



PATIENT

Cooper Sasak

SPECIES

Ca

BREED

Mixed

SEX

MN

AGE

14Y

WEIGHT

49lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Cassidi - Maleia

HOSPITAL NAME

Animal Clinic
Northview

REFERRING VET

Randall V Hutchison,
DVM

INVOICE

75091

DATE

5-21-26

PRESENTING CLINICAL SIGNS

recently had elevated liver enzymes ALP>ALT
Hepatic mass found on U/S
evaluating to see extent of dz and if surgically resectable

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine.

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 randomly distributed interspersed punctuate mineralization.

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

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.

In the hilar region of the quadrate liver lobe, an irregular roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 8.6 x 7.8 x 9.5 cm. in the caudoventral aspect of the left medial liver lobe, a heterogeneous contrast enhancing nodule is seen; measuring 2 cm in diameter. The remainder of the hepatic parenchyma presents a uniform attenuating and contrast enhancement pattern.

In the gallbladder, multiple irregular shaped, mineral attenuating calculi are appreciated; measuring 5 mm 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.



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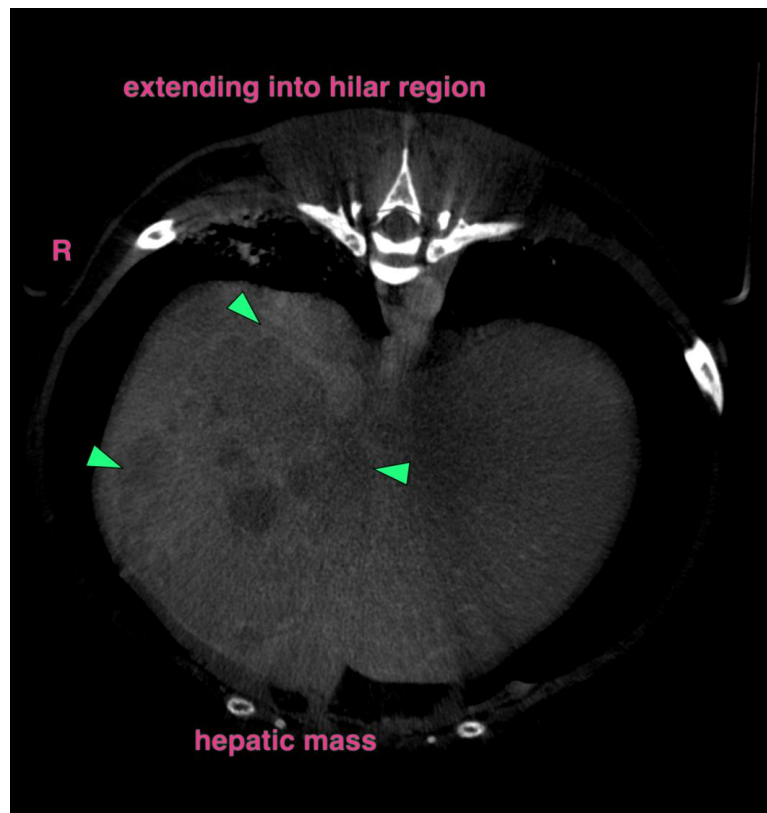
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass – likely in hilar region of quadrate liver lobe
- Heterogeneous contrast enhancing parenchymal nodule caudoventral aspect left medial liver lobe
- Cholecystolithiasis without mechanical obstruction
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of hepatic soft tissue mass – highly suggestive for primary hepatic soft tissue neoplasia, hepatocellular adenoma or carcinoma are most common. FNA sampling/biopsy can be performed for specification. As the mass is extending up to the hilar region of the liver, complete surgical excision appears not feasible.





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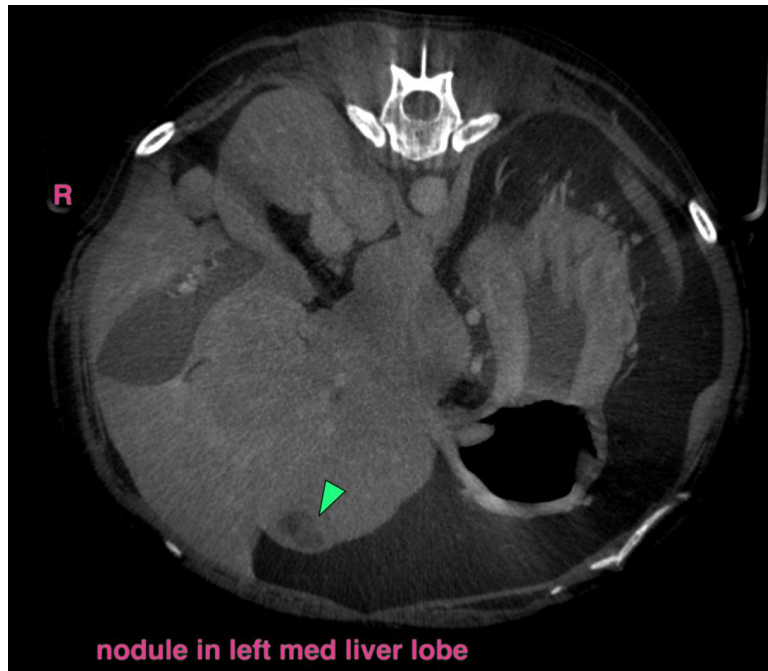
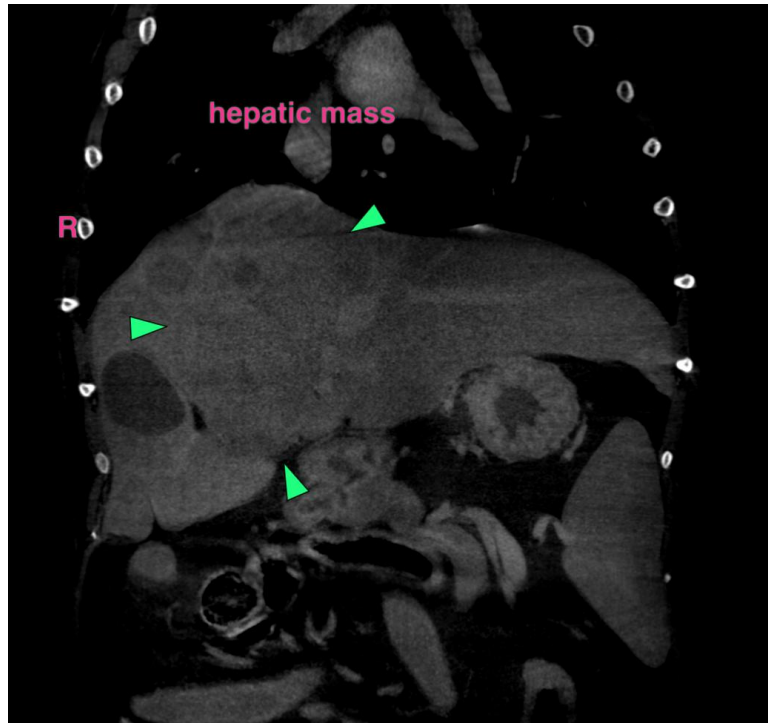
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Teleradiology

Educational Teleconsultation Services™

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