



PATIENT

Qwinci Kostelecky

SPECIES

Canine

BREED

German Wirehaired
Pointer

SEX

M

AGE

13Y, 4M

WEIGHT

56lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Raul Casas

INVOICE

73906

DATE

2-23-26

PRESENTING CLINICAL SIGNS

- Presented for 3-region CT (chest and abdomen)
- Feb 3, 2026 US- large caudally expanding liver mass, benign prostatic hyperplasia
- Meds- Carprofen administered nightly with food; last dose given last night, Cosequin administered long-term, Trazodone and gabapentin administered today as premeds

Abnormal PE/Chem/CBC/UA Results: Feb 4, 2026 Abnormal PE: Multiple cutaneous masses: periocular mass (right side) increased size, sensitive to palpation, non-ulcerated, non-draining; additional masses upper left, right side, and other locations, some with evidence of licking/irritation, Heart murmur present, Mild post-exercise stiffness, Previously fractured canine tooth, no current swelling or drainage Normal-Citrated Prothrombin Time (PT)-12.0, Citrated Partial Thromboplastin Time (PTT)- 87 Pocket Path: Site #1 - Liver: Microscopic Interpretation- Well-differentiated hepatocytes; evidence of cholestasis; mild vacuolar hepatopathy Jan 27, 2026- ALP 1348, ALT 241

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain 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 pattern is uniform.

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 caudal abdomen and the lateral aspects of the abdomen are cropped by the field of view.

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

The pictured parts of the spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement.

Protruding from the caudoventral margin of the left division of liver lobe an ovoidal shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 12.6 x 10.4 x 9.8 cm



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-bulging into the cranioventral abdomen. The stomach and intestinal loops are deviated dorsally by the mass effect.

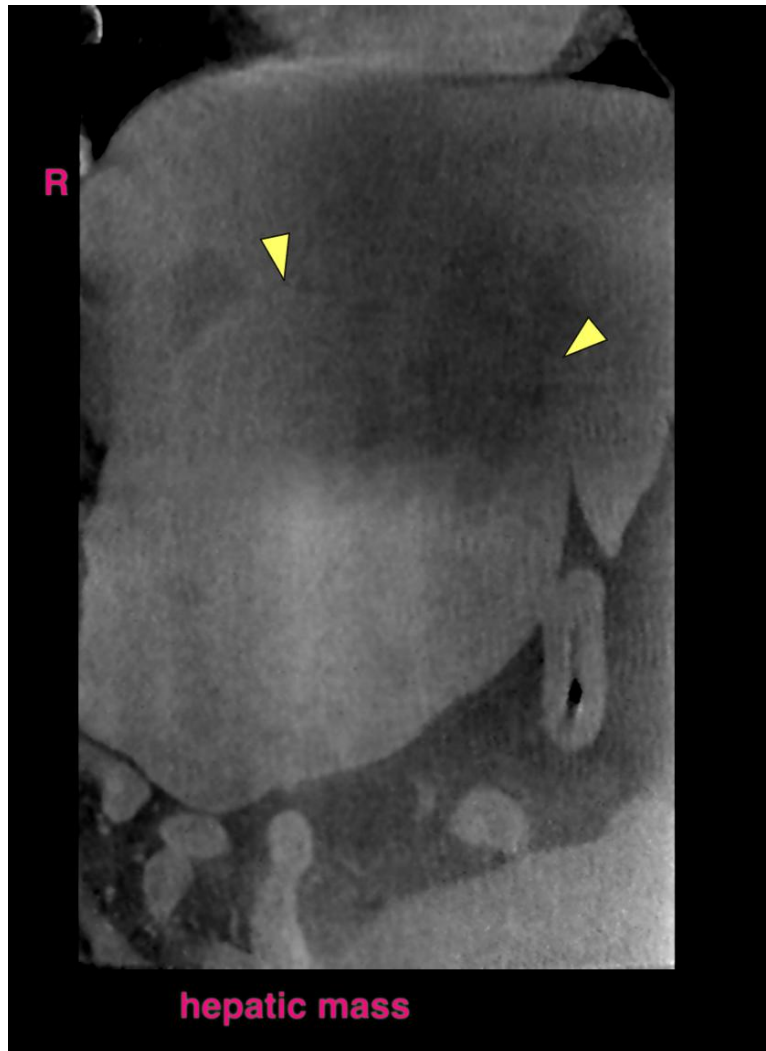
The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue mass is consistent with primary hepatic neoplasia – such as hepatocellular adenoma or carcinoma. The mass is originating either from the quadrate liver lobe or left medial liver lobe. Complete surgical resection of the hepatic mass appears feasible.





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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