



**PATIENT PRESENTING CLINICAL SIGNS**

Jesse Jones Previous very large liver mass found on CT in February 2022. Went to surgery and had it removed - came back hepatocellular carcinoma. Removed with clean margins. Now has recurrence of another large abdominal mass - suspect liver. Suspect recurrence of hepatocellular carcinoma. Performing CT for staging and to determine surgical resectability. Mild hypoglycemia, marked neutrophilia as well

Canine Abnormal PE/Chem/CBC/UA Results: -Firm cranial abdominal mass effect, low grade heart murmur -Mild hypoglycemia, mildly elevated ALP, marked neutrophilia

**BREED COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

Papillin 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**

**SEX Thorax**

MN 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.

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

11 Years 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

In the caudal aspect of the left caudal lung lobe a well-defined, soft tissue attenuating nodular lesion, measuring 5 mm in diameter is appreciated.

**HOSPITAL NAME**

Animal Health  
Partners

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

**Abdomen**

A moderate amount of fluid attenuating material is seen throughout the peritoneal cavity. A separate right & left caudal vena cava of the pre-renal segment is seen.

**REFERRING VET**

Dr. Ashley Gold

In the right cranial abdomen, a large, soft tissue attenuating and heterogeneous contrast enhancing - potentially cavitory - mass is seen, measuring 8.6 x 6.8 x 9.7 cm in size. The mass is in close contact with the right medial liver lobe cranially. The pylorus is deviated to the left and the duodenum - including the right lobe of the pancreas - ventrally by the mass effect. The right kidney is deviated dorsally and the small intestinal loops to the left.

**INVOICE**

53346

In the hilar region of the liver - at the right aspect of the gallbladder neck and at the caudoventral aspect of the quadrate liver lobe, a roundish , heterogeneous contrast enhancing mass is seen respectively, measuring up to 2.8 cm in diameter.

**DATE**

8-9-22

The left lateral liver lobe presents with a well-defined roundish, parenchymal filling defect, measuring 6 mm in diameter.

In the gallbladder, two mineral attenuating, gravity dependent, calculi, measuring 1.8 mm in diameter are appreciated. A mineralized biliary vessel is seen within the left medial liver lobe.



**PATIENT**

Jesse Jones

In the parenchyma of the caudal extremity of the spleen, a roundish, heterogeneous hypoattenuating nodular lesion is visible, measuring 1.5 cm in size.

Both kidneys present within normal limits for size, shape and organ architecture. Associated with the renal pelvis bilaterally, multiple mineral attenuating small (<1 mm) mineral attenuating calculi are seen. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

**SPECIES**

Canine

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

The pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**BREED**

Papillin

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Multiple well-defined subcutaneous nodules are seen along the trunk.

**SEX**

MN

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large right cranial abdominal soft tissue mass, likely cavitated – suspect origin from the right division of the liver
- Two soft tissue masses level with the quadrate liver lobe
- Moderate peritoneal effusion
- Splenic parenchymal nodule
- Solitary pulmonary nodule left caudal lung lobe
- Hepatic cyst left lateral liver lobe
- Cholecystolithiasis
- Multiple non-specific subcutaneous soft tissue nodules
- Double caudal vena cava, pre-renal segment

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In combination with the history, the findings are highly suggestive for reoccurrence of hepatocellular carcinoma with a large mass emerging from the right division of the liver and occupying the right cranial abdomen. There are two additional nodules – likely originating from the quadrate liver lobe. Surgical excision of the large hepatic mass appears feasible, but adhesions with the portal vein and hepatic artery are possible here. Resection of the two small nodules appears feasible as well.

**REFERRING VET**

Dr. Ashley Gold

Secondary peritoneal effusion, possibly due to hemorrhage or paraneoplastic effusion.

The odds for metastatic spread to the spleen and the left caudal lung lobe are considered high.

