



**PATIENT PRESENTING CLINICAL SIGNS**

Christopher Londono Liver mass - cytology pending Calcium oxalate bladder calculi Left hindlimb lameness

**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

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

**BREED**

Mini Australian Shepherd 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. In the bladder neck, three or four small (<1.5 mm) mineral attenuating calculi are visible.

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

**SEX**

Neutered Male The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. At the cranial aspect of the cranial extremity of the spleen, a well-defined, ovoid shaped, structure, measuring 2.3 x 1.6 x 1.9 cm in size – presenting the same attenuation and contrast enhancement pattern like the spleen.

**AGE**

10 Years In the left lateral liver lobe, an ovoid shaped, mild heterogeneous and mildly hypoattenuating mass is appreciated, measuring 4.1 x 5.0 x 6.3 cm in size. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing. The hepatic lymph nodes are prominent and have a mild heterogeneous contrast enhancement pattern.

**INTERPRETED BY**

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

A well-defined, ovoid shaped lipoma is seen between the left transverse and left internal oblique abdominal muscle.

Mobile Pet Imaging

The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately up to 60% of the cross-sectional area of the vertebral canal at the same level. The volume of the left thigh musculature is mild to moderately decreased in comparison to the contralateral limb.

**REFERRING VET**

Meaux

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

54073

**DATE**

9-14-22

- History of hepatic mass left lateral liver lobe
- Lymphadenopathy hepatic lymph nodes
- Cystolithiasis without signs of obstruction
- Degenerative lumbosacral stenosis with potential dynamic compression of the caudal equina fibers
- Disuse atrophy left thigh musculature
- Intermuscular lipoma left cranioventral abdominal wall
- Suspect splenunculus



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

Christopher Londono

The hepatic mass is suggestive for hepatic neoplastic transformation, such as hepatocellular adenoma or carcinoma. Regeneration nodule is a potential as well. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool. Complete surgical excision of the mass by (partial) lobectomy of the affected hepatic lobe appears feasible.

**SPECIES**

Canine

The prominent hepatic lymph node are most consistent with reactive hyperplasia, however, to rule out metastatic disease, recommend FNA sampling.

**BREED**

Mini Australian Shepherd

No cause for the left hind limb lameness can be specified, but the degenerative lumbosacral stenosis without overt side predisposition. Rule out disease of the distal aspects of the left hind limb as well.

**SEX**

Neutered Male

**AGE**

10 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

Mobile Pet Imaging

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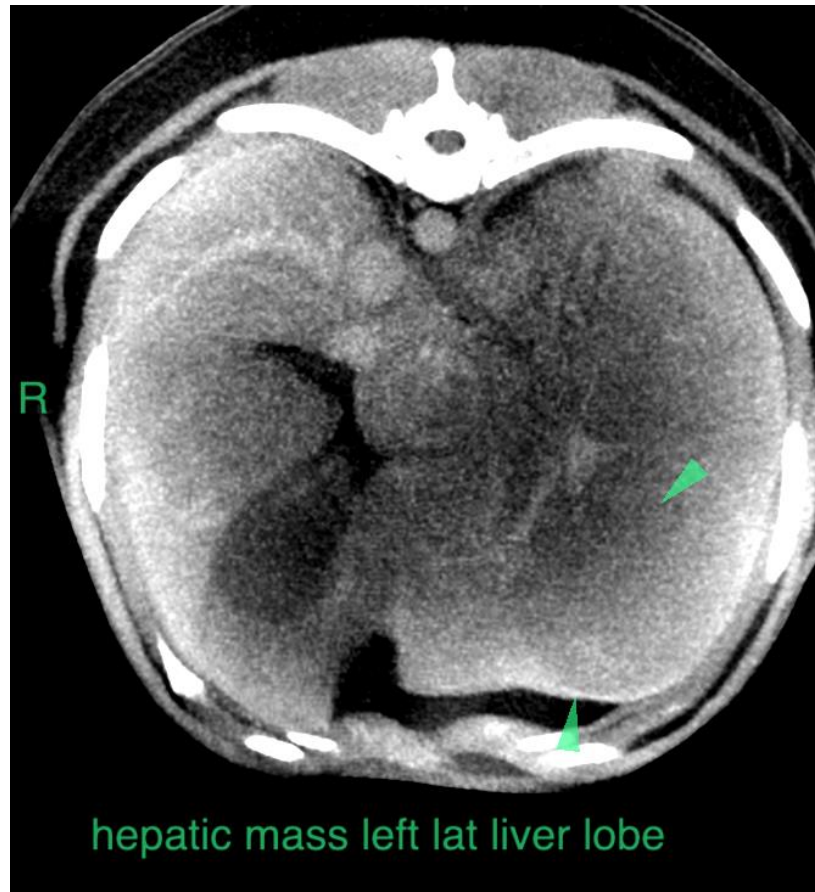
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**PATIENT**

