



PATIENT

Shiloh Rector

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Ravi Seshadri

INVOICE

52776

DATE

7-10-22

PRESENTING CLINICAL SIGNS

Shiloh was referred for mass removal of the Left lateral lobe - based on needle biopsy suspected hepatocellular adenoma. He had hyporexia, and weight loss and was not doing well. This was concerning for the liver lesion being a larger concern than a hepatoma. A repeat ultrasound at no charge revealed another mass - this one is poorly defined, and bright / granular and suggestive of a neoplasia and is in the R lateral lobe. Discussed with Owners in detail - they elected to pursue a CT scan and a biopsy of the new mass before pursuing an open liver lobectomy X 2. Long term prognosis is more guarded. CT to determine if mass is resectable.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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. In the cranial pole of the right kidney, a well-defined parenchymal filling defect, measuring 3 mm in diameter is seen.

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 caudoventral aspect of the left liver lobe, a roundish, mild heterogeneous contrast enhancing soft tissue mass is noted, bulging beyond the hepatic surface and measuring 5.9 x 5.5 x 5.4 cm in size. In the dorsal aspect of the right lateral liver lobe, a second roundish parenchymal mass is seen, presenting a mild heterogeneous contrast enhancement pattern and measuring approximately 10.5 cm in size. The mass of the right lateral liver lobe presents ill-defined margins.

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 vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The lumbosacral intervertebral disc is mildly protruding into the vertebral canal. The subchondral bone of the caudal vertebral endplate of L7 presents a mild ill-defined geographic osteolytic lesion.

Both coxofemoral joints present mild to moderate osteophyte new bone formation. In the fascial plane medial to the left biceps femoris muscle, at the caudoproximal third of the left femur, a well-defined, ovoid shaped fat attenuating mass, demarcated by a thin soft tissue capsule is visible; measuring 2.3 x 4.5 x 4.6 cm in size.



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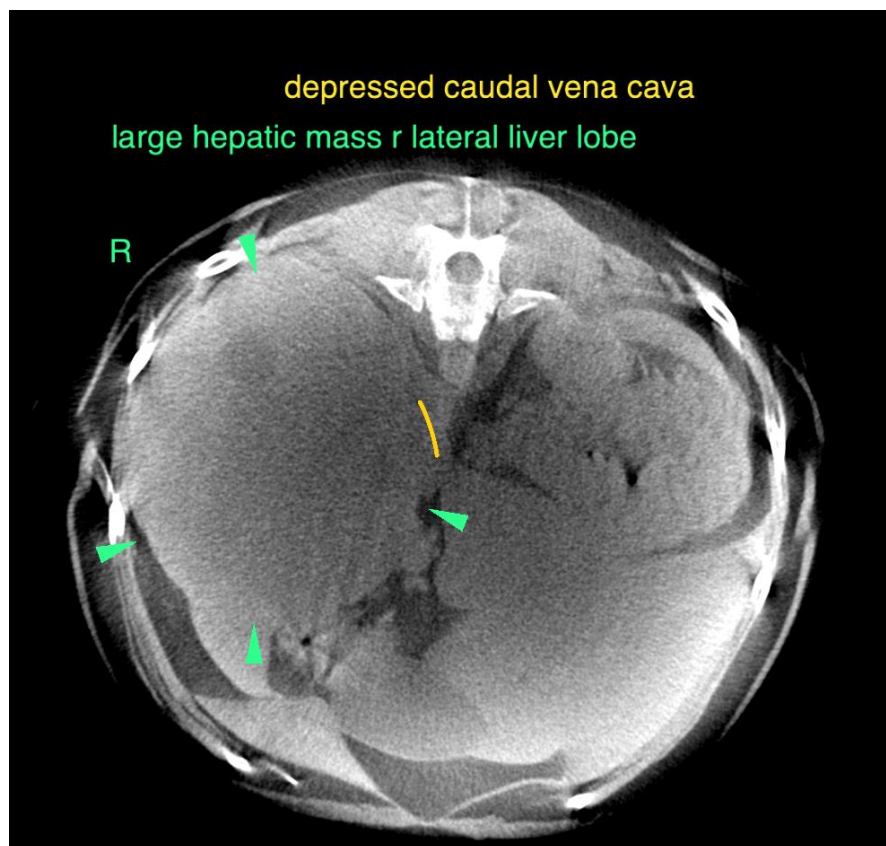
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic soft tissue mass right lateral liver lobe and caudoventral aspect left lateral liver lobe
- Mild intervertebral disc protrusion L7/S1 without compressive myelopathy
- Degenerative osteoarthritis coxofemoral joints bilaterally
- Suspect fatty bone marrow replacement subchondral bone vertebral body L7
- Spondylosis deformans
- Renal cortical cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of two hepatic mass lesions with the larger mass originating from the right lateral liver lobe – potentials include hepatocellular adenoma/carcinoma, hemangiosarcoma, cholangiocellular carcinoma, other. The mass of the right lateral liver lobe appears to extend up to the hilar region of the respective liver lobe and complete surgical excision appears not feasible. However, final decision making if surgical excision of the mass of the right lateral liver lobe is possible will warrant diagnostic laparotomy.

