



PATIENT

Rocky Wysocki

PRESENTING CLINICAL SIGNS

History chronically elevated ALP (most recent 7,000) and ALT (470) . Ultrasound revealed possible mass on R liver and early GB mucocele. FNA of suspected mass= Low numbers of well-differentiated hepatocytes, with moderate N:C ratios- may be consistent with proliferative lesion. CT chest and abdo for potential surgical planning (and screening for chest mets). Patient also has long standing history of orthopedic concerns- hips and R elbow in particular.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX, FRONT LIMBS AND ABDOMEN

BREED

Husky Mix

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Male

Thorax

Multiple variable sized lipomas are seen in the subcutaneous tissue along the thoracic wall and axillary region bilaterally. Faint mineralization of the fascial plane between the deltoideus and infraspinatus muscle bilaterally is seen.

AGE

10 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.

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Dr. Shannon
Westgarth

Front limbs

The periarticular bones of both stifle joints present moderate osteophyte new bone formation. The medial coronoid process of both elbow joints has a moderate irregular contour with a heterogeneous density.

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Dorsal in the interdigital space between the IV. and V. phalanx of the right front limb a subcutaneous lipoma is seen.

Abdomen

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



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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.

Nodular enlargement of the cranial pole of the left adrenal gland is present, measuring 11 mm in diameter, presenting a mild heterogeneous contrast enhancement pattern.

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

BREED

Husky Mix

Originating from the right medial liver lobe, an ovoidal shaped, mild heterogeneous soft tissue attenuating and heterogeneous moderate to marked contrast enhancing mass is visible. The right hepatic mass is measuring approximately 11.9 x 8.7 x 10.0 cm in size, displacing the gallbladder caudally. Post contrast administration multiple hyperattenuating nodular lesions are seen throughout the hepatic parenchyma.

SEX

Male

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

The medial iliac lymph nodes are prominent.

AGE

10 Years

Multifocal mild spondylosis formation is present along the lumbar spine. The coxofemoral joints present no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic mass originating likely from the right medial liver lobe
- Nodular enlargement left adrenal gland
- Multiple post contrast hyperattenuating parenchymal lesions throughout the hepatic parenchyma
- Coronoid pathology elbow joints bilaterally
- Moderate degenerative osteoarthritis elbow joints bilaterally
- Lymphadenopathy medial iliac lymph nodes – suspect reactive hyperplasia
- Multiple lipomas along the thoracic wall
- Lipoma dorsal aspect interdigital space right front limb
- Spondylosis deformans lumbar spine
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the suspected hepatic mass, likely originating from the right medial liver lobe, and primary hepatic neoplasia is the diagnosis. Potentials include hepatocellular adenoma/carcinoma, cholangiocellular carcinoma, neuroendocrine tumor. The multiple post contrast enhancing parenchymal nodules are concerning for metastasis, although regeneration nodules cannot be ruled out entirely. Repeating the FNA sampling of the mass, including the ultrasonographical normal appears parts of the liver is recommended. The mass is extending up to the level of the caudal vena cava level with the diaphragm, potentially preventing complete resection of the hepatic mass – however it might extend to the caudal vena cava due to the mass effect. In case of doubt diagnostic celiotomy to evaluate resectability and hepatic biopsy should be considered.

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The enlarged left adrenal gland can represent (non)functional macronodular hyperplasia, primary neoplasia (e.g. adenoma, adenocarcinoma, pheochromocytoma) or metastasis.

The findings of the elbow joints are consistent with moderate chronic degenerative joint disease of both elbow joints due to a disease of the medial coronoid process.