Christopher Londono

**SPECIES**

Canine

**BREED**

Mini Australian  
Shepherd

**SEX**

Neutered Male

**AGE**

10 Years

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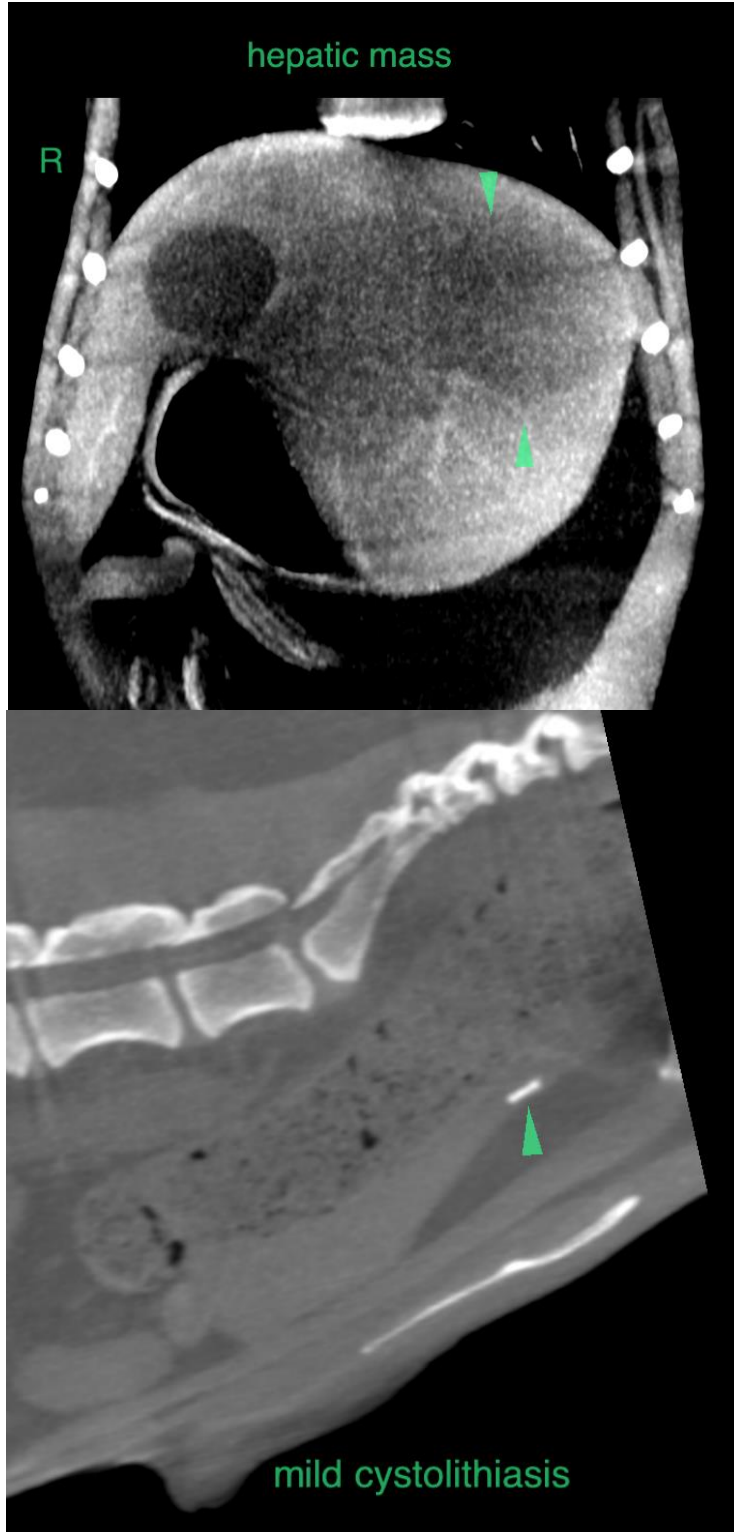
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**PATIENT**

Christopher Londono

**SPECIES**

Canine

**BREED**

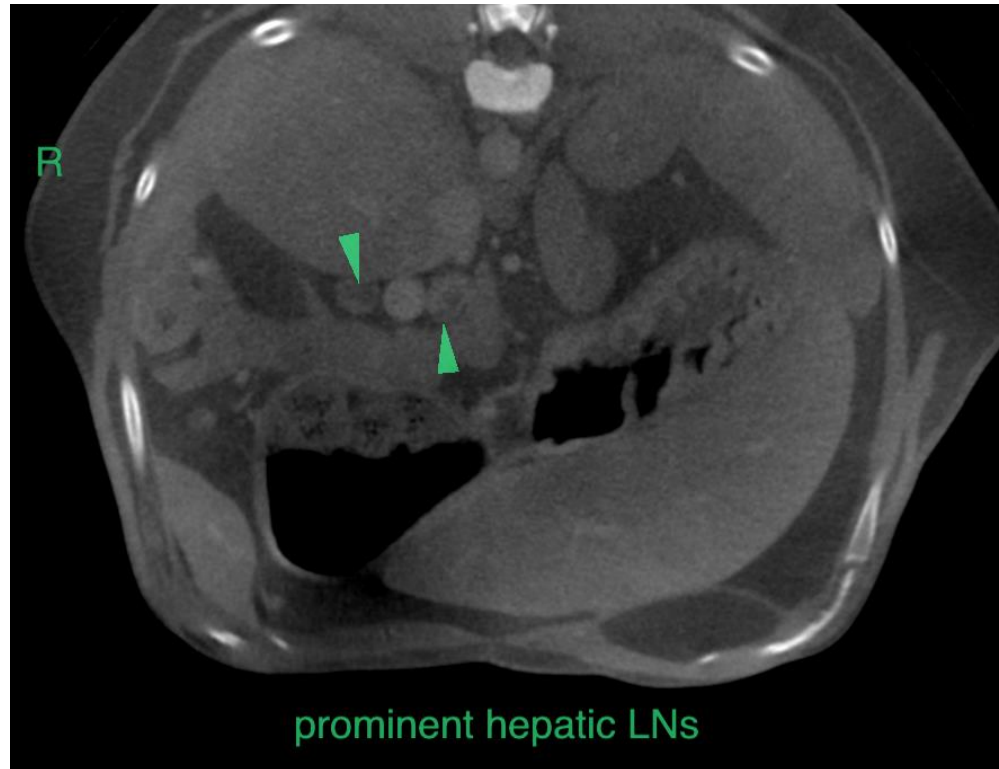
Mini Australian Shepherd

**SEX**

Neutered Male

**AGE**

10 Years



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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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