



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Keanu Calvo  
**SPECIES** Canine  
**BREED** Mixed Breed  
**SEX** Neutered Male  
**AGE** 5 Years

History: P presented for ongoing vomiting and lethargy. P saw Dr. Ward on Monday and Tuesday and was diagnosed with a right sided liver mass. P was hospitalized with us on Sunday and was discharged on Monday. P has been vomiting and regurgitating since discharge. P hasn't eaten since Tuesday. P was given Dexamethasone and sucralfate on Tuesday. P hasn't received any of his scripted meds since 6-7 due to vomiting.

**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**

The bony and surrounding soft tissue structures are within normal limits.

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**HOSPITAL NAME**

Critical Vet  
 Care/Suncoast Vet

**REFERRING VET**

Dr. Young

**INVOICE**

16179

**DATE**

6/17/22



**PATIENT** The hepatic volume is mildly increased the liver is protruding beyond the costal arch. The caudal margins of the liver are mildly irregular with convex shaped protrusions of the surface. Post contrast administration, multiple mild heterogeneous contrast enhancing roundish, variable sized parenchymal lesions are appreciated throughout the hepatic parenchyma – partially bulging beyond the hepatic surface.

Keanu Calvo

**SPECIES**

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

Canine

**BREED**

The stomach is moderately distended by fluid and appears rigid. In the post contrast phase, multiple jejunal segments present ta serrating mucosal lining.

Mixed Breed

The bony and surrounding soft tissue structures reveal no abnormalities.

**SEX**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Neutered Male

- Multifocal hepatic nodular parenchymal lesions
- Irregular mucosal lining multiple jejunal segments
- Suspect functional gastric empty disorder
- Normal thorax, no evidence of pulmonary metastatic disease

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The hepatic nodular lesions are highly concerning for diffuse neoplastic invasion of the hepatic parenchyma (e.g. carcinoma, round cell tumor, hemangiosarcoma), a potential is hepatitis including regeneration nodules, but the odds are considered lower. Ultrasound guided FNA sampling is strongly recommended as advanced minimally invasive diagnostic tool.

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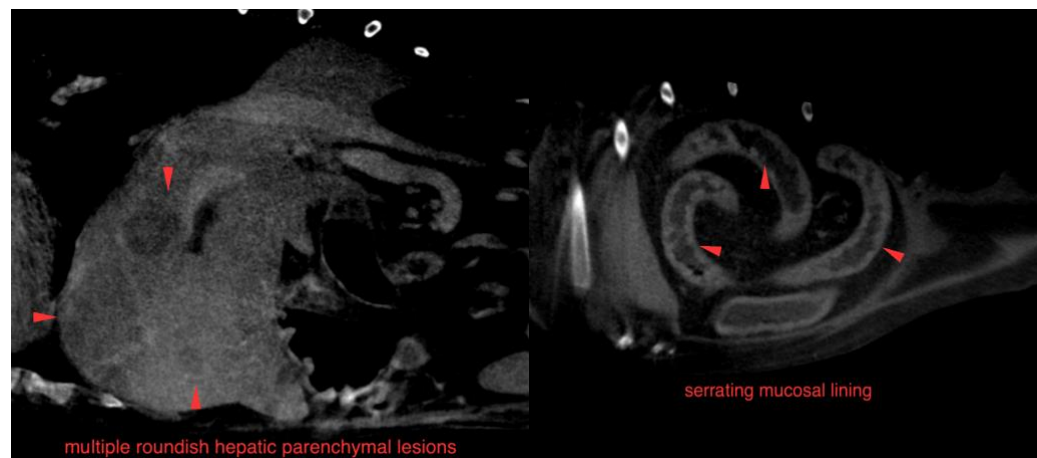
The serrating mucosal lining can indicate (ulcerative) enteritis

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**PATIENT**

Keanu Calvo

**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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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Mixed Breed

**SEX**

Neutered Male

**AGE**

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