

PATIENT PRESENTING CLINICAL SIGNS

Ludwig Adams
SPECIES Canine
BREED Golden Retriever
SEX Neutered Male
AGE 9 Years, 2 Months

Hemoabdomen mass found on ultrasound 2/25/2023 11:07 AM Exam ML Sick exam Adam Laughlin, DVM Reason for visit: Sudden extreme lethargy VA: JB Hx: Woke up this morning and ate breakfast as usual. Drank some water and had normal stool. Shortly after became extremely lethargic and will not get up. No known exposure to toxins. Has not urinated this morning. Diet: Acana & green beans to help reduce weight. Appetite? Ate breakfast as normal. Vomiting/Diarrhea? No vomiting. Normal stool this am. Water consumption? Drank water this am. Urinary accidents? none Page 1 of 9 Weight 90.2 LBS (40.9145 KG) Temperature 100.8°F By Rectal Heart Rate 200 Respiratory Rate 100 CRT 3sec Mucous Membrane pale/tacky Body Condition Score 8 - Obese Exam: T= 100.8. Depressed. Pale MM. H/L clear. Rads show decreased mucosal detail in abdomen. Ultrasound showed free fluid, aspirated sample with frank blood. R/O: Ruptured tumor, splenic or hepatic laceration, bleeding into abdomen secondary to clotting deficiency. Rec: Transfer to Neel's for blood transf. and possible surgery to find source of bleed (further workup)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and 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.

In the ventral dependent aspect of the pleural cavity, a small amount of gravity dependent, fluid attenuating material is seen. The lung lobes are mildly retracted from the thoracic wall.

The sternal lymph nodes are prominent.

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

Streak artefacts are seen along the cranial and caudal abdomen, degrading image quality.

A moderate amount 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 assessable parts of the spleen present without abnormalities.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel Veterinary Hospital

REFERRING VET

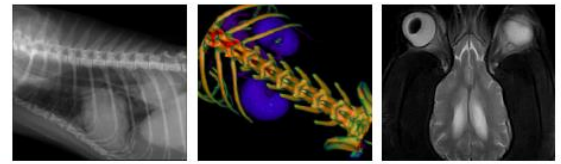
Deepan Kishore, DVM,MS, DABVP

INVOICE

56956

DATE

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PATIENT

Ludwig Adams

The left lateral liver lobe has a heterogeneous hypoattenuating enhancement pattern with multiple variable sized hypoattenuating areas and zones with multiloculated contrast enhancement pattern in the medial aspect of the respective hepatic lobe. The margins of the left lateral liver lobe appear to be rounded. In the right medial hepatic lobe, a post contrast hyperattenuating ill-defined zone is seen, measuring 17 mm in size.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pleural and peritoneal effusion – history of hemoabdomen
- Left hepatic mass with cavitary lesions
- Contrast enhancing lesion right division of the liver
- Lymphadenopathy sternal lymph nodes
- No evidence of pulmonary metastatic disease

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents a mass originating from the left lateral liver lobe, the finding is highly suggestive for primary hepatic neoplasia – such as hepatocellular adenoma/carcinoma, sarcoma. The hepatic mass is a plausible source for the hemoabdomen. Given the lateralized position of the hepatic mass, surgical excision is considered feasible. The hyperattenuating region in the right division of the liver can present benign nodular hyperplasia or metastasis.

Unfortunately, further assessment of the hepatic mass and the remaining abdominal structures is very limited by the streak artefacts.

The mild pleural effusion might be secondary to hepatic disease/paraneoplastic. The enlarged sternal lymph nodes can present reactive hyperplasia secondary to the cranial abdominal pathology and/or pleural effusion or metastatic disease of the hepatic lesion. Consider tapping the pleural effusion and try ultrasound guided FNA sampling of the sternal lymph nodes.

