



## PATIENT

Ninja Caine

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

14Y

## WEIGHT

11lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Heron Lakes Animal  
Hospital

## REFERRING VET

Dr. Lera

## INVOICE

74122

## DATE

3-10-26

## PRESENTING CLINICAL SIGNS

- Patient presented for lethargy, wobbly when walking. Polydipsia. Vomiting. Concerned for possible pancreatic mass.

Abnormal PE/Chem/CBC/UA Results: UA - Glucose - trace, Ketones trace. USG 1.035 Chem - Glu 433, Cre 1.4, BUN 24 ALT 566, GGT 44, ALB >6.0, TP >12.0, Tbili >27.9. Catalyst Pancreatic Lipase 20.8.

## 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.

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

The volume of the left kidney is moderately decreased and has irregular margins. 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.

Protruding from the caudal aspect of the papillary process of the caudate liver lobe, an ovoid shaped, uniform soft tissue attenuating and post contrast central hypoattenuating nodule is seen; measuring 2.1 x 1.6 x 2.0 cm. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

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.

The bony and surrounding soft tissue structures reveal no abnormalities.



## PATIENT

Ninja Caine

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

14Y

## WEIGHT

11lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Heron Lakes Animal  
Hospital

## REFERRING VET

Dr. Lera

## INVOICE

74122

## DATE

3-10-26

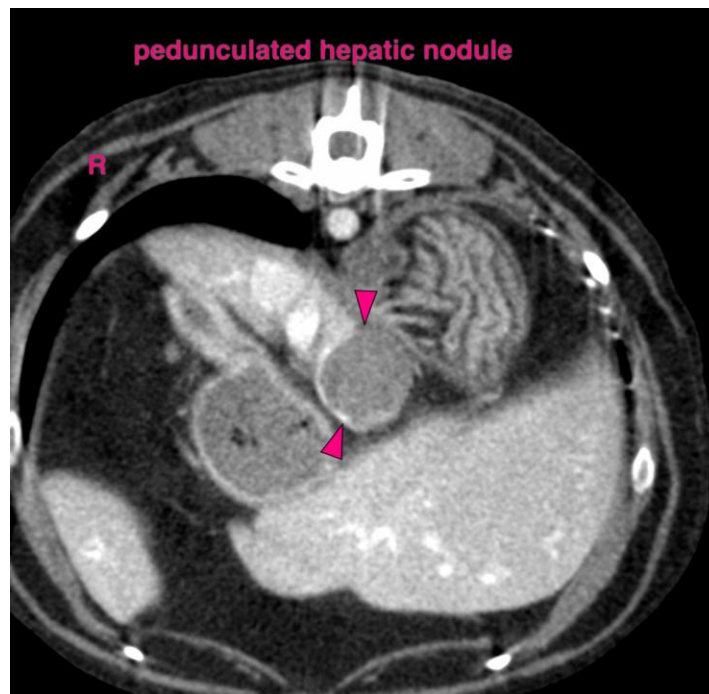
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pedunculated hepatic nodule papillary process of the caudate liver lobe
- Left sided chronic nephropathy
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pedunculated hepatic mass can present benign nodular hyperplasia/regeneration nodule or hepatic cyst (unusual attenuation pattern) versus primary hepatic neoplasia – such as hepatocellular adenoma or carcinoma. Theoretically enlargement of a gastric lymph node is a differential. Ultrasound can be used to rule out hepatic cyst entirely and will allow FNA sampling for specification. The clinical relevance of the pedunculated small hepatic mass for the presenting clinical signs is unclear.

No additional abnormalities are appreciated – the pancreas is unremarkable.



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)