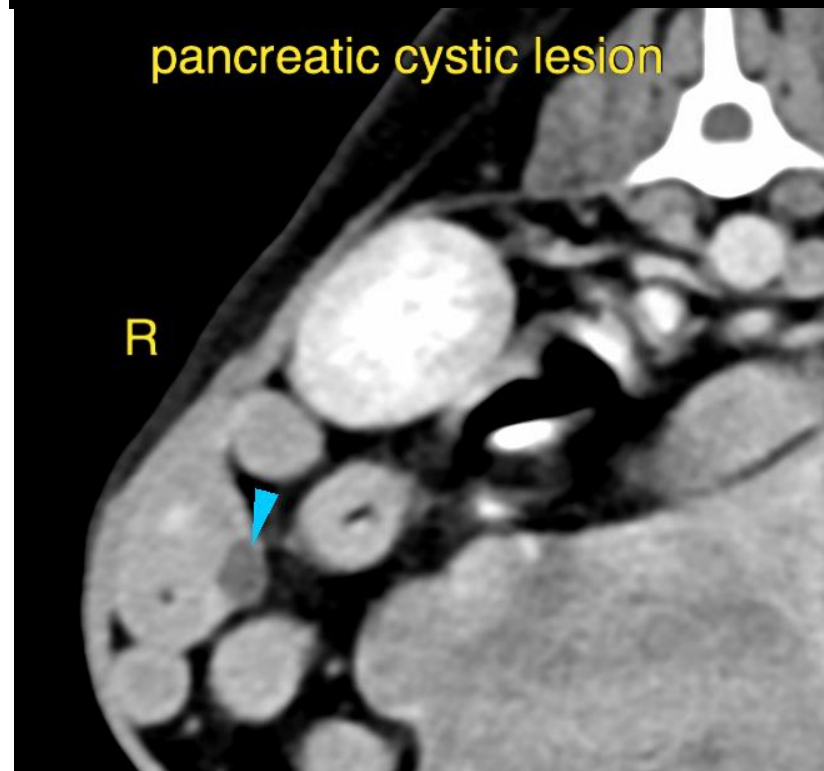
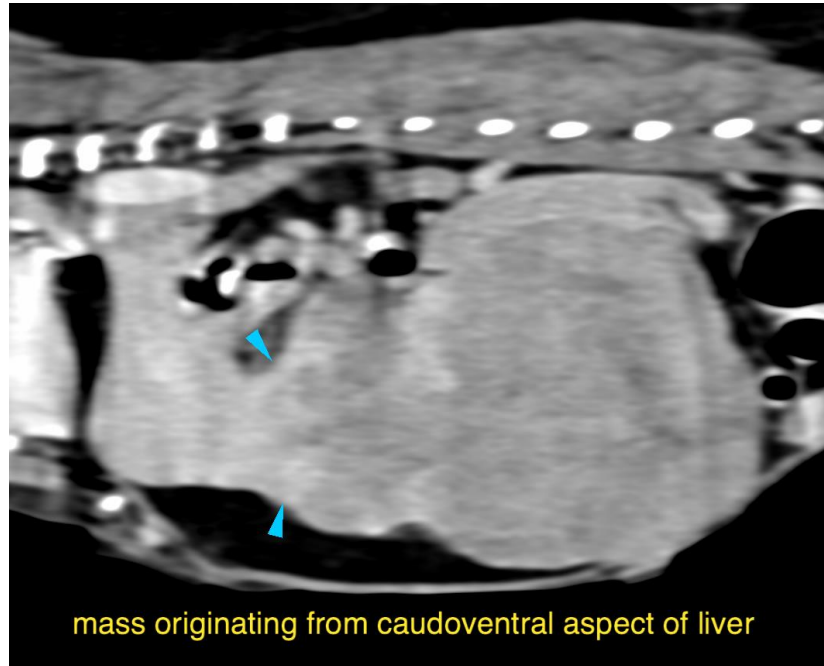
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PATIENT

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SPECIES

Canine

BREED

Malti-poo

SEX

FS

AGE

13 Years

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Dr. med. vet. DipECVDI

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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.

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