



PATIENT

Dahlia Blancas

SPECIES

Canine

BREED

Husky

SEX

SF

AGE

12Y

WEIGHT

45lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

72991

DATE

12-15-25

PRESENTING CLINICAL SIGNS

hepatic mass seen in ultrasound today.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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 cranial pole of the urinary bladder is thickened, measuring up to 7 mm in width and has a mild irregular surface.

Nodular enlargement of the caudal pole of the left adrenal gland is seen; measuring 8.2 mm in diameter.

The spleen present with normal shape, uniformly attenuating parenchyma and homogeneous contrast enhancement. The splenic surface is segmentally irregular.

Protruding from the caudoventral aspect of the left liver, an irregular ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 11.5 x 7.1 x 11.8 cm. The peritoneal fat adjacent of the left divisional hepatic mass presents moderate fat-stranding. In the quadrate liver lobe, two well-defined, irregular roundish, parenchymal filling defects are seen.

The hepatic lymph nodes are prominent.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass with mild surrounding localized peritonitis/effusion
- Solitary simple hepatic cysts quadrate liver lobe
- Lymphadenopathy hepatic lymph nodes – reactive lymphoid hyperplasia versus metastatic disease, FNA sampling can be used for specification
- Mild nodular enlargement left adrenal gland
- Thickened urinary bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left divisional hepatic mass is likely originating from the left lateral liver lobe and compatible with primary hepatic neoplasia – such as hepatocellular adenoma or carcinoma. Complete surgical resection of the hepatic mass is considered feasible.

The parenchymal filling defects in the quadrate liver lobe are considered as simple hepatic cysts – there is little chance for metastatic disease.

The nodular enlargement of the left adrenal gland is highly suggestive for (non)functional nodular hyperplasia, I consider the odds for neoplastic transformation lower (e.g. adenoma, adenocarcinoma).



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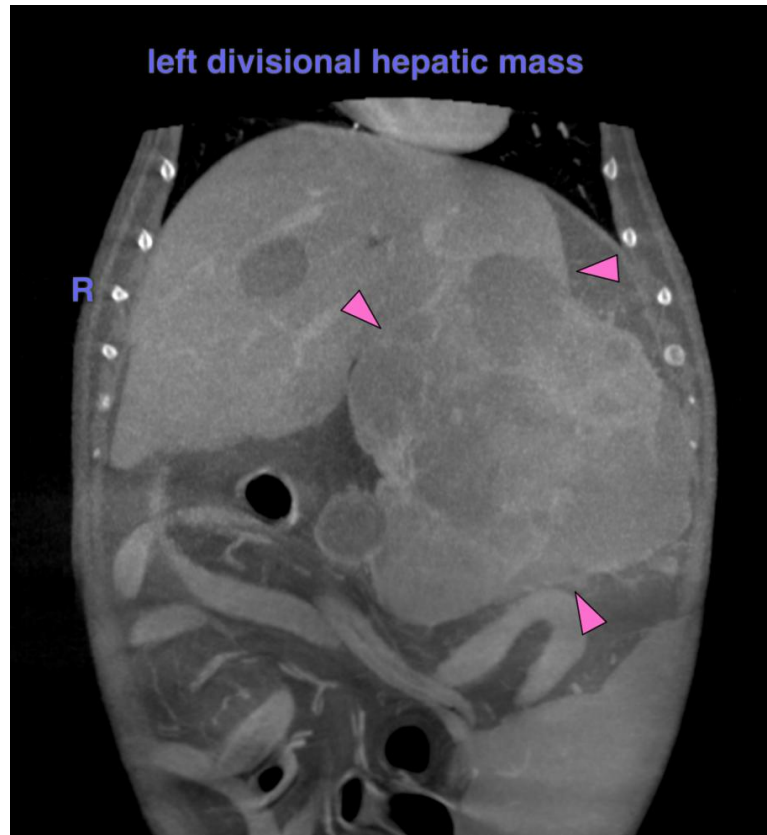
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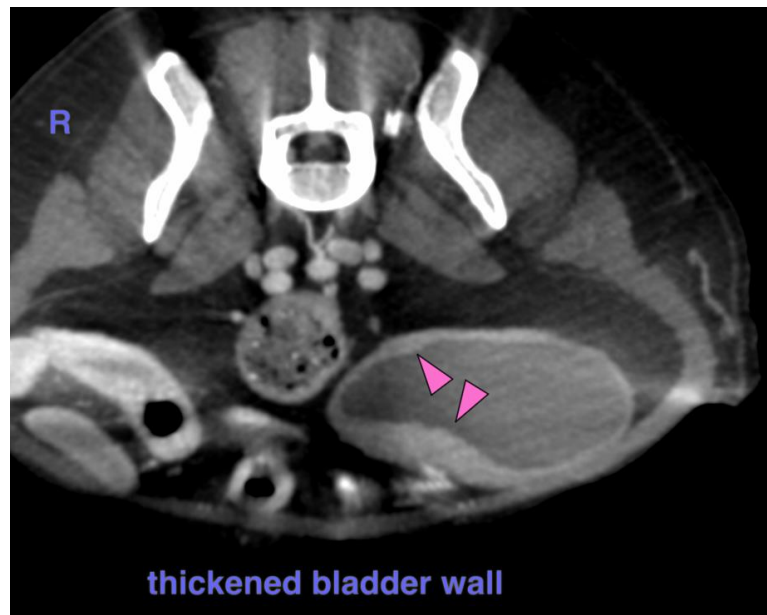
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The thickened urinary bladder wall can be accentuated by the filling status, cystitis is a differential. Workup can be complemented by complete urinalysis for specification.



