



PATIENT

Gina Vega

SPECIES

Canine

BREED

Staffordshire Mix

SEX

FS

AGE

11

WEIGHT

24

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73835

DATE

2-18-26

PRESENTING CLINICAL SIGNS

History of liver lobectomy, abdominal ultrasound shows reoccurrence of mass

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The image contrast of the abdomen – accentuated in the cranial abdomen – is limited.

The serosal fat presents moderate soft tissue striation. A small volume of gravity dependent, fluid attenuating material is seen in the peritoneal cavity.

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 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.

The liver appears is normal in size and shape. At the caudoventral aspect of the right division of the liver, a hyperattenuating stapler row is seen. In the mid ventral segment of the liver a zone with heterogeneous contrast enhancement is appreciated.

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

Multiple intervertebral discs along the lumbar spine are protruding the into the vertebral canal, occupying approximately up to 20% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of surgical resection of a hepatic soft tissue mass



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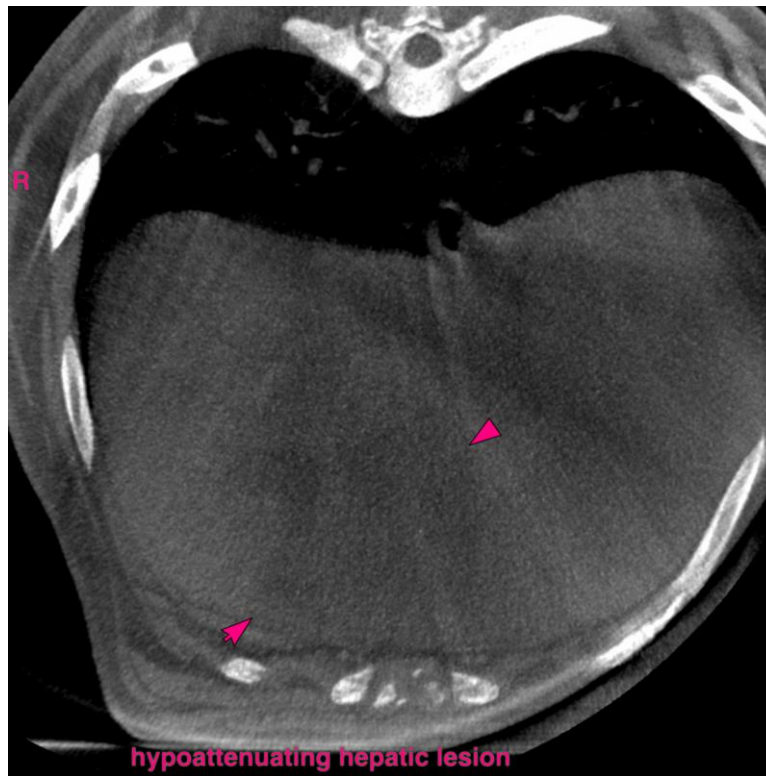
2-18-26

- Suspect hepatic mass mid ventral aspect of the liver
- Peritoneal effusion
- Multifocal intervertebral disc herniation along the lumbar spine with likely dynamic myelocompression
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the diagnostic yield of the abdomen is limited due to limited image contrast. The hepatic mass cannot be clearly delineated but appears to be located in the mid ventral aspect of the liver (e.g. quadrate liver lobe, right lateral liver lobe).

The peritoneal effusion is considered as paraneoplastic finding – can present peritoneal hemorrhage or paraneoplastic transudate versus exudate.



hypoattenuating hepatic lesion

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.

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