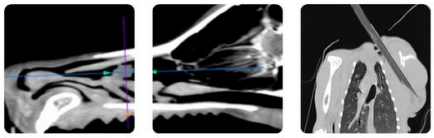

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Dobbi Cleverly

SPECIES

Canine

BREED

Pekingese

SEX

Spayed Female

AGE

11

WEIGHT

17

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

WS

HOSPITAL NAME

Aloha Pet & Bird Hospital

REFERRING VET

Dr. Pepen

INVOICE

74012

DATE

3-2-26

PRESENTING CLINICAL SIGNS

Hospitalized yesterday for vomiting, elevated liver enzymes, hepatic mass seen on ultrasound. did well overnight. eating small amouns, no vomiting_

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain CT 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 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 spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

Protruding from the caudal surface of the left division of the liver – suspect quadrate liver lobe or papillary process of the caudate liver lobe – a roundish, uniform soft tissue attenuating and irregular contrast enhancing mass is seen; measuring 6 cm in diameter. In the ventral aspect of the quadrate liver lobe, a roundish area presenting the same contrast enhancement pattern like the large mass, is appreciated; measuring approximately 2.4 cm in diameter. 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 vertebral body L4, presents a mild ill-defined geographic, irregular shaped osteolytic lesion, affecting the caudal two thirds of the vertebral body of L4.

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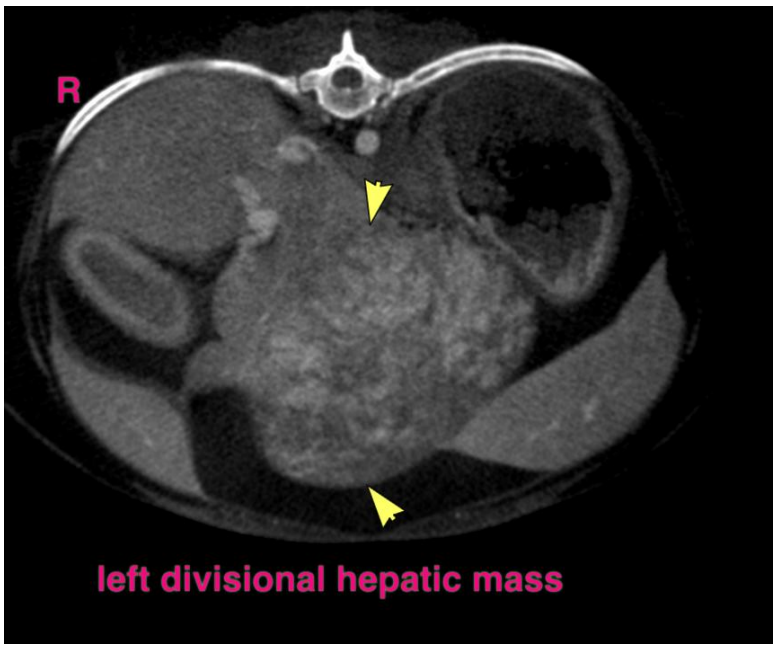
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic soft tissue mass with an irregular contrast enhancement pattern and smaller nodular lesion in the ventral aspect of the quadrate liver lobe
- Monostotic semiaggressive osteolytic lesion L4
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue masses are highly suggestive for primary hepatic neoplasia – such as hepatocellular adenoma or carcinoma; benign regeneration nodule is a potential as well. FNA sampling can be performed for specification. Complete surgical resection of the hepatic masses is considered feasible.

The osteolytic lesion of the vertebral body L4 can present benign osseous cyst/aneurysmatic bone cyst or fibrous dysplasia. Osseous metastasis or primary osseous neoplasia (e.g. round cell tumor) are differentials. Follow up CT in 6-8 weeks may be used to check if the osseous lesion is progressive, increasing the odds for neoplasia.



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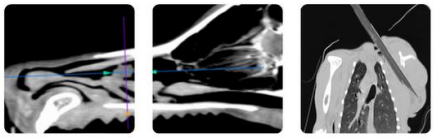

Teleradiology
Educational Teleconsultation Services™

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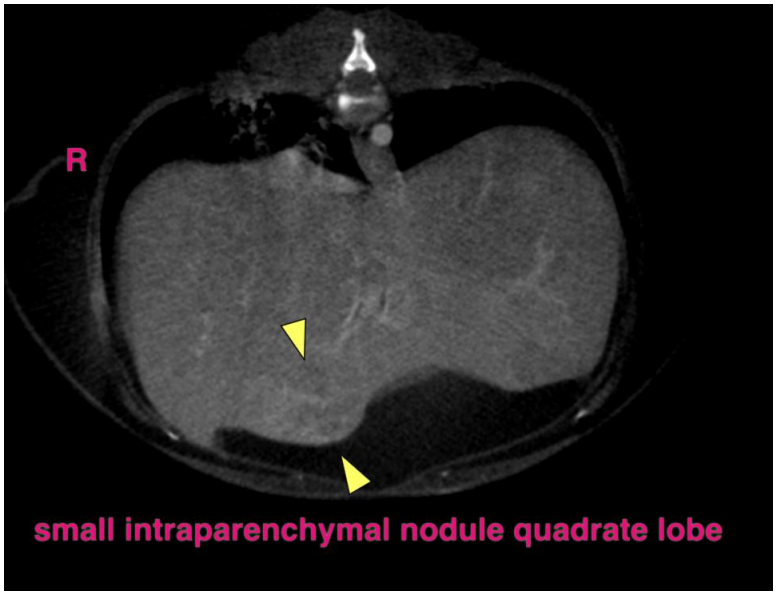

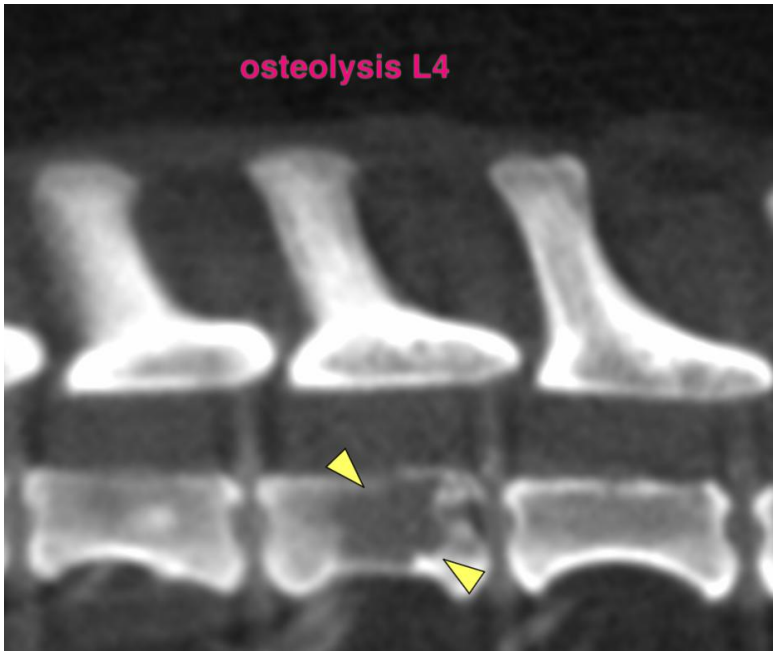

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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