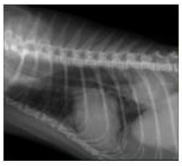
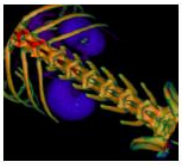
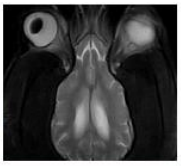

PATIENT

Ellie May Gonzalez

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

53504

DATE

8-16-22

PRESENTING CLINICAL SIGNS

Recently diagnosed liver mass with additional liver nodules. Mass found on routine screening abdominal ultrasound, pet not clinically ill. History of previous splenectomy 6/2020 - myelolipoma. Previous left adrenalectomy 1/6/2021 - adrenocortical adenoma. History of hemoabdomen 9/12/2021 - ITP episode that resolved with treatment. History of cushing's disease prior to adrenalectomy, Cushing's did not resolve with surgery so continued vetoryl treatment until this past April (reason for discontinuation unknown).

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 both kidneys present roundish parenchymal filling defects of the renal cortex, measuring up to 7 mm in diameter.

The left adrenal gland is not appreciated. The right adrenal gland is within normal limits for size, shape and organ architecture.

The spleen is absent.

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded. The left lateral liver lobe presents with an intraparenchymal ovoid shaped mass, measuring 4.5 mm in size and being mildly hypoattenuating in comparison to the surrounding hepatic parenchyma. The remainder of the hepatic parenchyma have a mild heterogeneous contrast enhancement pattern.

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 lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates L7/S1 present moderate spondylosis formation. S1 is not fused with S2. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatomegaly with intraparenchymal nodular lesion left lateral liver lobe and generalized heterogeneous contrast enhancement pattern of the hepatic parenchyma
- Degenerative lumbosacral stenosis
- Renal cysts
- Advanced degenerative osteoarthrosis coxofemoral joints bilaterally, due to hip dysplasia
- Spondylosis deformans

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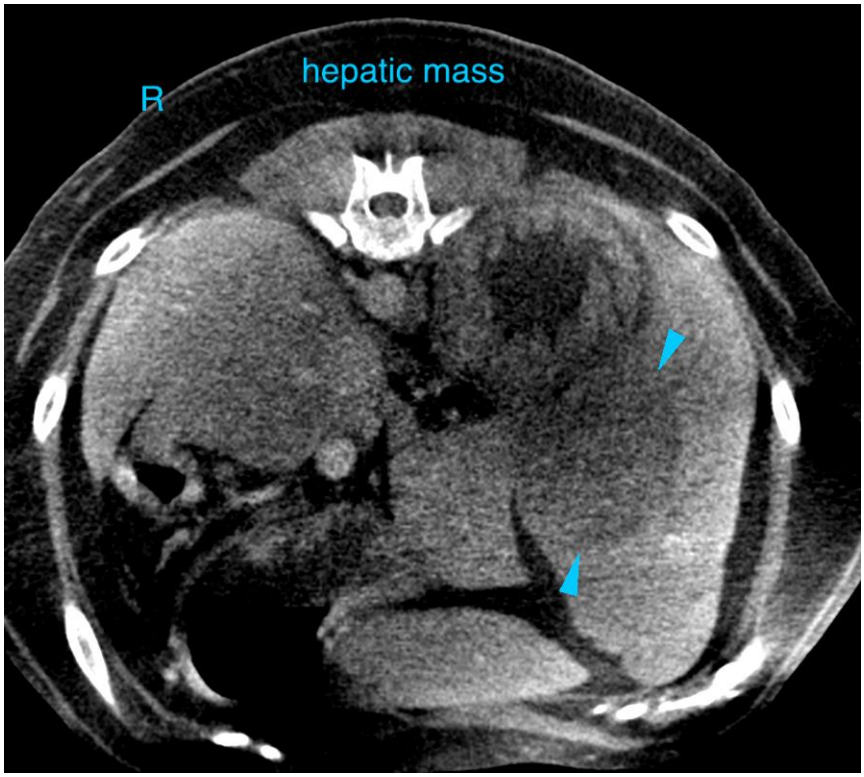
- Symmetric lumbosacral transitional vertebra (type II)
- History of left sided adrenalectomy
- History of splenectomy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. The odds hepatic nodular hyperplasia or regeneration nodules are considered high, although primary hepatic neoplasia cannot be ruled out entirely. Ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup. Complete surgical excision of the large hepatic nodule of the left lateral liver lobe is considered feasible.



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com