left divisional hepatic mass



thickened bladder wall



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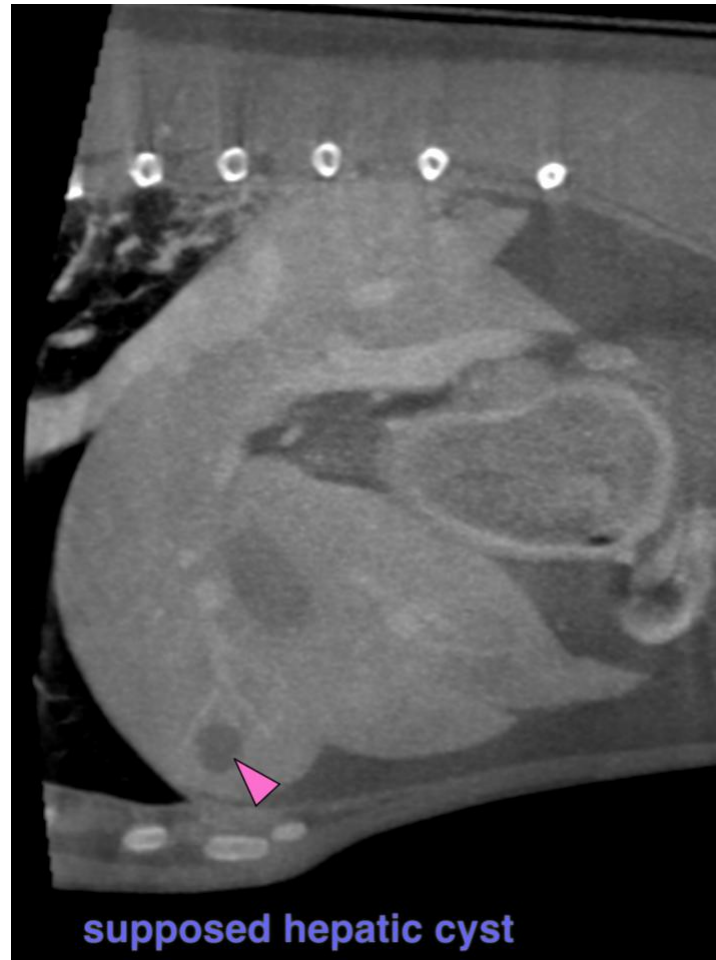
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com