



PATIENT PRESENTING CLINICAL SIGNS

BUD Saintsing History: O took pt to rDVM for distended abdomen. Mass palpable and seen on radiograph. Unable to determine origin. Large cavitated mass on abdominal ultrasound either liver, mesenteric, or spleen in origin. CT for surgical planning. E/D no V/D. FIV+ mild non regenerative anemia, mild inflammatory leukogram

SPECIES

Feline

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

DSH

COMPUTED TOMOGRAPHIC FINDINGS

A small to moderate volume of fluid attenuating material is seen throughout the peritoneal cavity. The peritoneal fat presents mild fat-stranding.

SEX

Neutered Male

A large heterogeneous contrast enhancing mass is protruding from the right division of the liver caudally into the peritoneal cavity, measuring 12.1 x 7.8 x 15.0 cm. Post contrast administration, the right hepatic mass has a heterogeneous contrast enhancement pattern. Level with the liver, the mass is encompassing and displacing the caudal vena cava ventrally. The stomach and pancreas are deviated to the left and major parts of het intestinal tract caudally and to the left by the mass effect.

AGE

12 Years

In the gallbladder, sedimented mineral attenuating material is appreciated. A contrast enhancing nodule is protruding from the wall of the gallbladder into the lumen, measuring 8 x 6 x 6 mm. The intrahepatic branches of the biliary tree are dilated.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr. Smith

- Large right divisional hepatic mass
- Peritoneal effusion & peritonitis
- Polypoid intraluminal lesion gallbladder
- Mild generalized dilation of the biliary tree
- Mineralized biliary sludge

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal mass is consistent with primary hepatic neoplasm, originating from the right division of the liver – potentials include hepatocellular, cholangiocellular carcinoma, neuroendocrine tumor,

DATE

8/11/23



PATIENT

other. Complete surgical excision of the mass is considered not feasible, as it is encompassing the hepatic segment of the caudal vena cava.

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The peritoneal effusion is considered as paraneoplastic finding.

SPECIES

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BREED

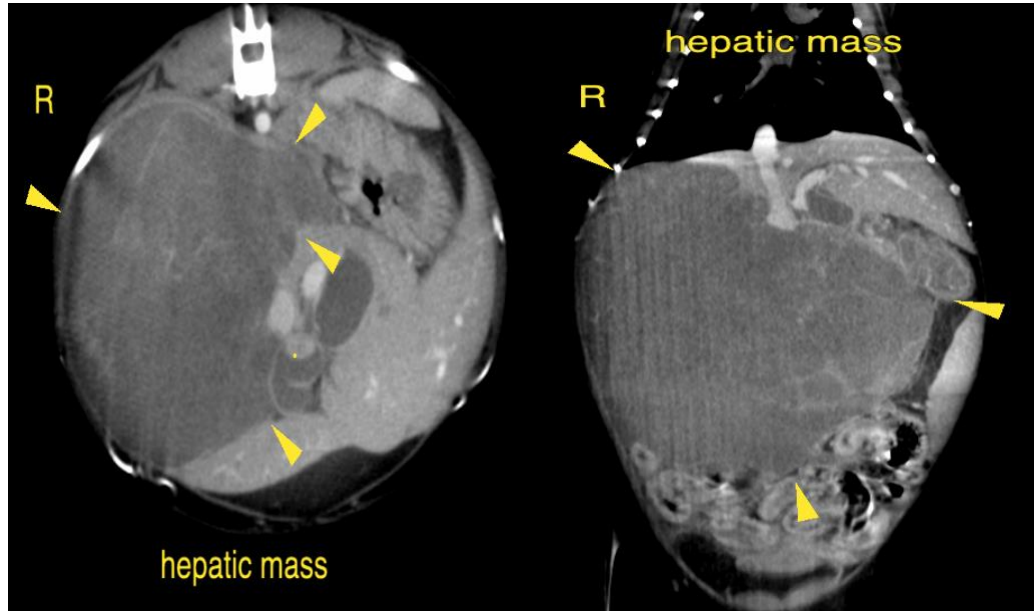
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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Hospital

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