



PATIENT

Chloe Ramcharan

PRESENTING CLINICAL SIGNS

Elevated ALP liver enzyme. Heart murmur - mitral valve disease. Incidentally detected liver mass. Clinically doing well. Performed CT of thorax for staging, and CT of abdomen for surgical planning and staging.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Heart murmur, overweight, hepatomegaly ALP >2000, mild thrombocytosis, mildly increased BUN

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

BREED

Miniature Poodle

COMPUTED TOMOGRAPHIC FINDINGS

The body condition score is 8/9.

SEX

Thorax

FS

In the caudal aspect of the right axillary region, a well-defined ovoid shaped lipoma is seen. Multifocal along the trunk, well-defined, soft tissue attenuating subcutaneous and cutaneous nodules in are visible.

AGE

The vertebral endplates T4/T5 present mild spondylosis formation.

14 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

Dr. Ashley Gold

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

INVOICE

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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.

DATE

7-22-22

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. At the cranial margin of the body of the spleen, a roundish, well-defined nodule, measuring 7 mm in diameter is seen – presenting the same attenuation and contrast enhancement pattern like the spleen.

In the hilar region of the liver, an irregular ovoid shaped, heterogeneous soft tissue attenuating and contrast enhancing mass is seen, measuring 7.4 x 6.0 x 6.6 cm in size. The hepatic mass is



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displacing the hepatic segment of the caudal vena cava to the right, the caudal vena cava is distorted. In the cranial aspect the mass is in contact with the diaphragm and extending to the right side of the caudal vena cava. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

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The left hepatic, gastric and a splenic lymph node present with mild irregular mineralization and are within normal limits for size and shape.

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.

SEX

FS

Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim. The periarticular bones of both stifle joints present moderate osteophyte new bone formation, R>L.

AGE

14 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic mass located in the hilar region of the liver
- Dystrophic mineralization left hepatic lymph node, gastric lymph node and a splenic lymph node
- Degenerative osteoarthritis stifle joints bilaterally, due to pathology of the cranial cruciate ligament – evidence of right sided TPLO
- Moderate degenerative osteoarthritis coxofemoral joints bilaterally
- Incidental splenunculus
- Lipoma right axillary region
- Multiple non-specific cutaneous and subcutaneous nodules along the trunk
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the position of the hepatic mass I consider the odds high, that the mass is originating from the papillary process of the caudate liver lobe. Potentials for the hepatic mass include hepatocellular adenoma/carcinoma, hemangiosarcoma, cholangiocellular carcinoma, neuroendocrine tumor, other. FNA sampling might be used as advanced diagnostic tool. As the mass is in close contact with the caudal vena cava, complete surgical excision might not be possible – however final decision making will warrant diagnostic celiotomy.

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The dystrophic mineralization of multiple lymph nodes in the cranial abdomen is considered as a sequela to preceding lymphadenitis, the lymph nodes present no signs for malignancy. However, FNA sampling might be considered as advanced diagnostic tool.

