



PATIENT PRESENTING CLINICAL SIGNS

Tasha Pakphan lethargic, in-appetent and vomiting for several days clinically - distended abdomen - a fast mass cranial abdomen and free fluid
 Abnormal PE/Chem/CBC/UA Results: cbc/chem w/ free fluid serosanguinous - modified transudate tending exudate - neutrophils ++ (2-5hpf) rbc 10hpf

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Malamute

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

The intervertebral disc T12/T13 is bulging into the vertebral canal, occupying approximately 5% of the cross-sectional area of the vertebral canal at the same level.

FN

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.

AGE

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

12

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.

INTERPRETED BY

In the craniodorsal aspect of the left caudal lung lobe, a roundish gas attenuating lesion, demarcated by a thin soft tissue attenuating capsule is visible, measuring 11 mm in diameter. Multifocal throughout the lung parenchyma, pinpoint mineralization are appreciated.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

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

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Abdomen

A moderate amount of gravity dependent, fluid attenuating material is appreciated in the peritoneal cavity. The peritoneal fat presents moderate fat-stranding.

REFERRING VET

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.

Eamon

Nodular enlargement of the adrenal glands bilaterally is seen, measuring up to 22 mm (right) and 16 mm (left) and presenting a heterogeneous contrast enhancement pattern with small punctuate mineralization.

INVOICE

58030

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

DATE

4-29-23

Originating from the right division of the liver, a uniform soft tissue attenuating and post contrast administration multicameral mass is protruding caudally into the abdomen, measuring approximately 15.3 x 12.0 x 17.8 cm. The hepatic mass is central fluid attenuating. The gallbladder and the hepatic hilus are deviated to the left by the mass effect. The right medial liver lobe is heterogeneous mild hypoattenuating in the early post contrast phase and the base is deviated to the left.



PATIENT The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Tasha Pakphan

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES Multifocal spondylosis formation is seen along the lumbar spine.

Canine The subcutaneous fat along the left cranioventral thoracic wall is focally swollen and irregular soft tissue attenuating – consistent with preceding subcutaneous injection.

BREED **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Malamute

- Right divisional multicameral hepatic mass
- Peritoneal effusion
- Delayed contrast enhancement right medial liver lobe
- Nodular enlargement adrenal glands bilaterally, R>L, with dystrophic mineralization
- Pulmonary bulla left caudal lung lobe
- Intervertebral disc protrusion T12/T13 with possible dynamic compressive myelopathy
- Pulmonary osteomas, no evidence of pulmonary metastatic disease

SEX

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AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12

INTERPRETED BY

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The cavitated hepatic mass is highly suggestive for primary hepatic neoplasia – such as cholangiocellular carcinoma, hemangiosarcoma, hepatocellular carcinoma. Theoretically parasitic hepatic disease (e.g. Echinococcosis) is a differentials as well as complex hepatic cyst (would increase the odds for neoplastic transformation), but the odds are considered low. Complete surgical excision of the mass can be tried as it appear to be confluent with either the right medial liver lobe or the papillary process of the caudate liver lobe with normal appearing parenchyma in the hilar region.

HOSPITAL NAME

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The impaired contrast enhancement of the right medial liver lobe might be a sequela to altered blood flow due to the mass or indicates hepatitis. There are no signs for torsion.

The peritoneal effusion is considered paraneoplastic.

The nodular enlargement of the adrenal glands is equivocal for (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma); no sign for vascular invasion.

