


**PATIENT PRESENTING CLINICAL SIGNS**

Kyrah Wakefield High liver enzymes on bloods, liver mass located on u/s, ct to check all organs and met check of lungs

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**
**SPECIES**

Canine

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

**COMPUTED TOMOGRAPHIC FINDINGS**
**BREED**

Spaniel

Thorax

The vertebral endplates T9/T10 and T12/T13 present multiple semicircular defects of the subchondral bone, demarcated by a thin sclerotic rim. Multiple vertebral endplates of the thoracic spine present moderate spondylosis formation.

**SEX**

Female

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 and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**AGE**

11 Years

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.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

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.

**HOSPITAL NAME**

Adelaide Plains VS

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.

**REFERRING VET**

Dr. John Katakasi

The spleen is prominent and presents mild rounded margins. The splenic parenchyma is uniform soft tissue attenuating and presents a mild heterogeneous contrast enhancement pattern.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**INVOICE**

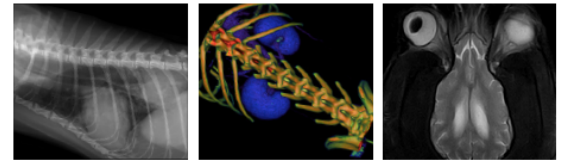
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Most likely originating from the right medial liver lobe, a mild heterogeneous soft tissue attenuating and heterogeneous contrast enhancing globoid mass is visible measuring 8 cm in diameter. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing. The gallbladder cannot be delineated.

**DATE**

11/24/21

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.



**PATIENT** Multifocal mild spondylosis formation is seen along the lumbar spine.

Kyrah Wakefield

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

- Solitary hepatic soft tissue mass
- Splenomegaly
- Schmorl's nodules vertebral end plates T9/T10 and T12/T13
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**BREED**

Spaniel

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with the primary hepatic neoplasia, likely originating from the right medial liver lobe and potentials include hepatocellular adenoma/carcinoma, cholangiocellular carcinoma, hemangiosarcoma, neuroendocrine tumor. Ultrasound guided FNA sampling can be used as advanced minimally invasive test for further definition. Complete surgical excision appears feasible.

**SEX**

Female

The non-visible gallbladder is likely related to the early contrast phase with lack of contrast between the gallbladder and the hepatic parenchyma.

**AGE**

11 Years

The splenomegaly is likely accentuated by pooling of blood secondary to general anesthesia ± nodular hyperplasia/extramedullary hematopoiesis. Diffuse neoplastic invasion of the spleen is considered unlikely.

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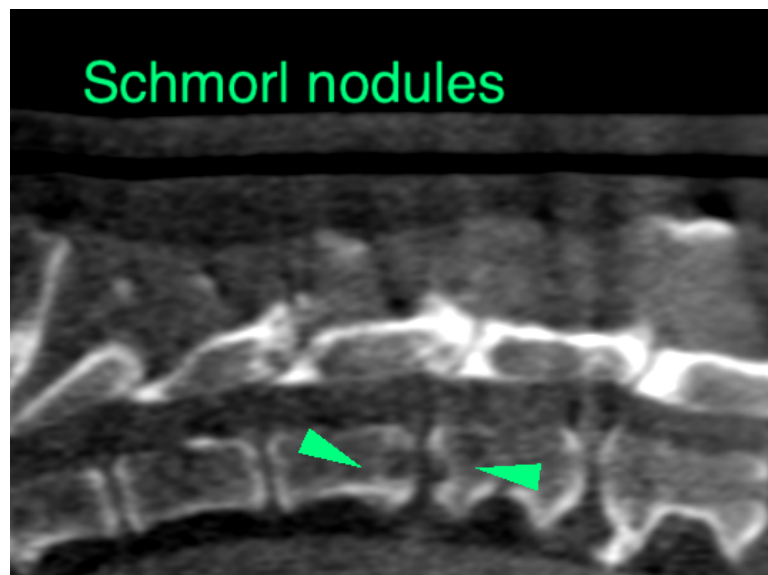
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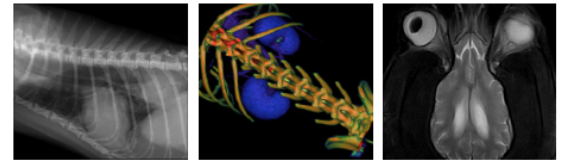
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**PATIENT**

Kyrrah Wakefield

**SPECIES**

Canine

**BREED**

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**SEX**

Female

**AGE**

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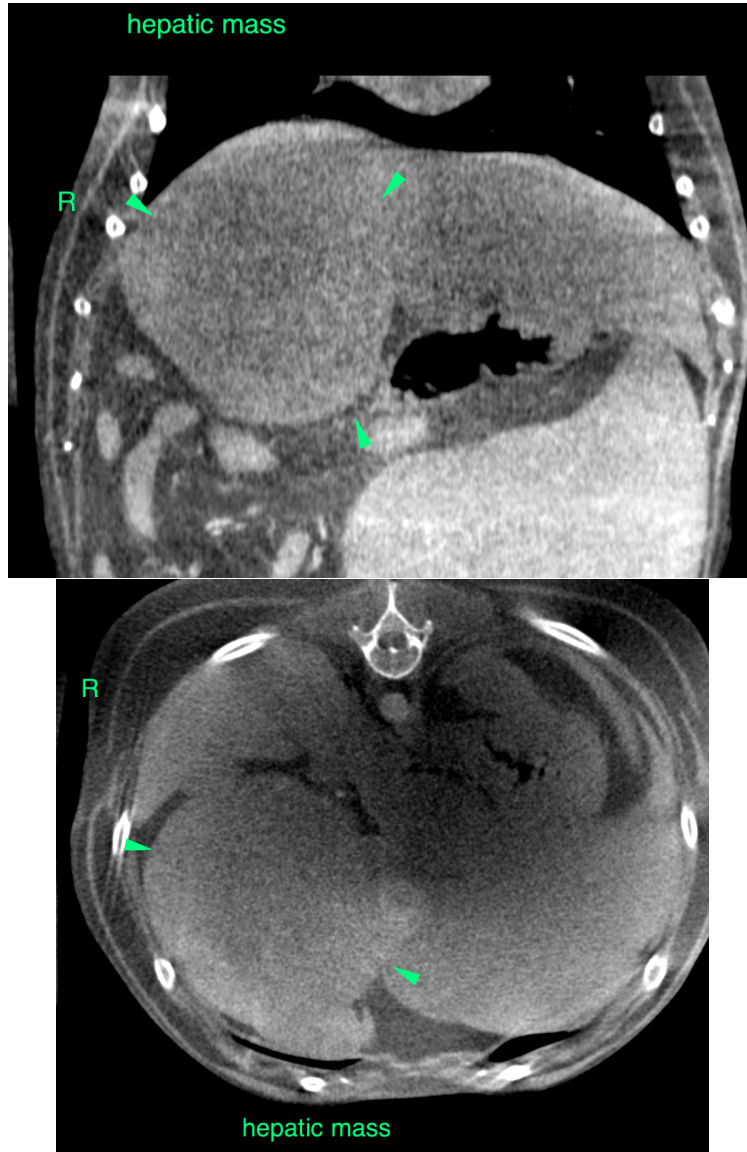
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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