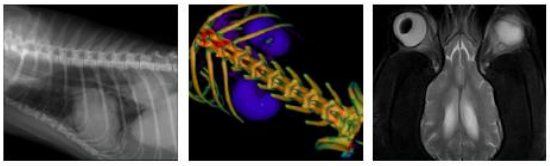

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1-800-838-4268 info@sonopath.com

PATIENT

Hudson Malloy

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Neutered Male

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Jeffrey Biskup

INVOICE

14933

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: Hudson presented for evaluation of a liver mass. Possible lower appetite; drinking more often; normal urination and bowel movements. Liver mass was initially noticed April 15th when Hudson became restless, with a sore abdomen, started vomiting and was very lethargic. Owners brought him to Emergency Veterinary Clinic. Full CBC and Chem revealed elevated liver enzymes. An abdominal ultrasound was performed reporting a large right sided liver mass (~14 cm), multifocal liver nodules, mild abdominal effusion, and incidental mild right renal mineralization. An FNA of mass revealed moderate vacuolar hepatopathy Hudson has had a previous history of multiple SQ masses (suspect lipomas). Mass in groin; affecting his urination. Can no longer hold pee in and pees his bed overnight (checked with ultrasound and monitored by rdvm) Hudson is currently eating PC nutrition first, with no history of allergies. Hudson is UTD on vaccines.

Abnormal PE/Chem/CBC/UA Results: Multiple SQ masses (see mapping chart)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multiple variable sized lipomas are seen along the thoracic wall, axillary region and abdominal wall. Level with the 6th right intercostal space, an ovoid shaped fat attenuating mass is seen, merging with the respective intercostal musculature and bulging into the right thoracic cavity, measuring 10.0 x 5.0 x 4.8 cm in size.

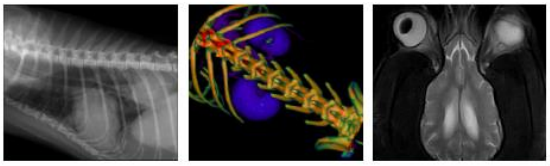
Both shoulder joints present mild to moderate osteophyte new bone formation.

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 with interspersed punctuate mineralization.

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



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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.

Originating from the quadrate liver lobe, a roundish ovoid shaped, heterogeneous soft tissue attenuating and contrast enhancing mass, measuring 10.6 x 7.6 x 11.4 cm in size is visible. The mass is in contact with the gallbladder in the right aspect. The ventral aspects of the left liver lobes presents with a mild heterogeneous contrast enhancement pattern.

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.

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.
In the left inguinal region, a large, uniform fat attenuating mass, measuring 13.0 x 10.1 x 15.6 cm in size is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass with regions of cavitation, quadrate liver lobe
- Heterogeneous contrast enhancement pattern ventral aspect left liver lobes
- Infiltrative lipoma right thoracic wall, level with the 6th intercostal space
- Multiple variable sized lipomas along the trunk – largest in the left inguinal region
- Degenerative osteoarthrosis coxofemoral joints bilaterally
- Mild spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass and the heterogeneous contrast enhancement pattern of the hepatic parenchyma are fitting the history and differentials include benign hepatocellular adenoma, regeneration nodule or malignant transformation such as hepatocellular carcinoma, hemangiosarcoma, cholangiocellular

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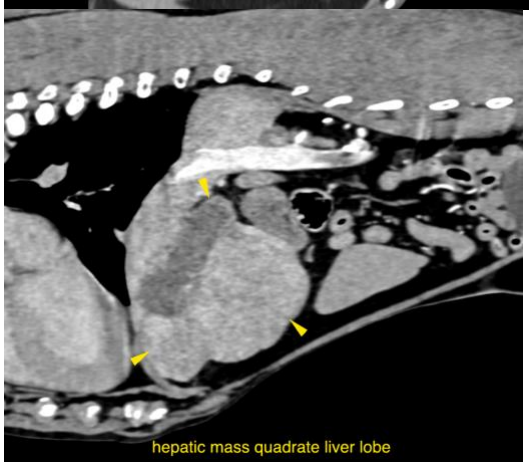
carcinoma, other. Ultrasound guided FNA sampling might be used as advanced diagnostic tool. Resection of the large hepatic mass might be feasible.



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
sebast.schaub@gmail.com

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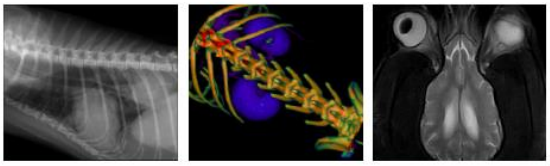

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