



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Beanie Labillois  
**SPECIES** Canine  
**BREED** Chihuahua  
**SEX** Spayed Female  
**AGE** 15 Years

History: Jan. 2022 - presented to Cavan Hills Veterinary Services for lethargy, discomfort, anorexia  
 March 14, 2022: Presented to referring veterinarian for ongoing management Had had history of UTI and abdominal mass noted by previous VH Oct 25, 2022: Presented to referring veterinarian for collapse episodes - started on Pimobendan Jan 10, 2023: Presented to referring veterinarian for frequent urination (pollakiuria?) b/w overall unremarkable Abdominal radiographs performed and sent out for radiologist interpretation Treatments: Clavaseptin 50 mg PO q12h for 7 days Grade 4 Heart murmur has been noted for years Collapse episodes have been noted for about year, progressive (once per month to almost every day) until on heart medication was started in Oct. 2022 Feb 7th and Abdominal US was performed. Feb 17 2023 - seen by AHP for exam and CT. Performed abdominal CT with contrast.

Abnormal PE/Chem/CBC/UA Results: Feb 7 2023 AUS done - abnormal findings: Stomach wall is thickened and irregular with a large mass impinging on stomach wall. Mass is at least 6 cm with homogenous outer area; inner area appears to have a mildly echogenic fluid echogenicity. Mass has partial vascularization and appears to originate from common bile duct, middle liver Liver is grossly enlarged, with mass occupying middle and left liver lobes Gallbladder has mild amount of moderately hyperechoic sludge Kidneys have multiple 1-2 mm bright hyperechoic milliary foci with distal shadowing Spleen is moderately enlarged with hyperechoic nodules, extending perivascularly through middle spleen body Lymph nodes are moderately enlarged at 2.5 cm Pancreas is moderately thickened Urinary bladder, small intestines appear normal

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

**INTERPRETED BY** Sebastian Schaub, DVM Dr. med. vet. DipECVDI

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**HOSPITAL NAME** Animal Health Partners

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**REFERRING VET** Dr. Lea Mehrkens

Both kidneys present within normal limits for size, shape and organ architecture. A small amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration, multiple well-defined, roundish, parenchymal filling defects are seen throughout the renal cortex bilaterally.

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.

**INVOICE**

21182 Originating from the left division of the liver, a well-defined, globoid, fluid attenuating mass, demarcated by a thin soft tissue attenuating and contrast enhancing capsule, is seen, measuring 6.8

**DATE**

2/17/23



**PATIENT** cm in diameter. The stomach is deviated to the left and the left lobe of the pancreas dorsally by the mass effect.

Beanie Labillois

In the gallbladder, a small amount of sedimented, hyperattenuating sludge is appreciated.

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

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

**BREED** Multifocal spondylosis formation is seen along the lumbar spine.

Chihuahua

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SEX**

- Large left divisional cavitory thin-walled hepatic mass
- Biliary sludge
- Nephrolithiasis without signs of mechanical obstruction
- Renal cortical cysts
- Spondylosis deformans

Spayed Female

**AGE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

15 Years

The cavitory mass appears to originate either from the quadrate liver lobe or left medial liver lobe and a large simple hepatic cyst is the presumptive diagnosis as the cystic lesion presents with smooth well-defined margins. Differentials can include biliary cystadenoma/carcinoma or mucin producing carcinoma. Surgical excision of the cavitory lesion appears feasible.

**INTERPRETED BY**

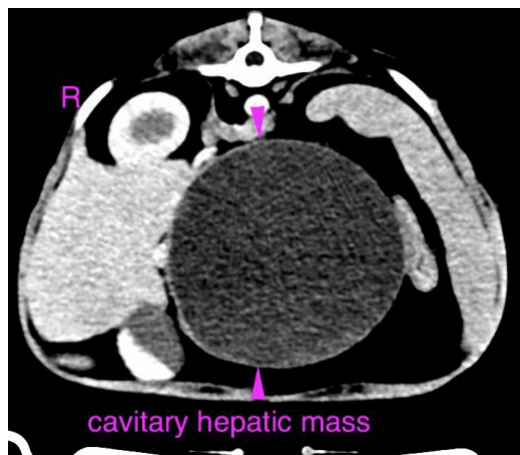
Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVCI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Lea Mehrkens



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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.

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**PATIENT** 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.

Beanie Labillois

**SPECIES**

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

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