



PATIENT PRESENTING CLINICAL SIGNS

Layla Epstein ABD: ABNORMAL; large abdominal mass ASSESSMNT: Elevation liver enzymes Liver mass rule out neoplastic Ultrasound report: Large hepatic mass; R/O hepatocellular carcinoma. TREATMENT PLAN: Recommend mass resection. August 11, 2023 02:33 PM EDT 1. Heterogeneous liver is well visualized. 2. Gallbladder is well visualized. Mobile sludge is present. 3. No definite abnormality of the pancreas is seen. 4. No GI masses seen; normal wall thicknesses. No foreign body seen. No lymph nodes seen. 5. Spleen, is well visualized and appears within normal limits in size and echogenicity. 6. Left kidney measuring 6.43 cm. There is no evidence of hydronephrosis, mass, cyst, stone or perinephric fluid collection on the left kidney. Right kidney measuring 6.12 cm. There is no evidence of hydronephrosis, mass, cyst, stone or perinephric fluid collection on the right kidney. The kidneys have normal corticomedullary distinction. The adrenal glands appear normal. 7. No definite abnormality of the aorta, caudal vena cava, or common iliac arteries is seen. 8. The bladder is well visualized. No sediment present. 9. No evidence of ascites is seen. Abnormal PE/Chem/CBC/UA Results: 7/28/23- elevated alpk 1405 1/27/23- elevated alpk 1589 12/27/22- elevated alpk 1977, elevated alt 170

SPECIES

Canine

BREED

Husky

SEX

Female Spayed

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution plain CT study of the thorax and abdomen is provided for review.

AGE

8 Years

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic spine, multifocal moderate spondylosis formation is seen. The periarticular bones of the left shoulder joint present advanced osteophyte new bone formation.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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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.

REFERRING VET

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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.

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Both kidneys present within normal limits for size, shape and organ architecture.

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

DATE

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The spleen presents with normal shape, even surface, uniformly attenuating parenchyma.

The hepatic volume is generalized increased and the liver is protruding caudally beyond the costal arch. An irregular ovoid shaped soft tissue attenuating mass is protruding caudally from the left division of the liver, displacing the gastric axis caudally. The hepatic mass is measuring approximately 11 x 12 x 10



PATIENT cm.

Layla Epstein The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.
The bony and surrounding soft tissue structures reveal no abnormalities.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Canine
- Left divisional hepatic soft tissue mass
 - Spondylosis deformans
 - Advanced degenerative osteoarthritis left shoulder joint
- BREED**
- No evidence of pulmonary metastatic disease

Husky **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

SEX

Female Spayed

The CT study is fitting the history of a left divisional hepatic soft tissue mass – primary hepatic neoplasia such as hepatocellular adenoma or carcinoma is most likely. Be aware that evaluation of the borders of the mass and potential intraparenchymal lesions in the remaining liver lobes is very limited in plain CT. Based on the plain CT study, complete surgical excision of the mass is considered feasible.

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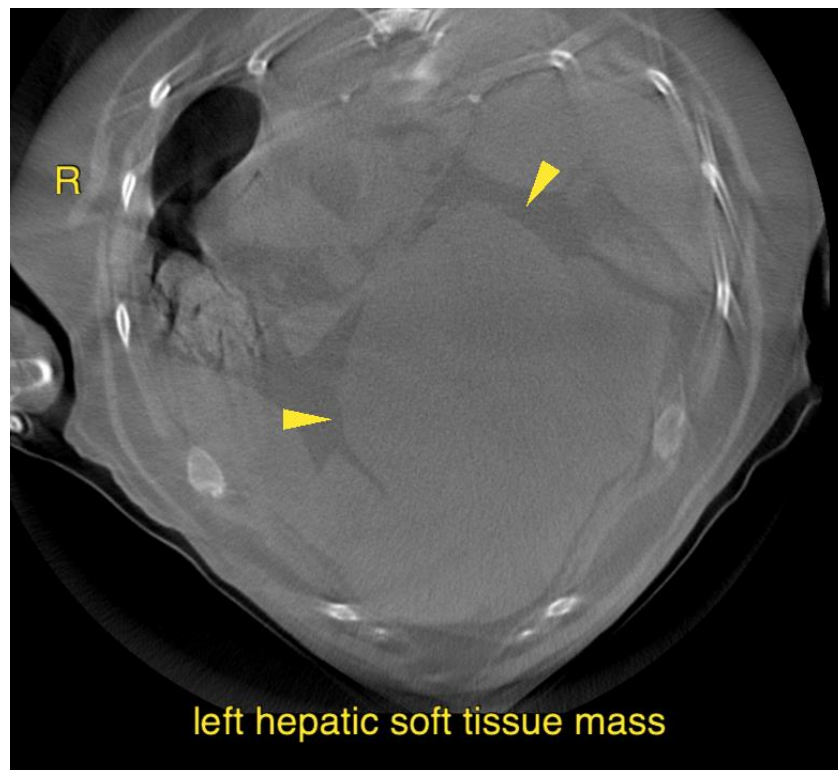
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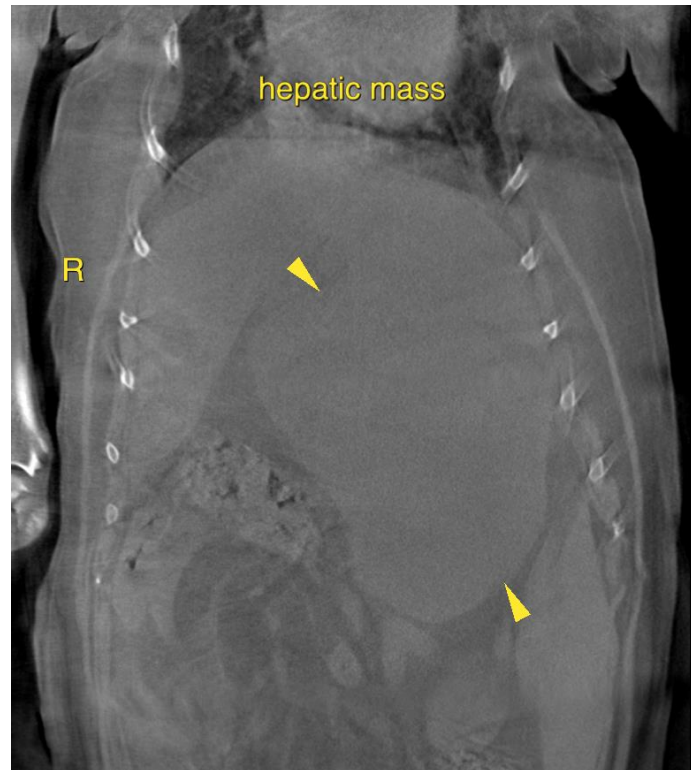
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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