



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bandit Kirkley
 Bandit presented today for loss of appetite, and hard distended abdomen. O says he does not eat breakfast, has a very small amount but he does eat his dinner fine. She noticed his abdomen has been distended since Monday and has not gone down. He appears to fine , no signs of pain.

SPECIES Yesterday he had loose stool. -No meds, on bravecto and proheart, not up to date scheduled for vaccines Friday.

Canine Abnormal PE/Chem/CBC/UA Results: Mass seen on ultrasound, unable to see where it is, if it is connected to another organ. Slightly elevated WBC, ALP 18, bilirubin 1.0, blood work and UA otherwise unremarkable.

BREED COMPUTED TOMOGRAPHY OF THE ABDOMEN

Australian Shepherd A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

Neutered Male 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.

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

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

INTERPRETED BY Originating from the left division of the liver – suspect left lateral liver lobe –, a large, uniform soft tissue attenuating mass is visible, measuring approximately 20.4 x 11.2 x 20.2 cm in size. Post contrast administration, the hepatic mass presents peripheral heterogeneous contrast enhancement pattern with contrast enhancing irregular bands extending into the center of the mass. The gastric axis is deviated caudally. The remainder of the hepatic lobes are displaced to the right by the mass effect. The peritoneal fat – most accentuated level with the mass – presents a mild to moderate soft tissue striation. A mild amount of fluid attenuating material is visible in the cranial abdomen.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME The remainder of the hepatic lobes present normal shape, with uniform soft tissue attenuating and contrast enhancing parenchyma.

Neel Veterinary
 Hospital

REFERRING VET Multifocal throughout the peritoneal cavity, mild contrast enhancing nodular lesions, measuring up to 11 mm in size are visible.

Dr. Tina Neel

The bony and surrounding soft tissue structures reveal no abnormalities.

INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS

- 51160
- Large hepatic soft tissue mass – suspect origin in the left lateral liver lobe – with significant mass effect on the gastrointestinal tract
 - Multiple peritoneal soft tissue nodules
 - Mild peritoneal effusion and peritonitis

DATE

3-26-22



PATIENT

Bandit Kirkley

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

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REFERRING VET

Dr. Tina Neel

INVOICE

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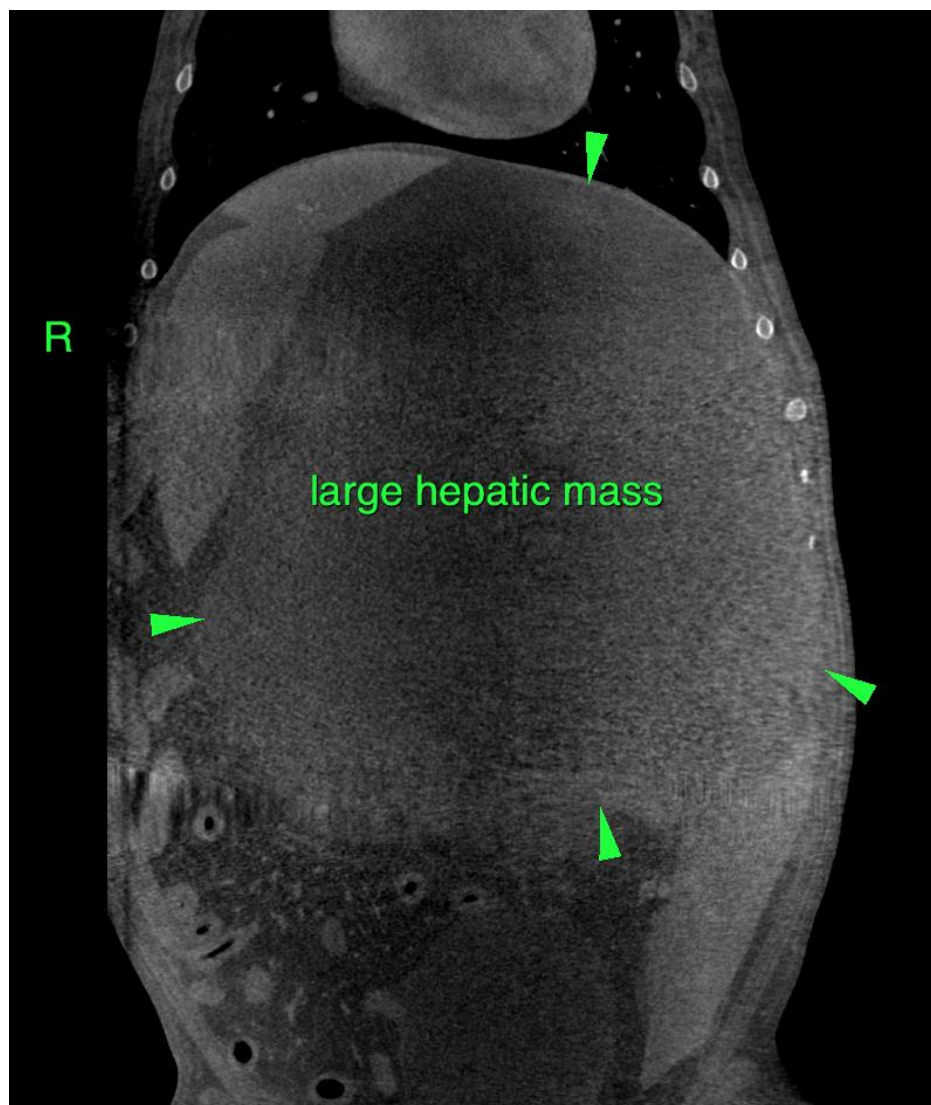
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large abdominal mass is originating from the left division of the liver – likely the left lateral liver lobe. Primary hepatic neoplasia, such as hepatocellular adenoma/carcinoma, hemangiosarcoma. Complete surgical excision of the mass appears feasible.

