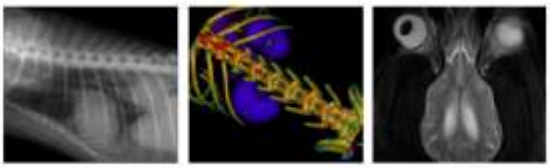

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1-800-838-4268 info@sonopath.com

PATIENT

Molly Gain

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Debbie Reynolds

INVOICE

47041

DATE

8-19-21

PRESENTING CLINICAL SIGNS

Elevated liver enzyme. The mass was initially noticed on 8/3/21 during her visit to the VEC Internal Medicine service due to her elevated liver enzyme. On abdominal U/S mass measured 5.5 x 8.5 x 4.7 cm. Molly has had a previous history a grade 2 soft tissue sarcoma, which was completely excised.
Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

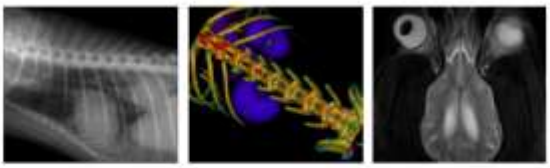
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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.

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma; post contrast administration multiple in all post contrast phases hyperattenuating nodular parenchymal lesions are noted throughout the splenic parenchyma.

The hepatic volume is moderately increased and the caudoventral margins are rounded. The caudal margins of the liver are mildly undulating. The hepatic parenchyma is mild heterogeneous



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soft tissue attenuating with multifocal ill-defined slightly hypoattenuating parenchymal lesions. Post contrast administration in the hilar region of the left medial liver lobe or papillary process of the caudate liver lobe, an ovoid shaped mass, measuring 9.7 x 6.7 x 7.0 cm in size is visible. The hepatic segment of the caudal vena cava is deviated to the right and distorted by the mass effect and the portal vein and its left intrahepatic branch are displaced ventrally. The remainder of the hepatic parenchyma present multiple moderate to marked nodular contrast enhancing lesions in the early post contrast phase – contrast is washed out in the delayed phases. A well-defined parenchymal filling defect is seen in the quadrate liver lobe, measuring 10 mm in size.

The gallbladder contains a moderate amount of sedimented mild hyperattenuating (79HU) material.

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.

Multifocal mild to moderate spondylosis formation is present along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hepatic mass – suspect origin in papillary process of caudate liver lobe
- Multiple nodular parenchymal lesions with arterial & portal contrast enhancement
- Hepatic cyst
- Biliary sludge in the gallbladder, no evidence of obstruction
- Spondylosis deformans
- Structural normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of a hepatic mass in the hilar region – I suspect the mass is originating from the papillary process of the caudate liver lobe. Regarding the contrast enhancement pattern and size of the mass the odds for hepatocellular carcinoma are high, although other hepatic malignant neoplasia or hepatocellular adenoma are a potentials as well. The contrast enhancing parenchymal lesions with the early contrast enhancement pattern are suggestive for hepatic metastasis. Ultrasound guided FNA sampling or TruCut biopsy can be used as advanced minimally invasive advanced diagnostic tests for further differentiation. Due to the location of the large mass and its close association with the hilar region/caudal vena cava complete surgical excision might not be feasible.

The splenic post contrast hypoattenuating nodular lesions are most consistent with nodular hyperplasia ± extramedullary hematopoiesis. Consider FNA sampling to rule out metastasis completely.

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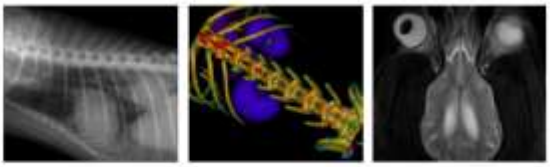

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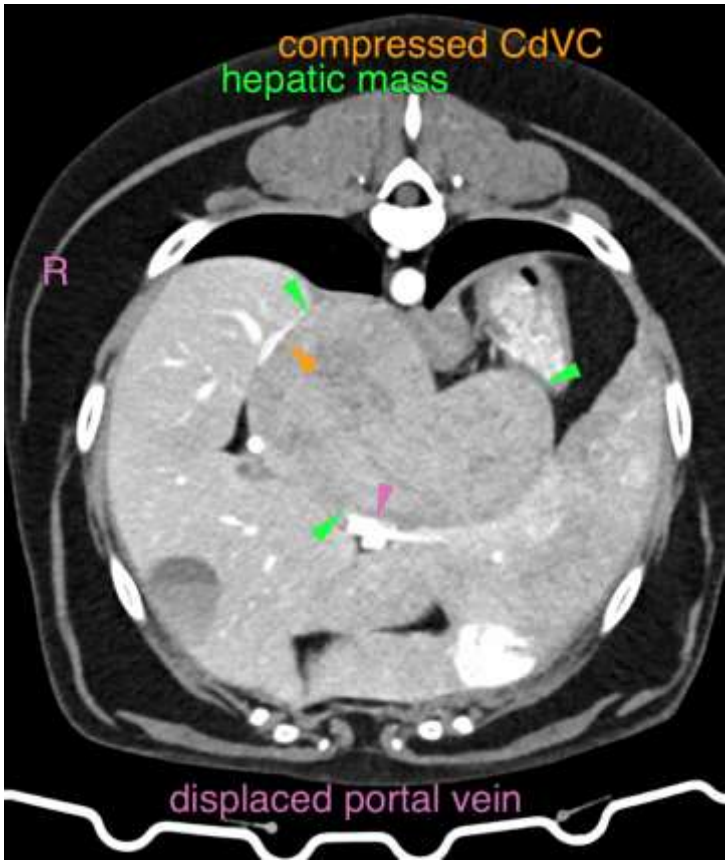

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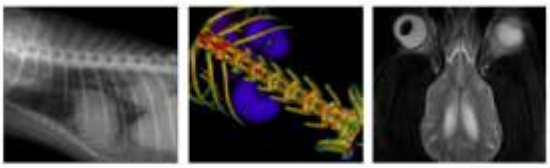

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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