



PATIENT

Mia Watson

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

25.7

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Hector B.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Keats

INVOICE

37250

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Annual labwork revealed tripled elevated liver enzymes, this prompted an abdominal ultrasound that showed liver masses. Acting normal outside of picking eating.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the subcutaneous tissue multifocal along the thoracic wall, multiple well-defined, uniform soft tissue attenuating nodules are seen; measuring up to 15 mm in size.

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.

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.

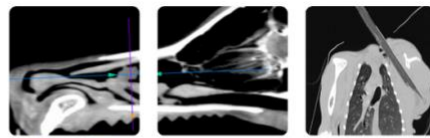
The adrenal glands are within normal limits for size, shape and organ architecture.

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

The hepatic volume is moderately increased, the caudoventral hepatic margins are irregularly rounded. The hepatic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern, sparing multiple roundish parenchymal filling defects.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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



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

Ankylosis of both sacroiliac joints is appreciated.

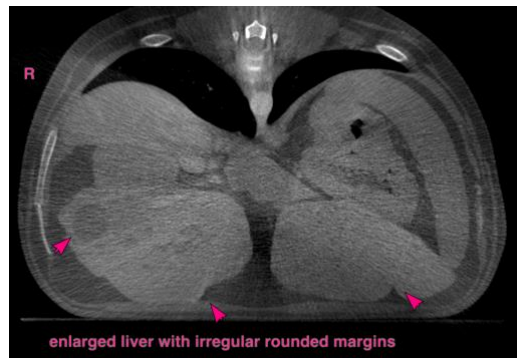
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with multiple mass like lesions and multiple simple hepatic cysts
- Multiple non-specific subcutaneous soft tissue nodules
- Ankylosis sacroiliac joint bilaterally
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic changes can present benign changes such as metabolic hepatic disease along with regeneration nodule formation (prioritized) or neoplastic hepatic transformation (e.g. hepatocellular adenoma or carcinoma). Ultrasound guided FNA sampling or hepatic biopsy can be performed for specification. Due to the diffuse hepatic changes, surgical management is considered not feasible here.

No additional clinically relevant abnormalities are appreciated.



enlarged liver with irregular rounded margins

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, DVM, Dr. med. vet. DipECVDI

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