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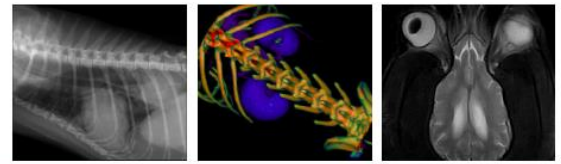
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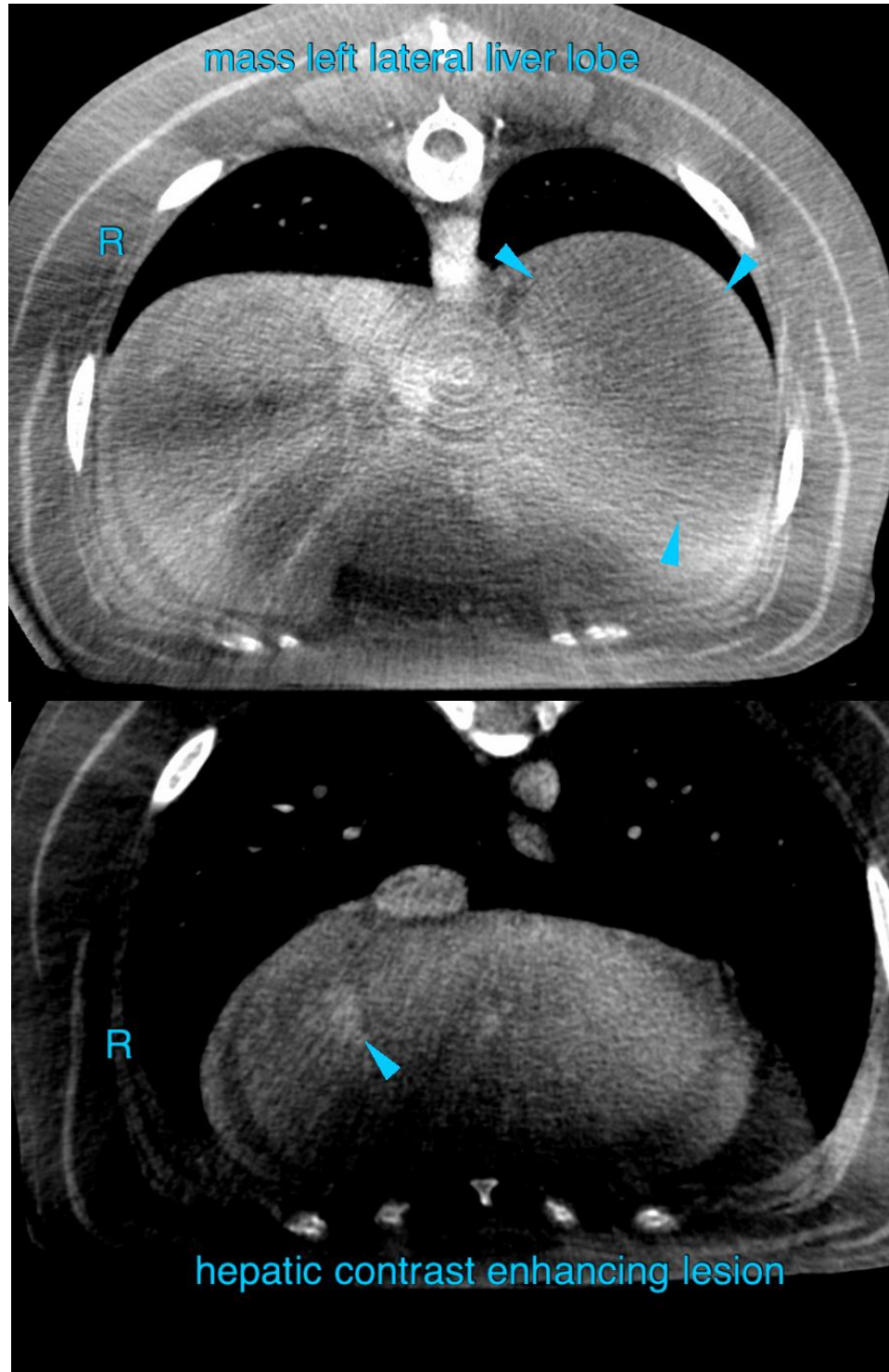
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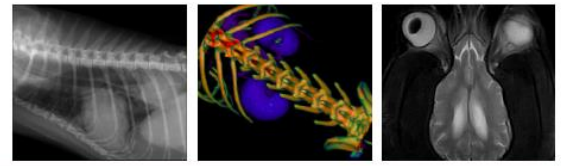