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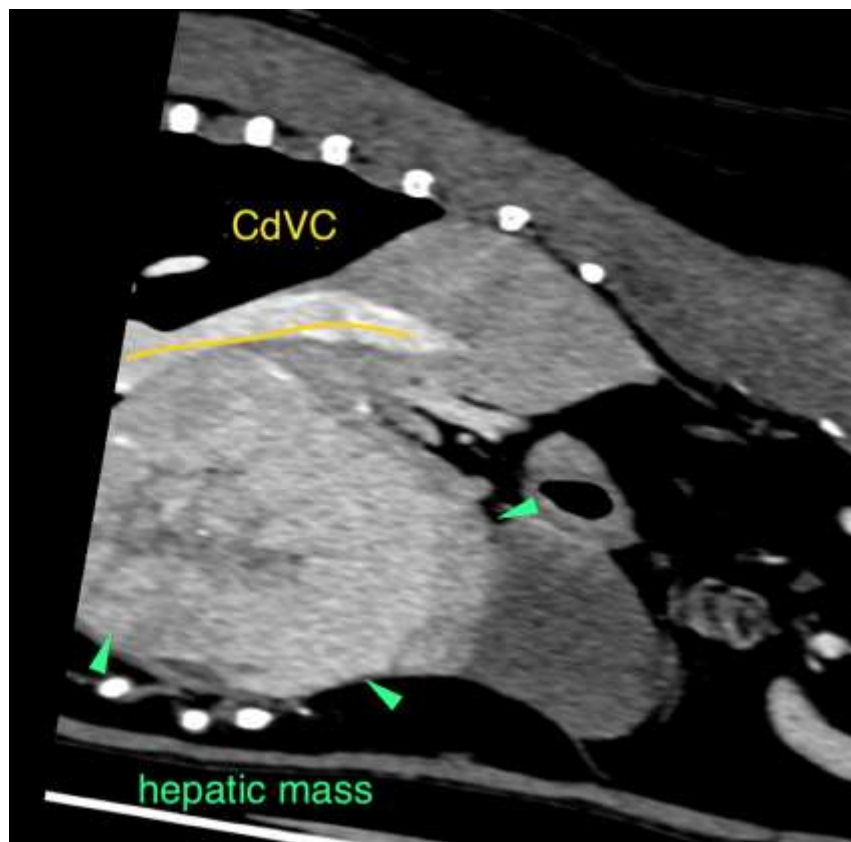
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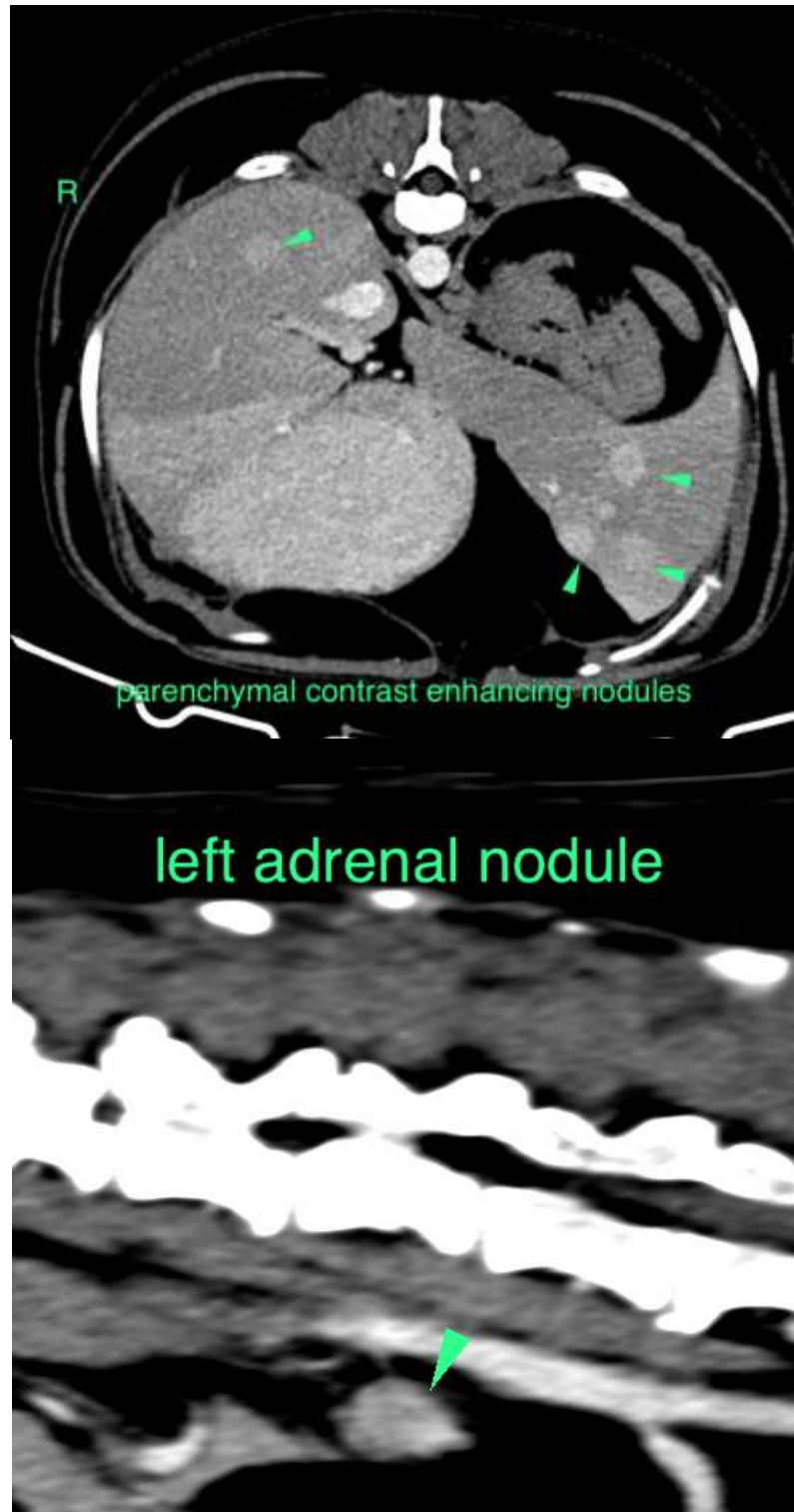
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