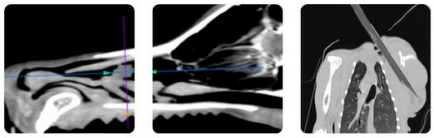


PATIENT

Spanky Lynch

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

10Y, 8M

WEIGHT

13kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Dr. Infernuso

INVOICE

73002

DATE

12-16-25

PRESENTING CLINICAL SIGNS

distended abdomen Liver mass rule out neoplasia right sided liver enzymes elevation

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal and cranial mediastinal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits. The azygos vein is prominent, presenting the same diameter like the paralleling aorta.

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 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 multiple roundish parenchymal filling defects are appreciated throughout the renal cortex; measuring <3 mm in diameter.

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

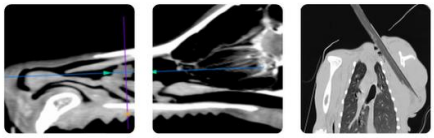
The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Originating from the right division of the liver, a heterogeneous contrast enhancing mass – presenting a larger fluid attenuating region – is seen; measuring approximately 13.3 x 9.2 x 12.2 cm. In the dorsal aspect of the right hepatic mass, small gas inclusion is visible. The mass is extending caudally into the right cranial abdominal quadrant. The gallbladder is deviated to the left by the mass effect. Throughout the left liver lobes multiple mild irregular hypoattenuating, variable sized lesions – partially with interspersed granular mineralization – are seen; measuring up to 3 cm.

The prehepatic segment of the caudal vena cava is absent and the renal segment presents a mild tortuous connection to the azygos vein. The azygos vein is generalized dilated, presenting a greater diameter then the paralleling aorta.

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 bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right divisional hepatic soft tissue mass with zones of cavitation and possible necrosis and infection
- Multiple hypoattenuating parenchymal lesions – partially with dystrophic mineralization - throughout the remaining liver lobes
- Lymphadenopathy sternal and cranial mediastinal lymph nodes
- Segmental agenesis of the caudal vena cava with azygos continuation – incidental congenital vascular anomaly
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right divisional hepatic soft tissue mass is consistent with a, likely cystic, primary soft tissue neoplasia; the top differentials are hepatocellular carcinoma or adenoma. Due to the size of the mass, the lobe of the liver from which the mass originates cannot be determined with certainty – I consider the odds for the right medial liver lobe high. The small gas inclusions within the hepatic mass can indicate necrosis and infection of the mass or are a sequela to preceding sampling.

The hypoattenuating lesions throughout the remaining liver lobes can present (complex)hepatic cysts or metastatic spread.

A diagnostic laparotomy is necessary to determine whether surgical removal of the large liver mass is feasible.

The prominent sternal and cranial mediastinal lymph nodes are likely a sequela to the hepatic pathology and are equivocal for reactive lymphoid hyperplasia versus metastatic disease.

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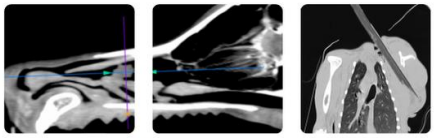

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SonoPath.com info@sonopath.com 1.800.838.4268

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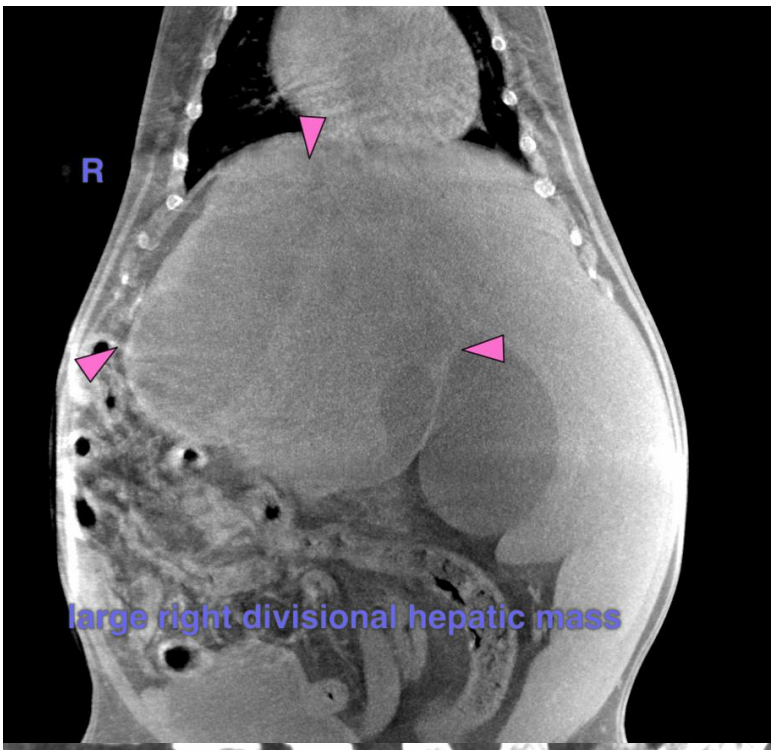

