

## PATIENT

Harley Soler

## SPECIES

Canine

## BREED

Schnauzer

## SEX

Male

## AGE

12Y

## WEIGHT

24lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Armando

## HOSPITAL NAME

Miami Springs Animal  
Hospital

## REFERRING VET

Dr. Cuesta

## INVOICE

72835

## DATE

12-3-25

## PRESENTING CLINICAL SIGNS

Harley presented for examination, owner reports pet is not feeling well, not eating this morning. No vomiting, diarrhea, coughing, or sneezing No fainting or collapse episodes reported Appetite absent today; normal drinking not specified Mentation: Quiet, alert, responsive (QAR) Mucous membranes: Slightly pink CRT: <2 seconds Cardiovascular: Heart murmur auscultated Abdominal exam: Discomfort and pain on palpation Acute anorexia with abdominal discomfort Hepatopathy indicated by elevated liver enzymes Microcytic Anemia  
Abnormal PE/Chem/CBC/UA Results: Low RBC pack (PCV/hematocrit low) Low MCV → microcytosis Stress leukogram Elevated liver enzymes: ALT, GGT

## 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 prostate is mildly asymmetrically enlarged, uniform soft tissue attenuating, and has a heterogeneous contrast enhancement pattern – presenting multiple intraparenchymal hypoattenuating roundish areas.

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

The spleen presents with normal shape, uniformly attenuating parenchyma and homogeneous contrast enhancement, but a small post contrast hypoattenuating zone in the caudal extremity of the spleen with focal concave depression of the splenic surface.

In the lateral aspect of the left medial liver lobe, an irregular roundish, soft tissue attenuating mass with interspersed gas bubbles and a heterogeneous contrast enhancement pattern is appreciated; measuring 6.6 x 4.4 x 7.3 cm. Protruding from the caudoventral aspect of the caudate process of the liver, a roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is seen; measuring 6.2 x 4.6 x 6.9 cm. The mass is protruding beyond the hepatic surface. The remainder of liver present smooth margins and a homogeneous attenuation and 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.

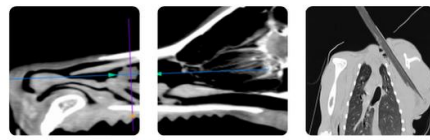
Proximal to the greater trochanter of the femur bilaterally and the region of the insertion of the rectus femoris muscle bilaterally, a roundish zone with granular mineralization is appreciated respectively.

Level with the intervertebral disc spaces T13/L1 mineralized disc material is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level. The intervertebral disc L1/L2 and L7/S1 are bulging into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

Along the lumbar spine, multifocal spondylosis formation is seen.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass with zone of necrosis and secondary abscessation



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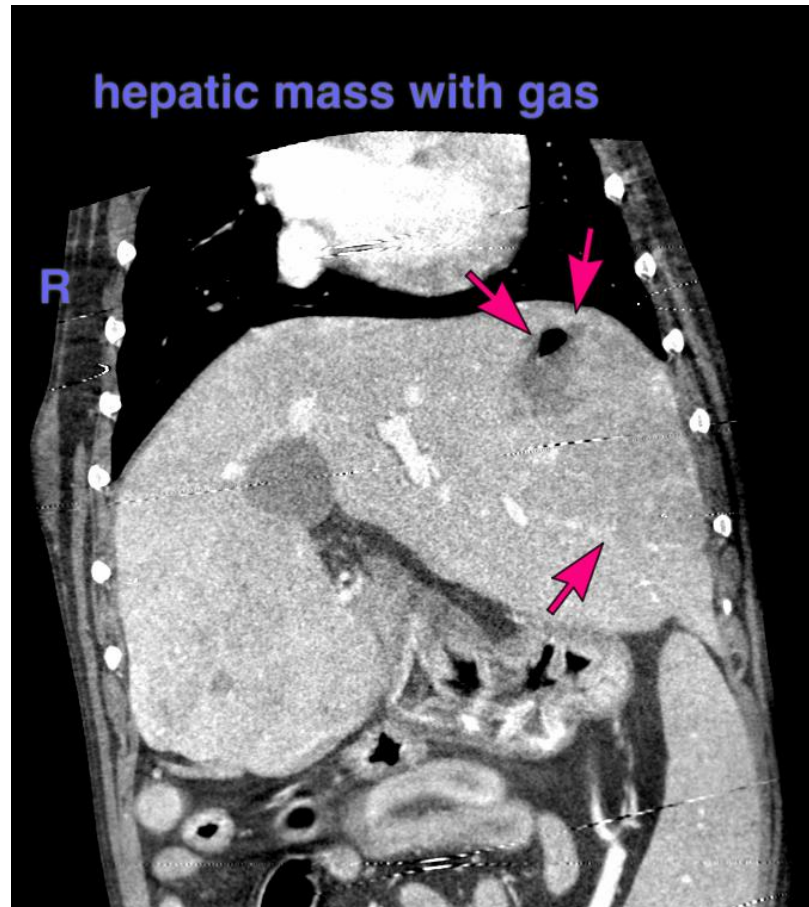
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- Hepatic soft tissue mass caudate process of the liver
- Intervertebral disc herniation T13/L1 with compressive myelopathy
- Intervertebral disc herniation L1/L2 and L7/S1 without compressive myelopathy
- Benign prostatic hyperplasia with intraprostatic cysts
- Metaplasia tendon gluteus muscles and rectus femoris muscle bilaterally
- Small chronic splenic infarct
- Spondylosis deformans