**INVOICE**

53346

**DATE**

8-9-22



**PATIENT**

Jesse Jones

**SPECIES**

Canine

**BREED**

Papillin

**SEX**

MN

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

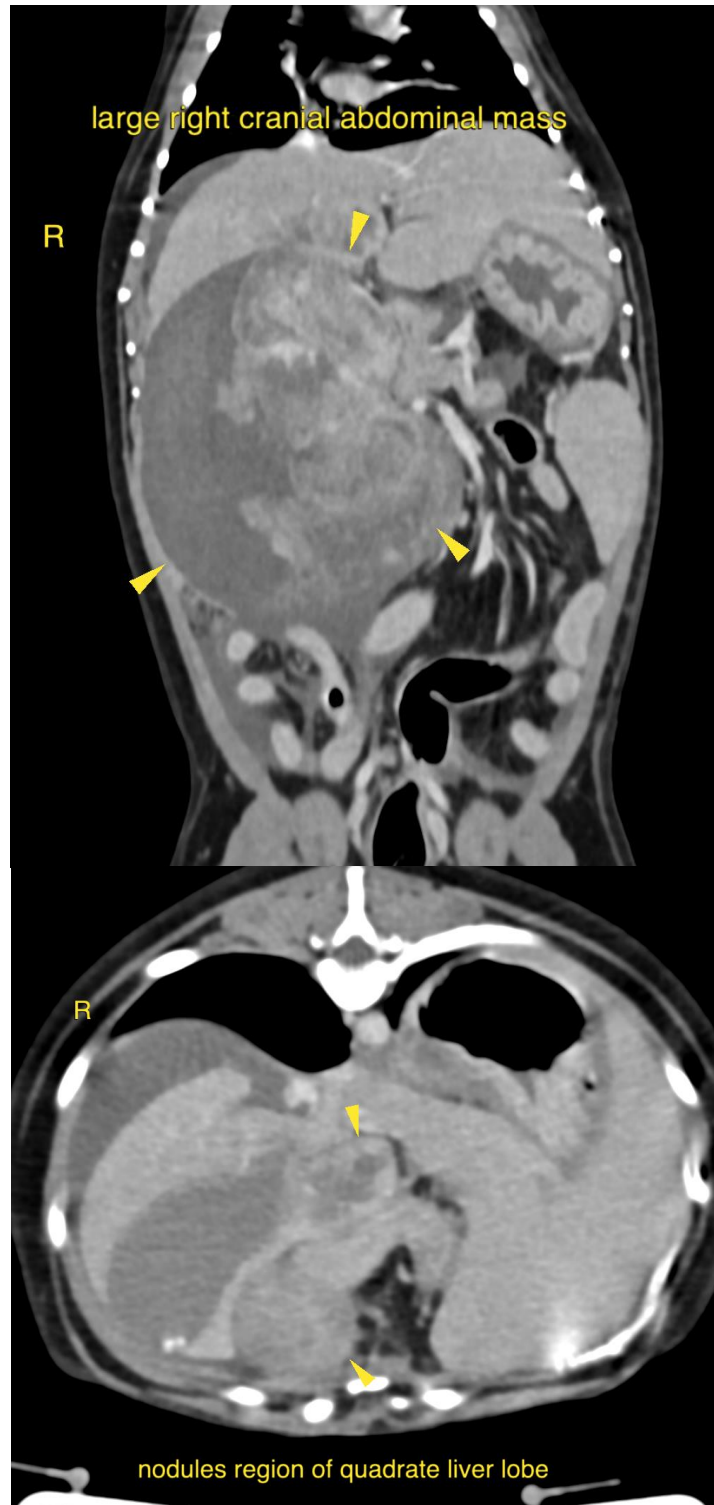
Dr. Ashley Gold

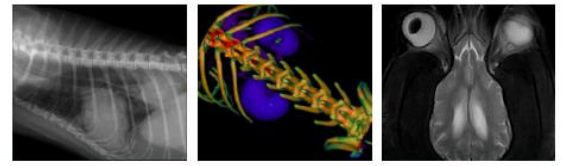
**INVOICE**

53346

**DATE**

8-9-22





**PATIENT**

Jesse Jones

**SPECIES**

Canine

**BREED**

Papillin

**SEX**

MN

