



**PATIENT PRESENTING CLINICAL SIGNS**

Cooper Crystal Liver Mass

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

Canine

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** The body condition score is 8/9.

Chihuahua

Thorax

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

**SEX** 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.

MN

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

**AGE** The caudal intrathoracic segment of the trachea and the principal bronchi bilaterally are significantly dorsoventrally flattened. The first degree bronchi of the right lung lobes are collapsed.

10 Years

The right lung lobes present a moderately decreased volume, and the parenchyma of the right lung lobes is consolidated with air-bronchograms. The lung parenchyma of the left lung lobes presents the expected architecture and attenuation behavior.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

Abdomen

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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.

**REFERRING VET**

Borecky

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.

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The quadrate liver lobe presents with a spherical, uniform soft tissue attenuating and heterogeneous contrast enhancing mass, measuring 4 cm in diameter. The mass of the quadrate liver lobes is protruding beyond the hepatic margins. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

**DATE**

6-29-22

The left gastric vein is prominent, and an anomalous vascular loop is extending cranially beyond the stomach, between the left liver lobes up to the level of the stomach. Level with the stomach, the anomalous vascular loop originating from the left gastric vein, MEASURING 2.9 mm in diameter, is draining into the dilated phrenic vein.



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

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

**SPECIES** The bony and surrounding soft tissue structures reveal no abnormalities.

Canine **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Solitary hepatic soft tissue mass originating from the quadrate liver lobe
- Single congenital extrahepatic portosystemic shunt, left gastric vein to phrenic vein (porto-phrenic shunt)
- Tracheal collapse, intrathoracic segment
- Bronchial collapse including the first degree bronchi of the right lung lobes
- Atelectasis right lung lobes

**BREED**

Chihuahua

**SEX**

MN

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The solitary hepatic mass is suggestive for primary hepatic neoplasia, such as hepatocellular adenoma/carcinoma, neuroendocrine tumor, cholangiocellular carcinoma or less likely benign nodular hyperplasia/regeneration nodule. Complete surgical excision of the mass by lobectomy of the quadrate liver lobe is considered feasible.

In addition, a congenital portophrenic portosystemic shunt is appreciated, increased resistance of the shunting vessel likely has resulted in sufficient blood supply of the hepatic parenchyma by the portal vein. However, surgical intervention by a slow progressive closure technique (ameroid constrictor, cellophane banding) might be beneficial. Ligation of the shunt vessel may be feasible as well if there is no evidence of portal hypertension during digital compression of the shunting vessel.

**INTERPRETED BY**

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The atelectasis of the right lung lobes is considered as a sequela to the appreciated bronchial collapse. The degree of collapse is suggestive for underlying bronchomalacia. Weight management appears beneficial.

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There is no evidence of pulmonary metastatic disease, but smaller lesions might be effaced in the consolidated lung parenchyma.