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left divisional hepatic mass – most likely originating from the left medial liver lobe – presents a zone of necrosis with secondary abscessation. The latter may explain the acute presenting clinical signs. Primary hepatic neoplasia such as hepatocellular adenoma or carcinoma is likely. Surgical management is advised, and resection of both hepatic masses appears feasible.





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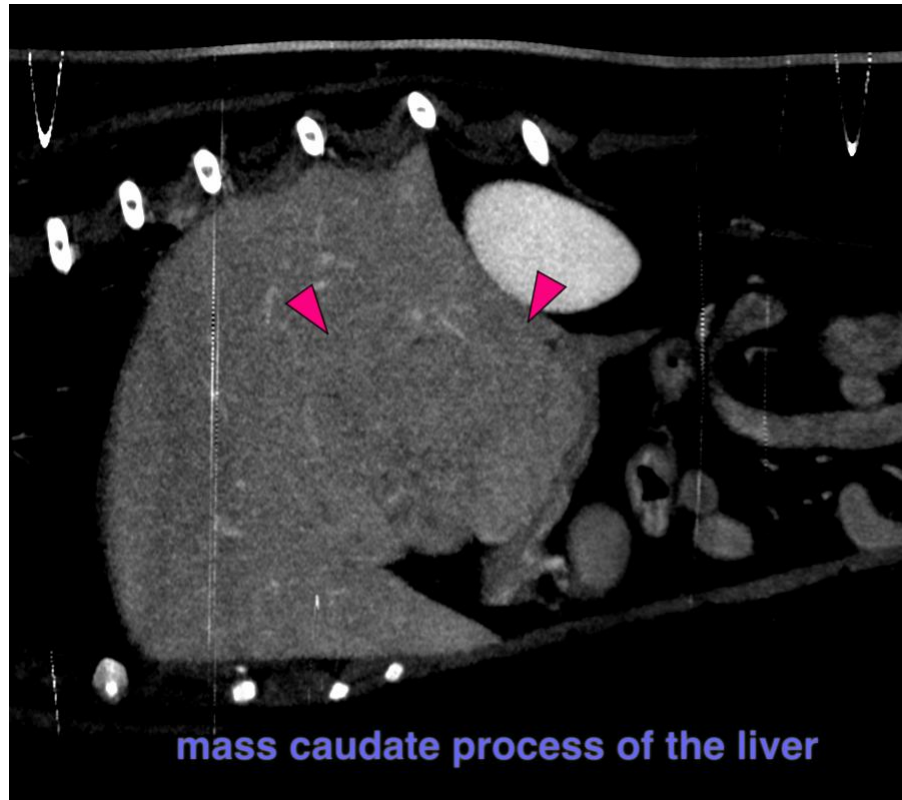
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)