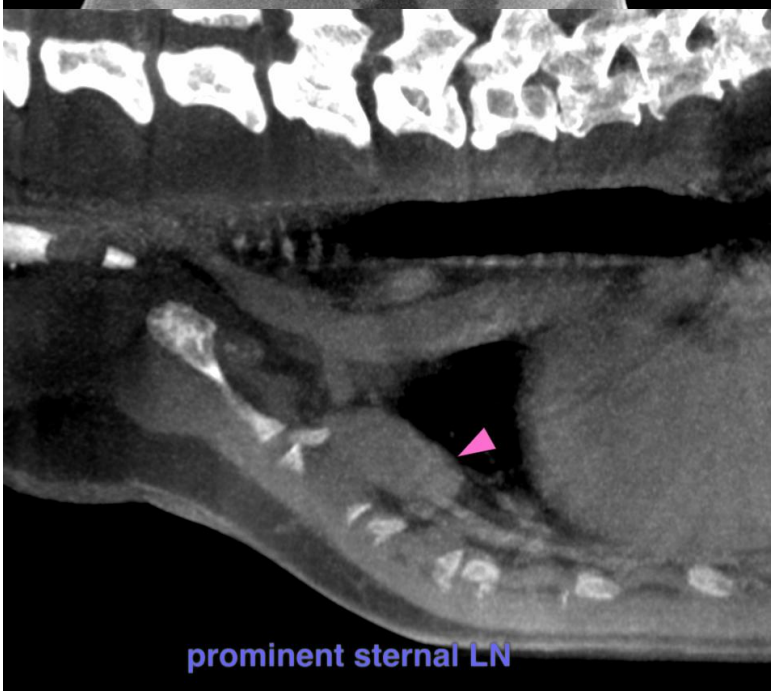

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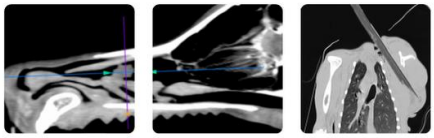

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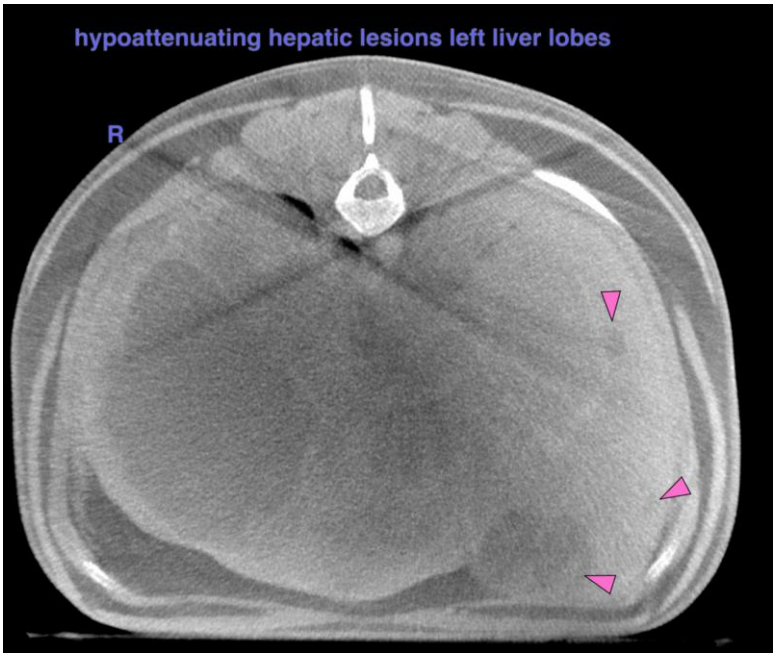

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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