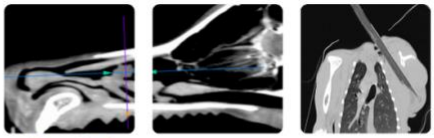


PATIENT

Bobby Emmison

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

10 Years 1 Month

WEIGHT

4.6 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Ana Valega

INVOICE

14516

DATE

03/20/26

PRESENTING CLINICAL SIGNS

- External referral: "Bobby presented having had a single seizure, and is perceived as quieter than usual. Appetite seems reduced but this may be “finickiness” according to the owner. Vomiting occurs just occasionally. Diarrhea occurs a little more often. PU/PD is not emphatically observed. Routine blood tests showed elevated liver enzymes especially ALKP, and mild elevation in glucose and total Calcium. More sampling today showed further elevation of ALKP, with Calcium in the high-normal range, likely influenced by a high serum albumin. In my opinion, the Calcium is unlikely to be of current concern. The patient has a BCS of at least 6, perhaps 7."
- AUS: "There is an intra-hepatic, apparently encapsulated mass within the liver parenchyma, adjacent and slightly caudal to the gall bladder. The gall bladder does not appear distended. The liver is subjectively slightly enlarged."
- A FNA biopsy was taken from the liver mass. The owner divulged that a post-trauma liver lobectomy was performed at Animal Trust many years ago. Relevance to the current issue is unclear, there could be an
- aggregation of scar tissue/granulation tissue, or this lesion may be a de novo neoplasm
- Notes from sx (2019): middle lobe of liver ligated at hilus with 2-0 PDS, two ligatures placed ensured bile duct not in ligatures.
- no evidence of further bleeding routine closure; no histology notes found

Abnormal PE/Chem/CBC/UA Results: Glucose 9.89 mmol/L (3.89-7.95) Urea 10.9 mmol/L (2.5-9.6) Albumin 41 g/L (22- 39) ALT 172U/L (10-125) ALP 1,182 U/L (23-212) GGT 17 U/L (11) Lipase 2,222 U/L (200-1800)

COMPUTED TOMOGRAPHIC STUDY 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.

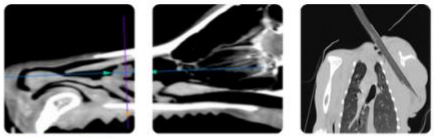
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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



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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. Mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. In the urinary bladder, a moderate amount of sedimented mineral attenuating material is visible.

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.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. In the caudoventral aspect of the right medial liver lobe, a roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing nodule is seen; measuring 2.1 cm in diameter.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Solitary hepatic soft tissue nodule right medial liver lobe
- Hepatomegaly
- Cystolithiasis/bladder sand without mechanical obstruction
- Nephrolithiasis without mechanical obstruction
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic soft tissue nodule in the right medial liver lobe can present benign regeneration nodule/nodular hyperplasia or primary hepatic neoplasia (e.g. hepatocellular adenoma or carcinoma). Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool. Surgical management is considered feasible.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or less likely diffuse neoplastic infiltration.

A complete urinalysis would be ideal for further workup of the cystolithiasis.

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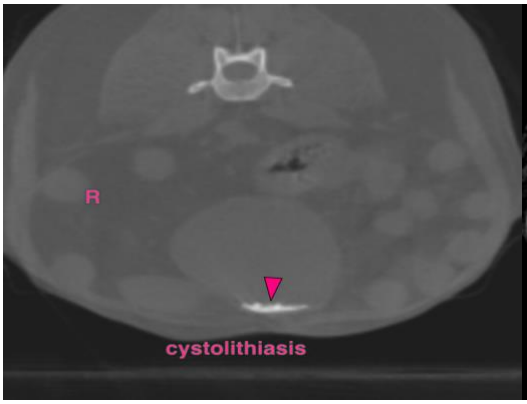

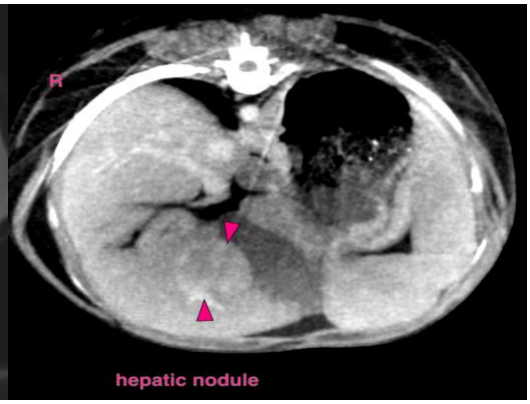

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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