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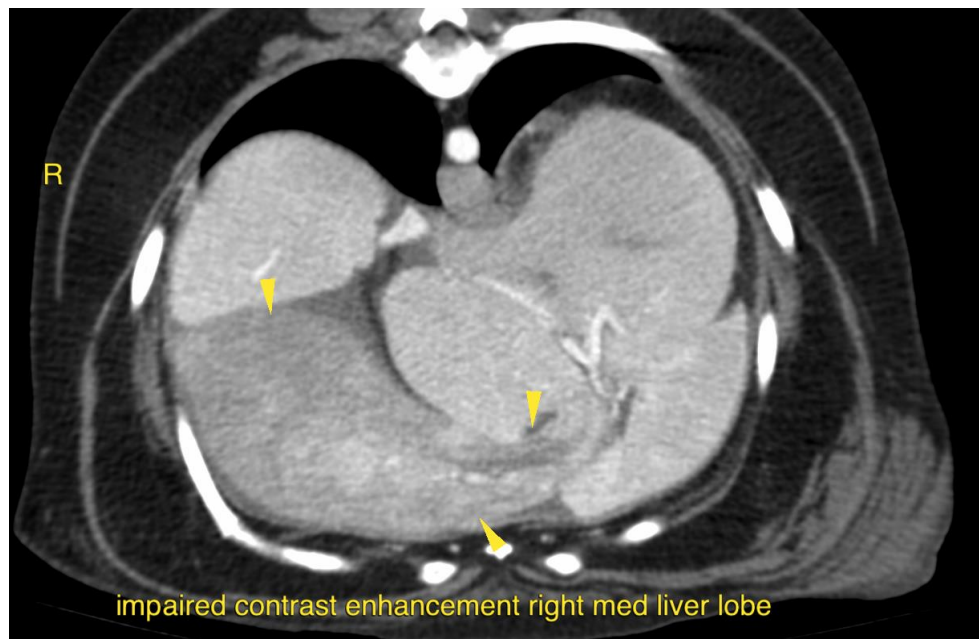
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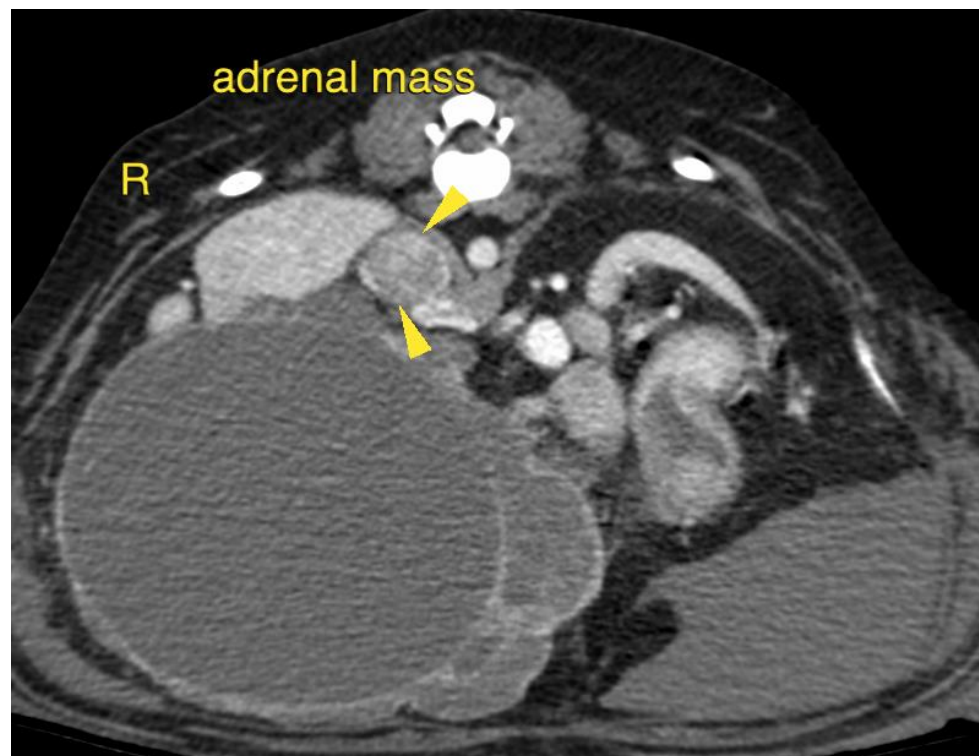
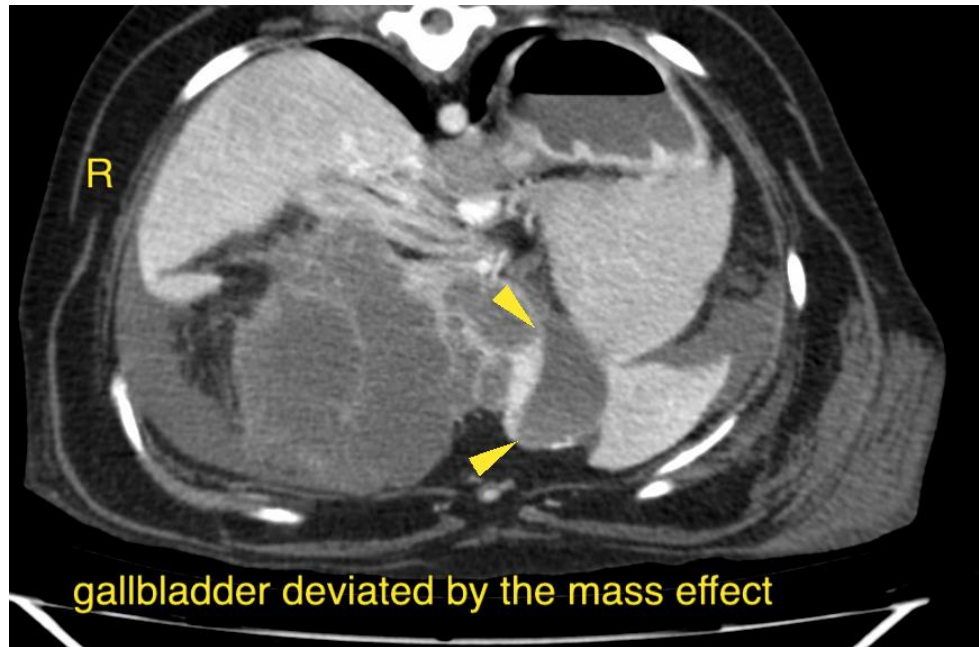
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PATIENT

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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.

SPECIES

Canine

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.

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