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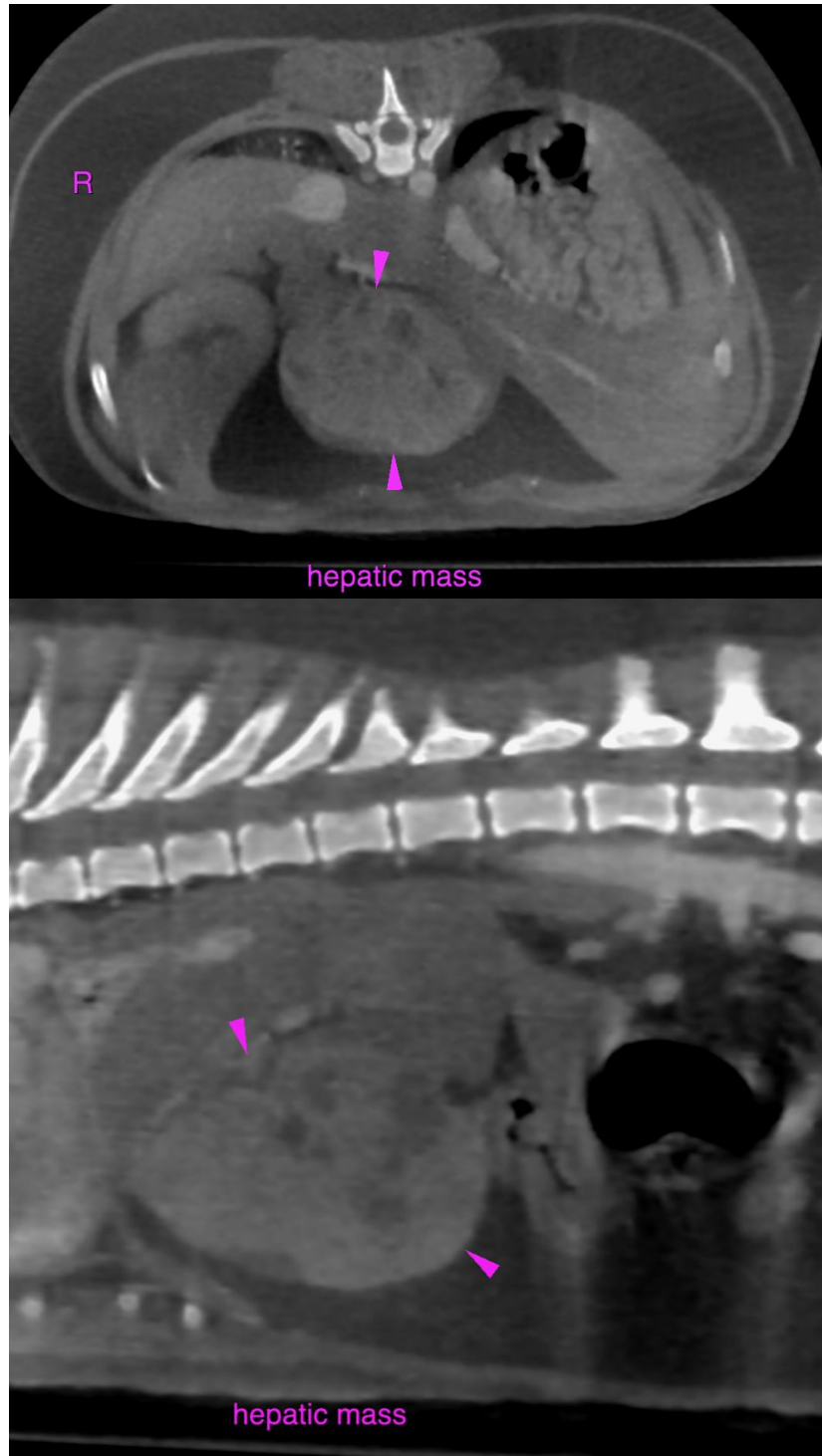
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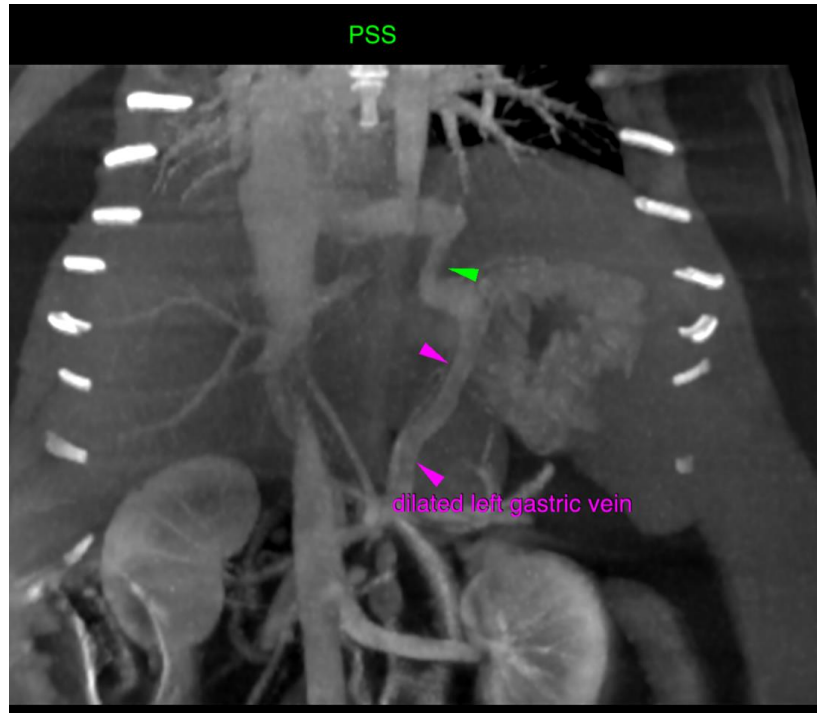
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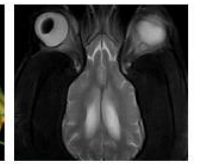
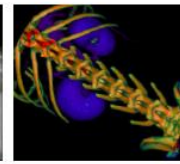
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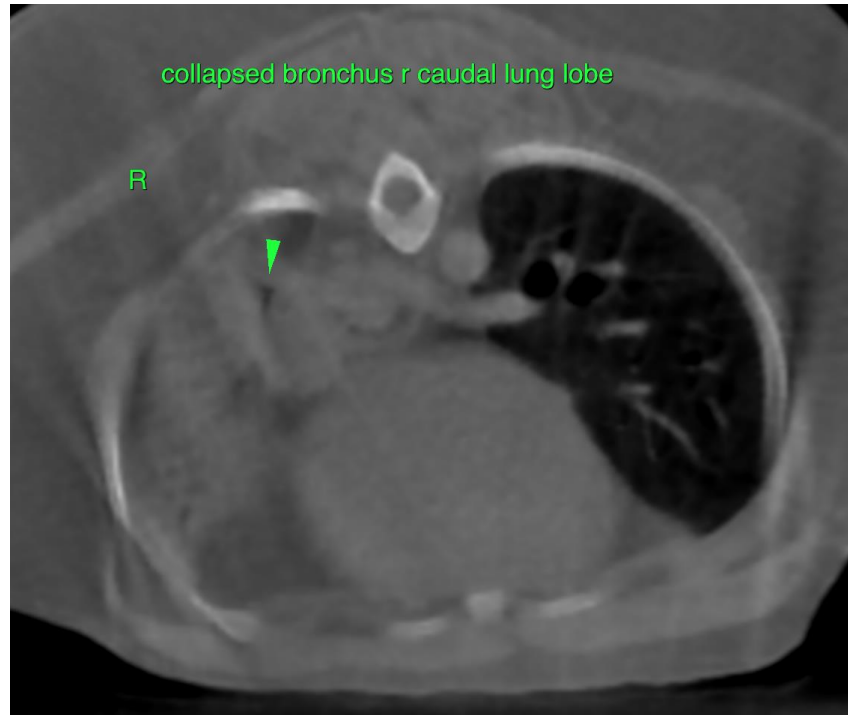
Chihuahua

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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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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.

**REFERRING VET**

Borecky

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