

PATIENT

Callie Mowday

SPECIES

Canine

BREED

Lab X

SEX

FS

AGE

11

WEIGHT

30kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

72771

DATE

11-26-25

PRESENTING CLINICAL SIGNS

About 1 month ago was seen at RDVM for panting/lethargic/breathing heavy which has started several months ago. RDVM on radiographs showed potential masses on spleen/liver. She continues to have increased respiratory effort and rate. Ultrasound shows a hepatic mass. obtained tru-cut biopsy of hepatic mass after CT performed.

Abnormal PE/Chem/CBC/UA Results: ALT 336, ALP>2000, GGT 25

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 is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral endplates T5/T6 present moderate spondylosis formation.

The periarticular bones of both shoulder joints present mild osteophyte new bone formation.

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 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 right adrenal gland has a maximum cross-sectional diameter of 9.6 mm.

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

In the caudal aspect of the right medial liver lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing roundish mass is seen; measuring 9.9 x 8.5 x 8.4 cm. The mass in the right medial liver lobe has ill-defined cranial margins and is protruding beyond the hepatic surface. Post contrast administration, multifocal throughout the hepatic parenchyma, hypoattenuating variable sized areas are visible.

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



PATIENT

Callie Mowday

SPECIES

Canine

BREED

Lab X

SEX

FS

AGE

11

WEIGHT

30kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

72771

DATE

11-26-25

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass right medial liver lobe
- Multiple post contrast hypoattenuating hepatic lesions
- Right sided mild adrenomegaly
- Osteoarthritis shoulder joints bilaterally
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue mass is consistent with primary hepatic neoplasia, such as hepatocellular adenoma or carcinoma. Hepatic regeneration nodule is a differentia as well. Complete surgical resection of the hepatic mass will warrant resection of the right medial liver lobe.

The post contrast hypoattenuating hepatic lesions are not specific and differentials include hepatic cysts, hepatitis, metabolic hepatic disease/steroid induced hepatopathy or metastatic disease.

The adrenomegaly is suggestive for (non)functional adrenal hyperplasia.





PATIENT

Callie Mowday

SPECIES

Canine

BREED

Lab X

SEX

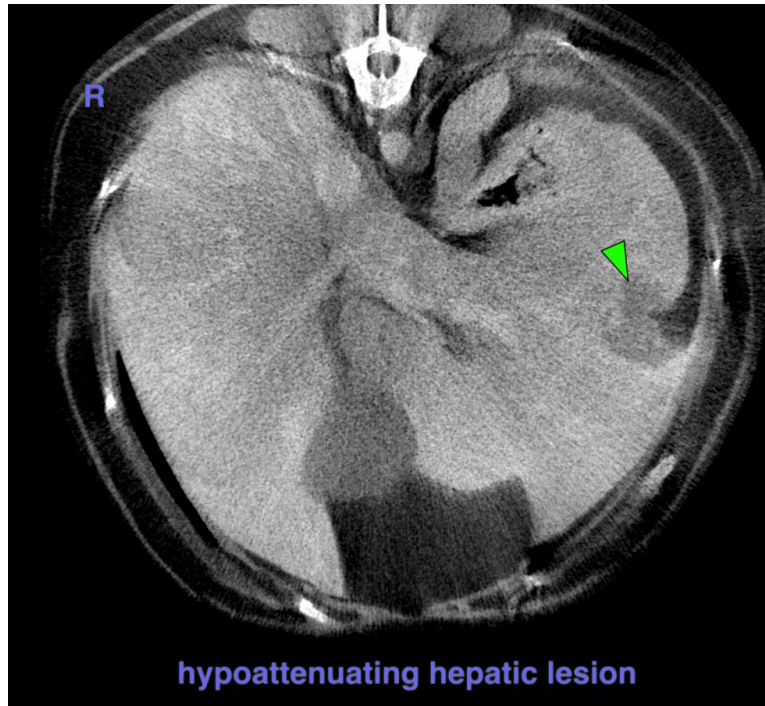
FS

AGE

11

WEIGHT

30kg



hypoattenuating hepatic lesion

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

72771

DATE

11-26-25

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