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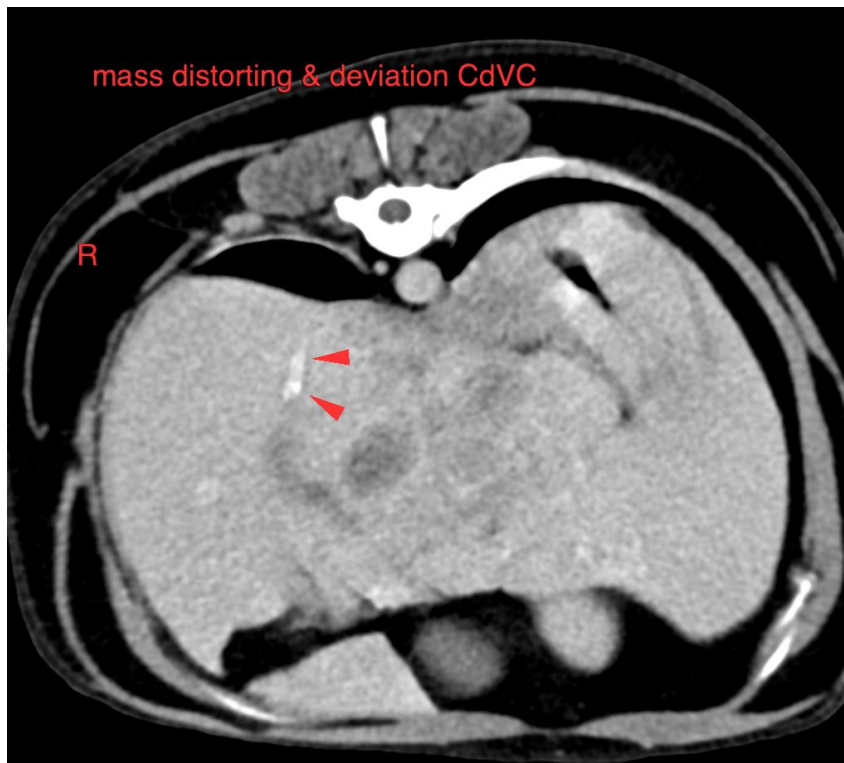
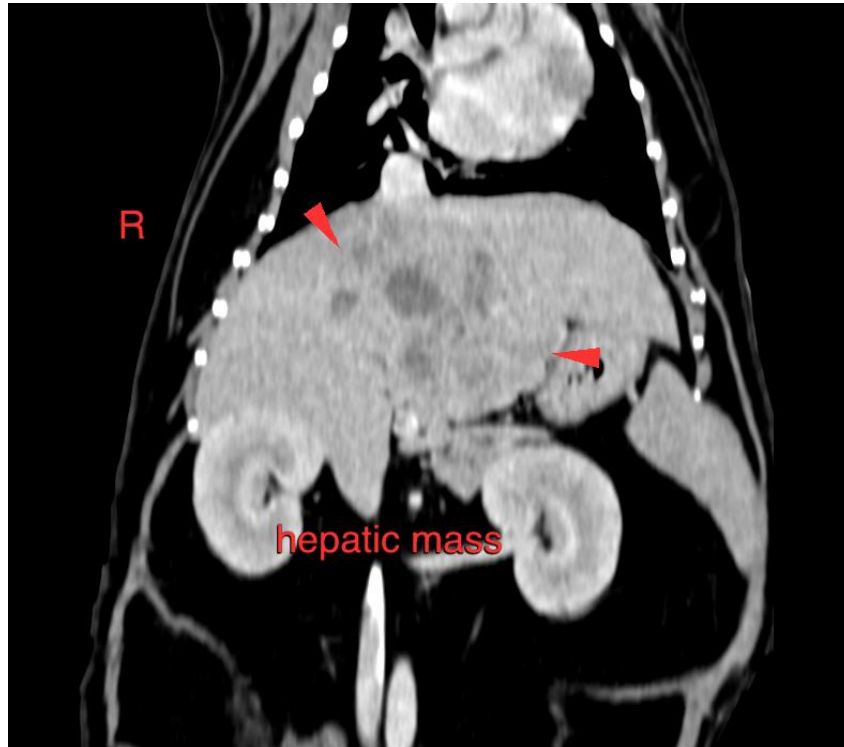
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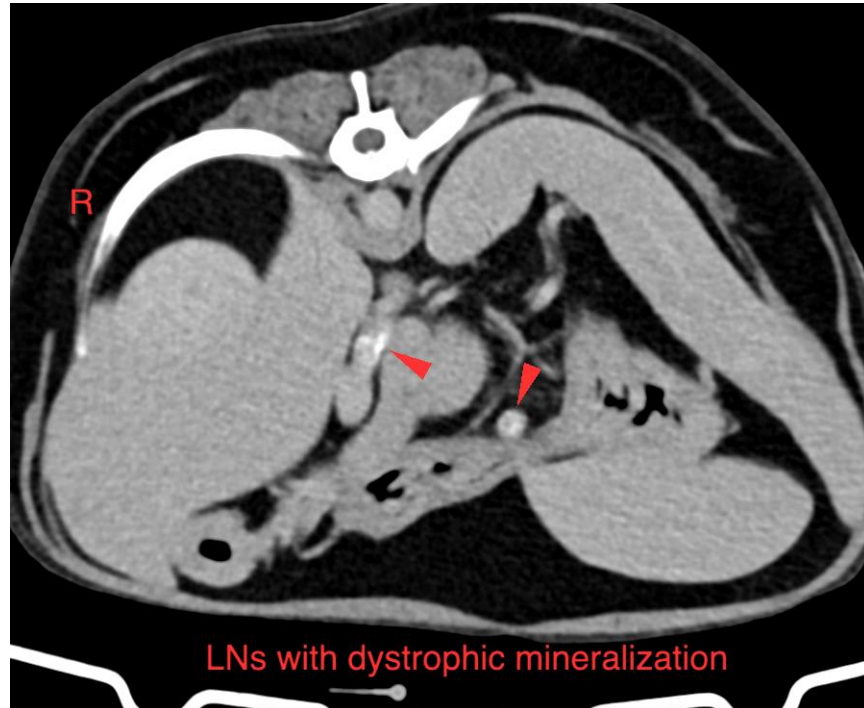
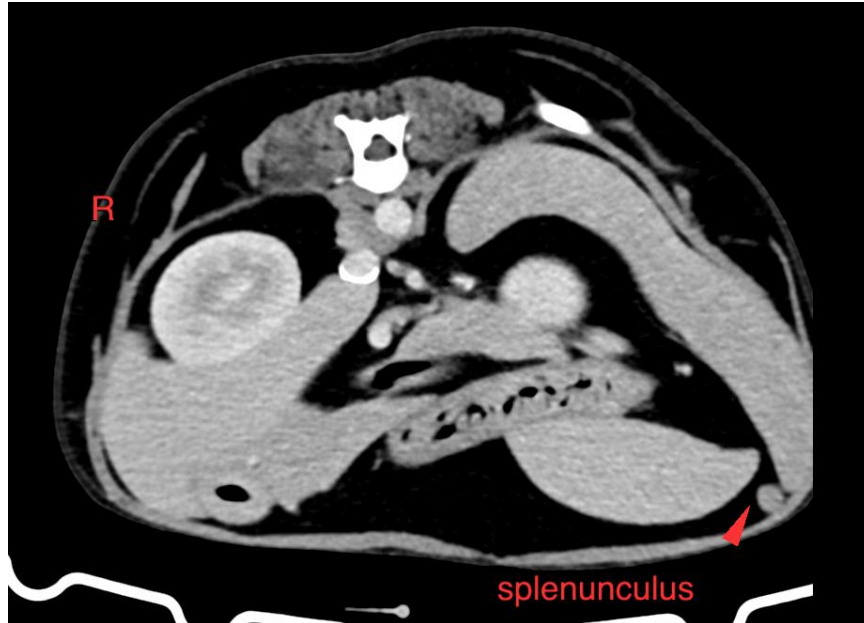
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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