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

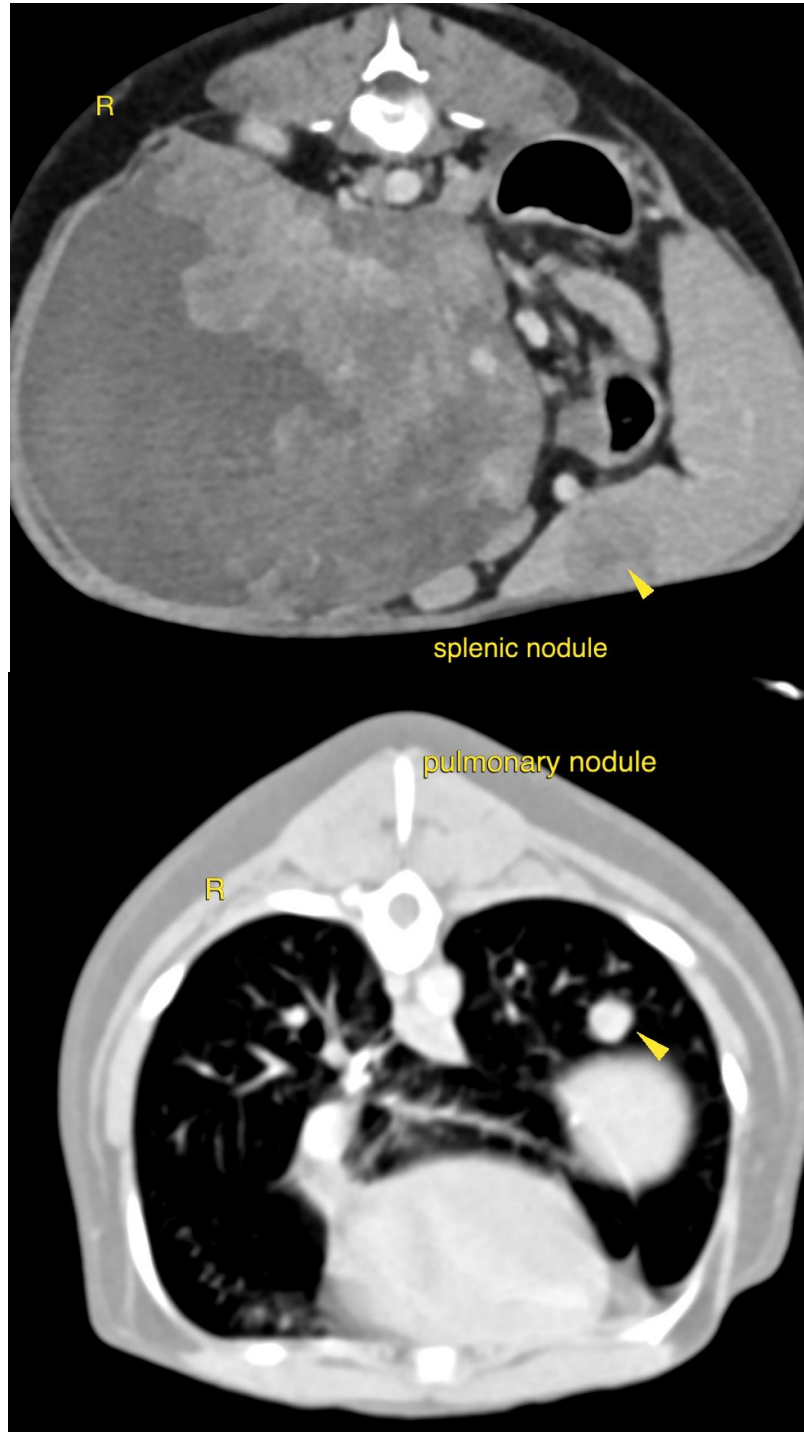
Dr. Ashley Gold

**INVOICE**

53346

**DATE**

8-9-22





**PATIENT**

Jesse Jones

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.

**SPECIES**

Canine

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

**BREED**

Papillin

**SEX**

MN

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Ashley Gold

**INVOICE**

53346

**DATE**

8-9-22