



**PATIENT PRESENTING CLINICAL SIGNS**

**Elton John Unger** Decreased appetite and weight loss over several weeks. Years ago diagnosed with pituitary dependent hyperadrenocorticism and hypertension. Became temporarily Addisonian on therapy and has required no hormonal therapy now for years with normotension. Abdominal ultrasound identified abdominal mass in right cranial abdomen.

**SPECIES**

**Canine COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

**Yorkshire Terrier COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**SEX**

**Neutered Male** The intervertebral disc space T11/T12 is moderately narrowed, and a small vacuum phenomenon is seen within the intervertebral disc space. The respective vertebral endplates present mild spondylosis formation.

**AGE**

**13 Years** 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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

Abdomen

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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. The right kidney presents a small amount of mineralized material within the recess of the renal pelvis. After contrast administration roundish, well-defined parenchymal filling defects are seen throughout the renal cortex bilaterally.

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

**DATE**

3-15-22

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



**PATIENT** Elton John Unger  
There is an ovoid shaped mass originating from the right & left lateral liver lobe respectively. The hepatic mass lesions are measuring up to 5.3 x 6.5 x 7.7 cm in size. The mass originating from the left division of the liver is strong hyperattenuating in the arterial phase and isoattenuating in the venous phase. The hepatic mass originating from the right lateral liver lobe is both heterogeneous mild hypoattenuating in the arterial & venous phase.

**SPECIES** Canine  
The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

**BREED** Yorkshire Terrier  
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.

**SEX** Neutered Male  
The lateral fabella of both stifle joints is multipartite.

#### COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic mass lesions, right & left division of the liver
- Chronic discopathy T11/T12 without compressive myelopathy
- Multipartite fabella stifle joint bilaterally
- Renal cortical cysts
- No evidence of pulmonary metastatic disease

#### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

**INTERPRETED BY** Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI  
The hepatic mass of the left liver lobe with the early contrast enhancement pattern is suggestive for benign lesion such as large regeneration nodule. However, both hepatic masses might present primary hepatic neoplasia – with hepatocellular adenoma/carcinoma being most common. Consider FNA sampling for further workup. Complete surgical excision of the right & left divisional mass appears feasible by amputation of the respective liver lobes – the chances might be discussed with surgeon.

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**PATIENT**

Elton John Unger

**SPECIES**

Canine

**BREED**

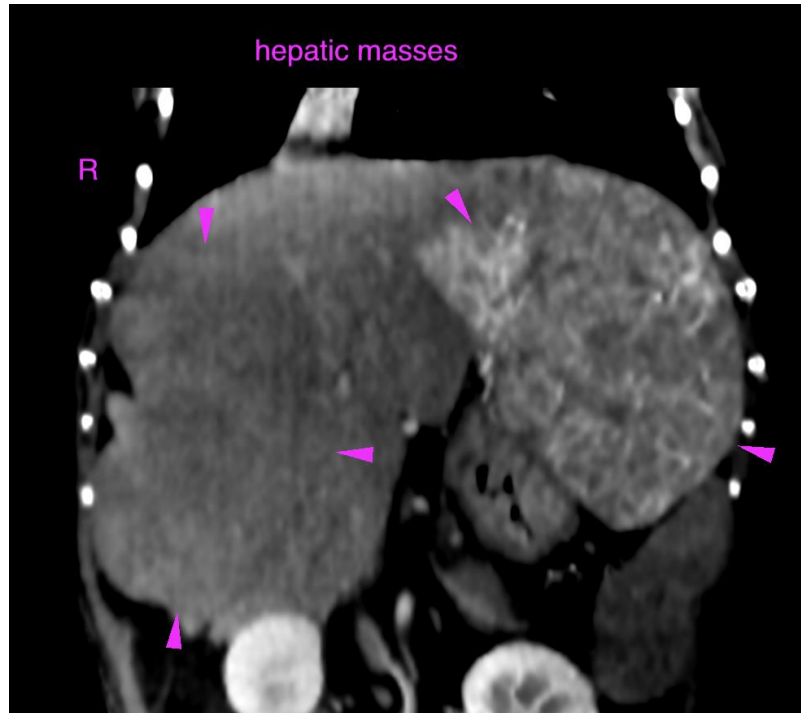
Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

13 Years



**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

**HOSPITAL NAME**

Mobile Pet Imaging

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.

**REFERRING VET**

Meaux

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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