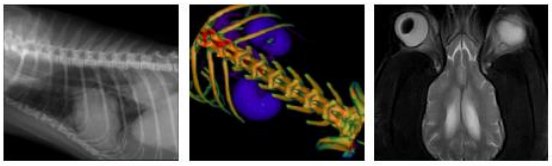

PATIENT

Gracie Lee

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Meaux

INVOICE

54916

DATE

11-1-22

PRESENTING CLINICAL SIGNS

Lethargic, liver mass

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

Multifocal in the subcutaneous tissue of the thoracic & abdominal wall, well-defined, subcutaneous nodules are appreciated.

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 peritoneal fat presents generalized moderate fat-stranding and a small amount of gravity dependent fluid attenuating material is seen in the peritoneal cavity bilaterally. In the cranioventral aspect of the abdomen, multiple nodular contrast enhancing nodular lesions are seen throughout the peritoneal cavity.

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 size, shape and organ architecture.

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

Originating from the quadrate liver lobe, a soft tissue attenuating and heterogeneous contrast enhancing ovoid shaped mass is seen, measuring 7.0 x 5.8 x 5.6 cm in size. The remainder of the liver present smooth margins and uniform soft tissue attenuating parenchyma. Post contrast administration, the hepatic parenchyma has a mild heterogeneous contrast enhancement pattern.

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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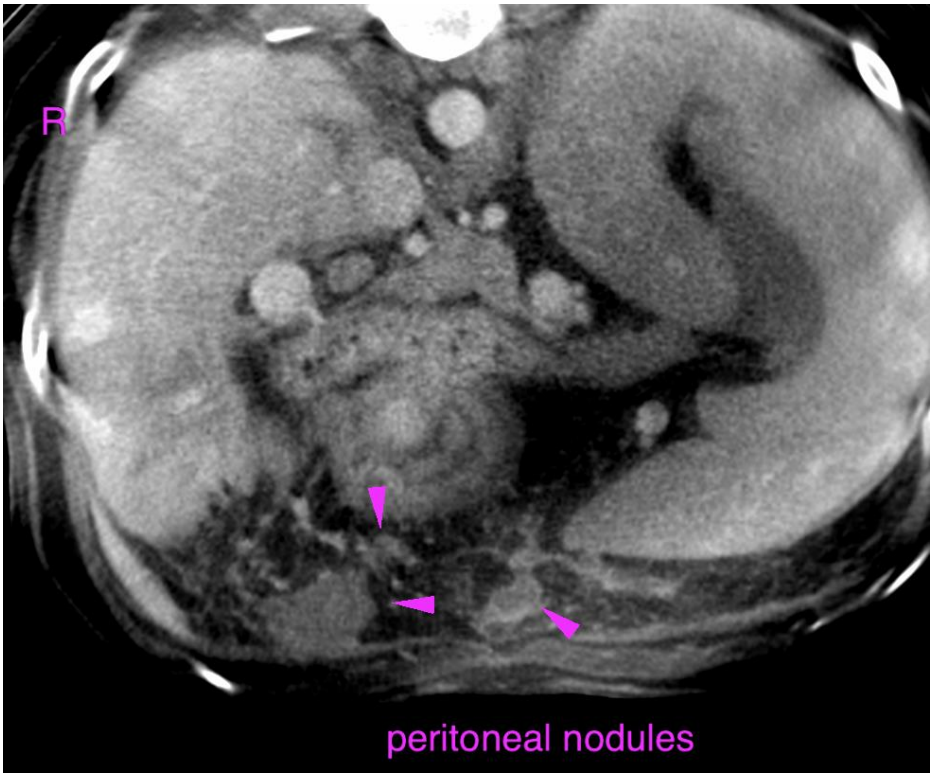
The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 60% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic mass
- Possible contrast enhancing peritoneal nodules
- Mild peritoneal effusion and peritonitis
- Multiple non-specific subcutaneous nodules
- Degenerative lumbosacral stenosis
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is compatible with primary hepatic neoplasia – such as hepatocellular carcinoma, hemangiosarcoma. The peritoneal contrast enhancing nodules in the cranioventral abdomen can present peritoneal metastasis or zones with trapped fluid and surrounding peritonitis. The peritoneal effusion can be paraneoplastic or is caused by hemorrhage of the hepatic mass. Complete surgical excision of the mass is considered feasible – check the peritoneum for possible metastasis.



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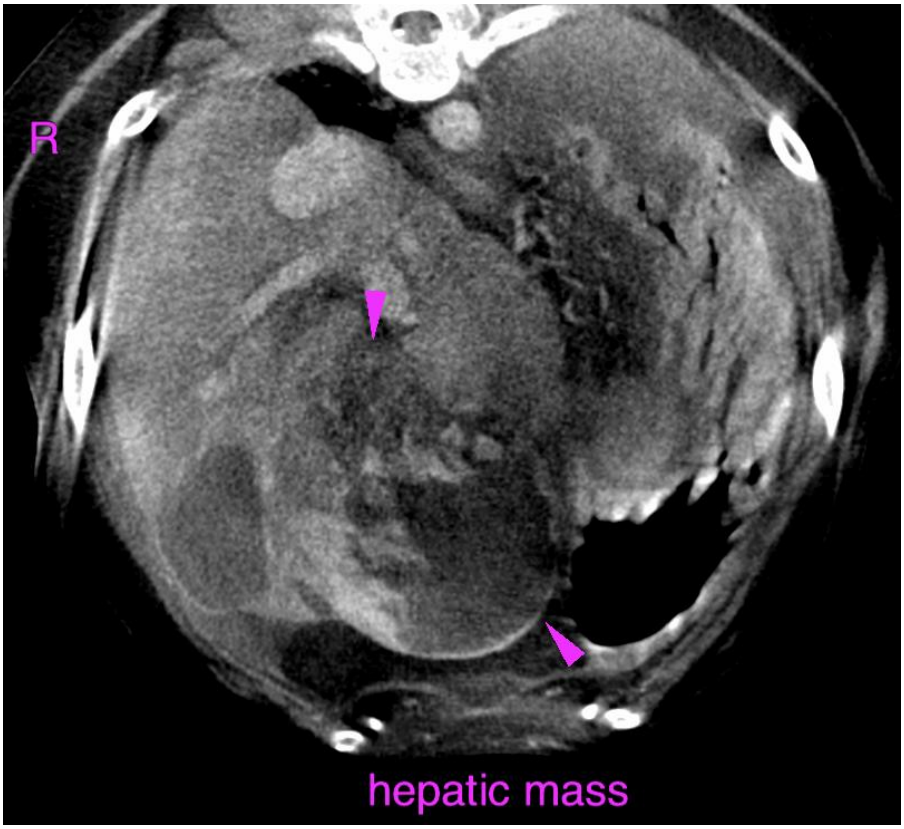

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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