The peritoneal nodular lesions are concerning for peritoneal metastasis.

The peritoneal effusion is considered paraneoplastic, and exudate, transudate or hemorrhage are considerations.





PATIENT

Bandit Kirkley

SPECIES

Canine

BREED

Australian Shepherd

SEX

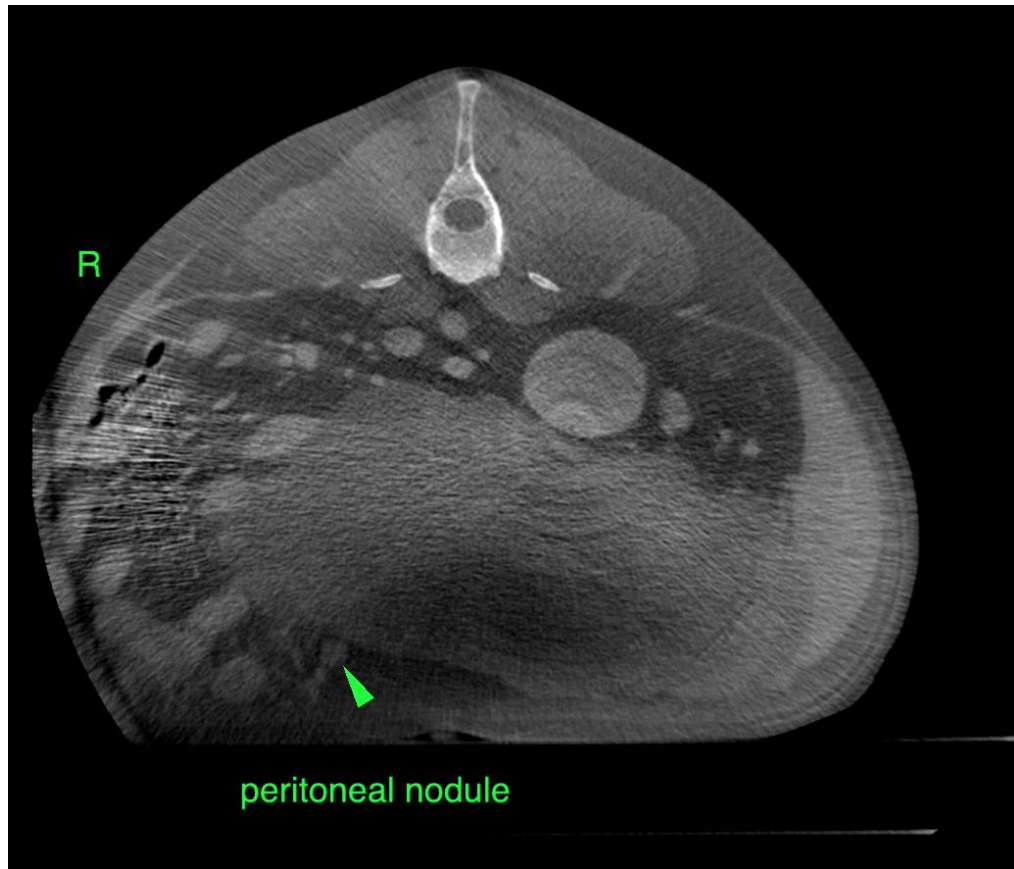
Neutered Male

AGE

11 Years

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HOSPITAL NAME

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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.

REFERRING VET

Dr. Tina Neel

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
sebast.schaub@gmail.com

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