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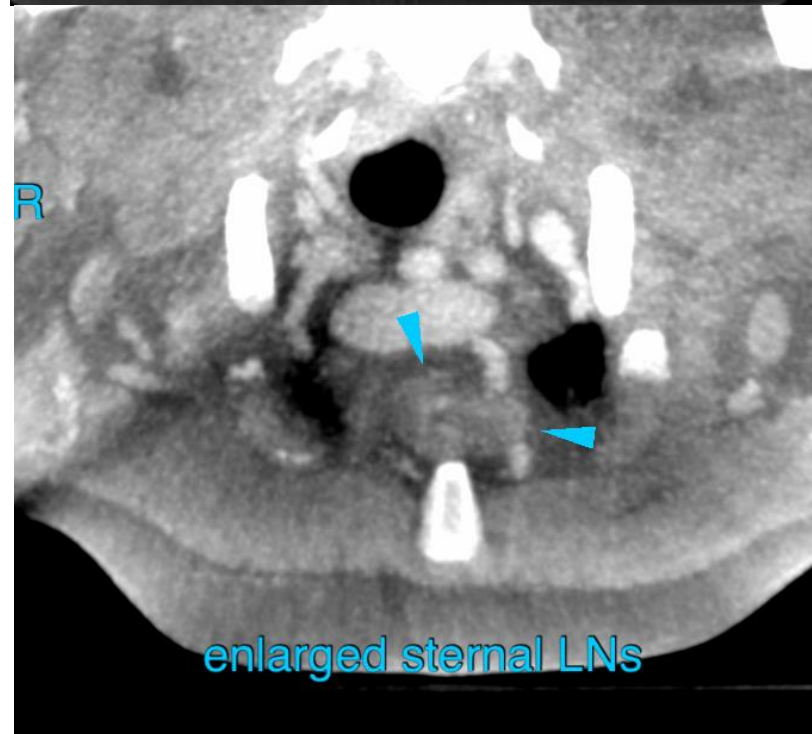
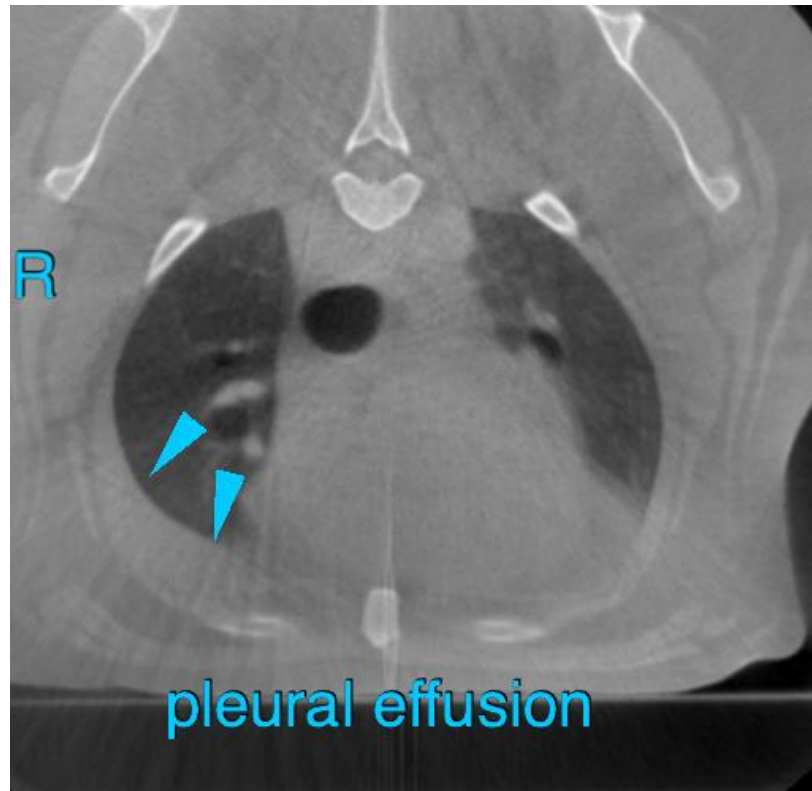
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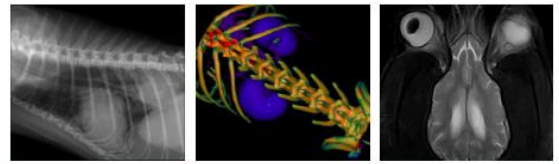
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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