Complete surgical excision of the mass of the left lateral liver lobe by partial lobectomy is possible.





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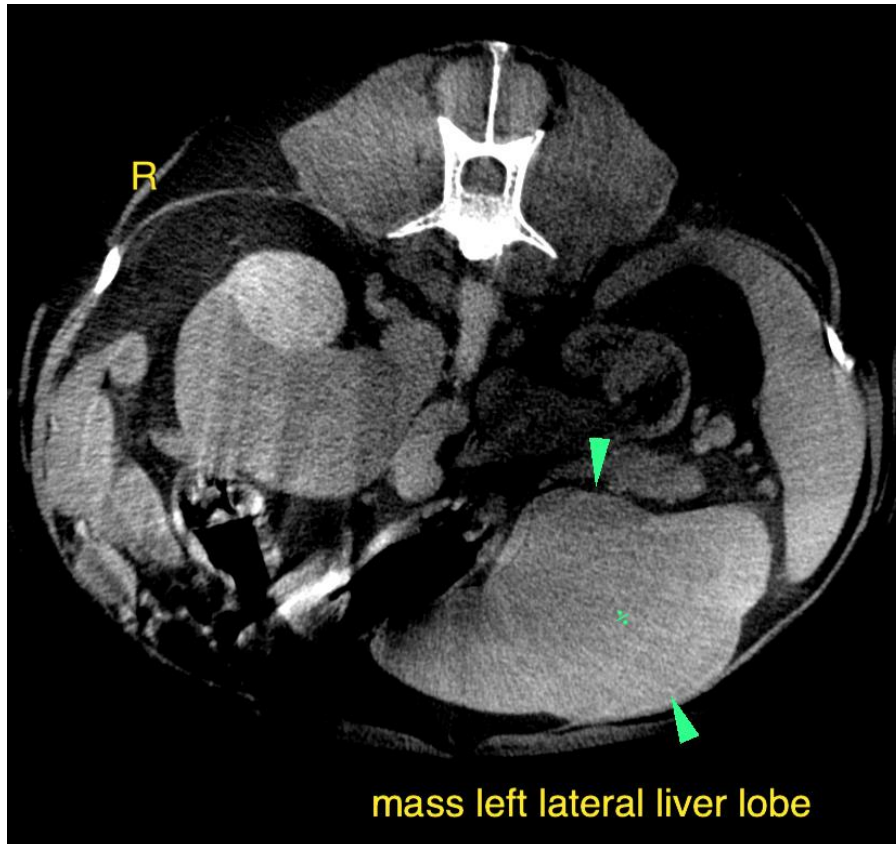
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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