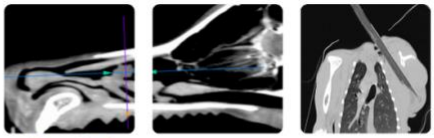


PATIENT

Happy Raj

SPECIES

Canine

BREED

Old English Sheepdog Mix

SEX

Intact Male

AGE

11 Years 3 Month

WEIGHT

48.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Jennifer Short

INVOICE

36225

DATE

3/13/26

PRESENTING CLINICAL SIGNS

- Liver and spleen enlargement
- Soft, nonpainful, cranial abdominal organomegaly palpable
- Alert/appropriate, no CP or CN deficits, mid TL back pain
- hepatic mass effect
- pelvic limb weakness
- cervical pain
- regurgitation episodes

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK, THORAX, ABDOMEN AND PELVIS

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Only the neurocranium is included in the field of view.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The osseous and soft tissue structures of the neck – including the cervical spine – are unremarkable.

Thorax

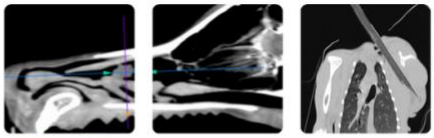
Along the thoracic spine, multifocal mild spondylosis formation is seen.

Multiple stitching artefacts are seen along the entire spine.

The sternum presents moderate degenerative changes and has a pectus excavatum conformation – the heart is deviated into the left hemithorax.

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.



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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, but zones with dystelectasis.

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

Abdomen

Moderate motion artefacts are seen throughout the cranial abdomen.

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 prostate is symmetrical, uniform soft tissue attenuating and has a mild heterogeneous contrast uptake.

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 caudoventral aspect of the left division of the liver, a well-defined, irregular roundish, soft tissue attenuating mass with interspersed sporadic granular mineralization and heterogeneous contrast uptake is seen, measuring 12.4 x 9.5 x 13.2 cm. The stomach is deviated dorsally by the mass effect. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

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

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pedunculated left divisional hepatic soft tissue mass with dystrophic mineralization
- Mild pectus excavatum
- Degenerative changes along the sternum
- Zones with dystelectasis of the lung
- Osteoarthrosis coxofemoral joints due to hip dysplasia
- Normal neurocranium
- Normal neck
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

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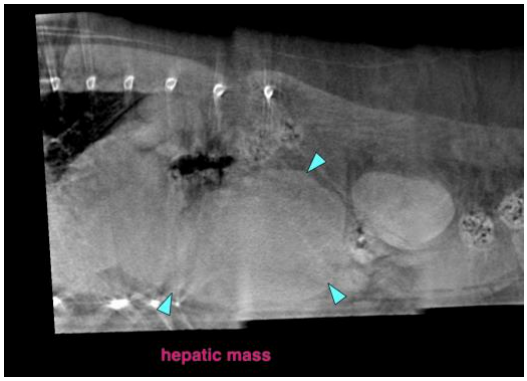
The hepatic soft tissue mass is compatible with primary hepatic soft tissue neoplasia – hepatocellular adenoma or carcinoma are most likely here. Complete surgical resection of the hepatic mass is considered feasible. The remainder of the hepatic parenchyma appear unremarkable, but small lesions can be missed due to the motion artefacts.

An underlying cause for the described spinal pain cannot be specified.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com