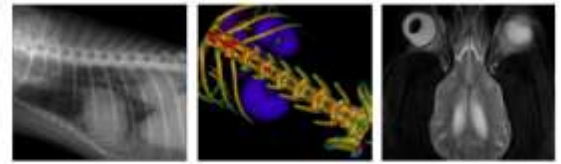
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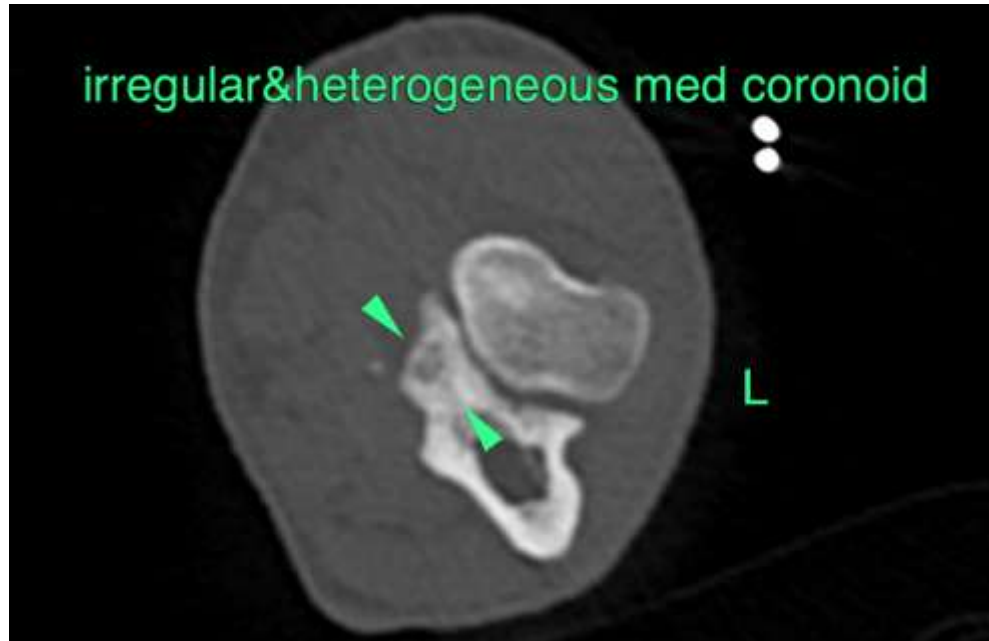
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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