



**PATIENT PRESENTING CLINICAL SIGNS**

Willie Grant Slight weight loss, has always had a slightly finicky appetite, PU/PD. Mild hindlimb muscle atrophy. Has had mildly elevated liver enzymes in the past without symptoms. Repeat blood work at annual visit on Mar 14/23 - liver enzymes significantly increased (ALT, ALKP, GGT) as well as LIP. USG low 1.016 and mild proteinuria. Abdominal u/s done prior to pursuing LDDST - u/s revealed increased echogenicity, hepatomegaly, liver mass 7 x 8 cm in left liver lobe, asymmetric adrenals with suspicion of hyperadrenocorticism. U/s suggests adenocarcinoma so evaluating current size, location/feasibility of removal & signs of metastasis.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Increased urea 15.7 mmol/L, ALT 213 U/L, GGT 13 U/L, Lipa 5014 U/L, Alkp 8925 U/L.

**BREED**

Collie X

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

MN

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**AGE**

13 Years

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration the left kidney presents multiple, small 4 mm, roundish parenchymal filling defects

The right adrenal gland is within normal limits for size, shape and organ architecture. The cranial pole of the left adrenal gland presents nodular enlargement, measuring 16 mm in diameter; the attenuation pattern is uniform and the contrast enhancement pattern heterogenous.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Bridgwater  
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Originating from the caudate process of the caudate liver lobe, an irregular shaped, uniform soft tissue attenuating and irregular contrast enhancing mass is seen, measuring 10.9 x 8.8 x 10.8 cm – extending into the hilar region of the respective liver lobe. The caudal vena cava level with the hepatic mass is mildly deviated to the left and distorted. In the caudoventral aspect of the left lateral liver lobe, a well-defined, roundish parenchymal filling defect is appreciated. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing with smooth margins.

**REFERRING VET**

Dr. Megan Leclair

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.

**INVOICE COMPUTED TOMOGRAPHIC DIAGNOSIS**

58060

- Right divisional hepatic soft tissue mass – caudate process of the caudate liver lobe
- Nodular enlargement left adrenal gland without signs of vascular invasion
- Simple solitary hepatic cyst left lateral liver lobe
- Renal cortical cysts
- Spondylosis deformans lumbosacral junction

**DATE**

5-1-23



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

Willie Grant

The CT study is fitting the history of hepatic mass, originating from the caudate process of the caudate liver lobe – primary hepatic neoplasia is considered likely, such as hepatocellular adenoma/carcinoma. As the hepatic mass is extending into the hilar region of the liver and is in close proximity of delicate anatomical structures, such as the caudal vena cava and the portal vein, complete surgical excision appears not feasible.

**SPECIES**

Canine

The nodular enlargement of the left adrenal gland is consistent with (non)functional macronodular hyperplasia, primary adrenal neoplasia (e.g. adenoma, adenocarcinoma, pheochromocytoma) or less likely metastasis.

**BREED**

Collie X

**SEX**

MN

**AGE**

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**REFERRING VET**

Dr. Megan Leclair

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**PATIENT**

Willie Grant

**SPECIES**

Canine

**BREED**

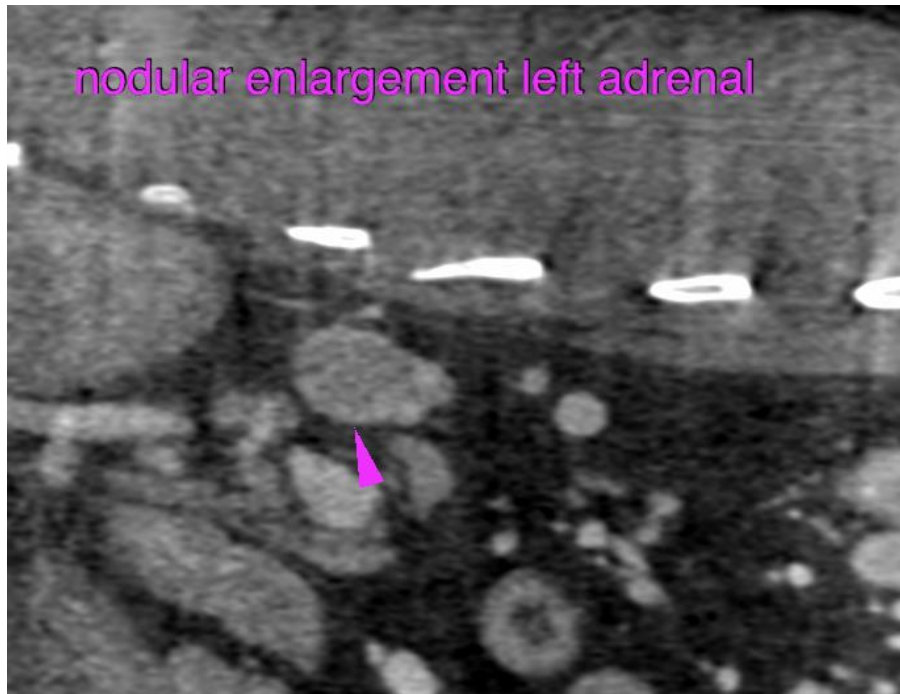
Collie X

**SEX**

MN

**AGE**

13 Years



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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.

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Bridgwater  
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and Wellness Centre

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

**REFERRING VET**

Dr. Megan Leclair

**INVOICE**

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