



## PATIENT

Winnie Hill

## SPECIES

Canine

## BREED

Dachshund Short Hair

## SEX

FS

## AGE

11Y

## WEIGHT

14.1lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Brett/ Logan

## HOSPITAL NAME

Animal Clinic  
Northview

## REFERRING VET

Randall V. Hutchison,  
DVM

## INVOICE

72755

## DATE

11-25-25

## PRESENTING CLINICAL SIGNS

Found mass on routine exam. P is clinically doing fine. Looking for mets in the chest and to see how surgically resectable the mass in the abdomen is.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

A pre- and post-contrast CT study of thorax are provided for review totaling 2 series. One pre-contrast series of the thorax and abdomen, soft tissue algorithm. One post-contrast series of the thorax and abdomen, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### ABDOMEN

A large pedunculated hepatic mass is identified involving the left medial hepatic lobe, with possible minor involvement of the left lateral hepatic lobe. The mass extends into the mid-left abdomen, displacing the stomach caudally and dorsally. It displays an irregular contour and mildly heterogeneous contrast enhancement. The mass measures at least 9.3 × 8.1 × 7.7 cm.

The remaining liver parenchyma is homogeneously soft tissue attenuating with uniform contrast enhancement.

The gallbladder is moderately filled with hypoattenuating content and discrete gravity-dependent hyperattenuating material; the gallbladder wall, cystic duct, and common bile duct are within normal limits.

The stomach is moderately distended with heterogeneous fluid, ingesta, and gas; wall thickness is normal. The duodenum and small intestine are nondilated with normal mural thickness. The colon and rectum contain gas and heterogeneously soft tissue attenuating fecal material; wall thickness is normal.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The kidneys are normal in size, contour, and attenuation pre- and post-contrast; renal pelvis and ureters are within normal limits.

The urinary bladder is moderately filled with homogeneous hypoattenuating fluid; wall thickness is normal.

The serosal fat shows normal attenuation.

The uterus and ovaries are not applicable.

A duplicated caudal vena cava is present, with the left renal vein draining into the persistent left caval channel, representing an incidental congenital variant.

Multiple nuclear discs in-situ mineral foci are present (incidental disc mineralization).

### THORAX

The trachea and main bronchi are within normal limits.



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There is mild gravity-dependent pulmonary consolidation in the caudal lung fields, consistent with passive pulmonary atelectasis. The remaining pulmonary parenchyma shows normal attenuation without evidence of pulmonary soft tissue micronodules, nodules or masses.

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The bronchial tree demonstrates appropriate tapering with thin, smooth bronchial walls; the bronchus-to-artery ratio is normal.

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The heart and pulmonary vessels are normal, with adequate contrast opacification.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

The pleural space, ribs, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

**SEX**

FS

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large pedunculated hepatic mass arising from the left medial hepatic lobe with possible small extension into the left lateral hepatic lobe. Differential diagnosis includes hepatic neoplasia (e.g., hepatocellular carcinoma, cholangiocarcinoma), large benign hepatic mass (e.g., nodular hyperplasia, hepatocellular adenoma).
- Mild passive pulmonary atelectasis in caudal lung lobes, otherwise normal lungs. No evidence of pulmonary or mediastinal metastatic disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

The CT study identifies a large pedunculated hepatic mass arising primarily from the left medial hepatic lobe and projecting into the left abdomen. No vascular invasion, regional lymphadenopathy, or abdominal metastatic disease is detected. The mass appears potentially resectable; however, consultation with a surgical oncologist is recommended for final assessment.

Abdominal ultrasound-guided FNA or biopsy of the hepatic mass is suggested for pre-surgical cytologic or histopathologic characterization.

**IMAGING PERFORMED BY**

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The thoracic study shows no evidence of metastatic pulmonary or mediastinal disease.

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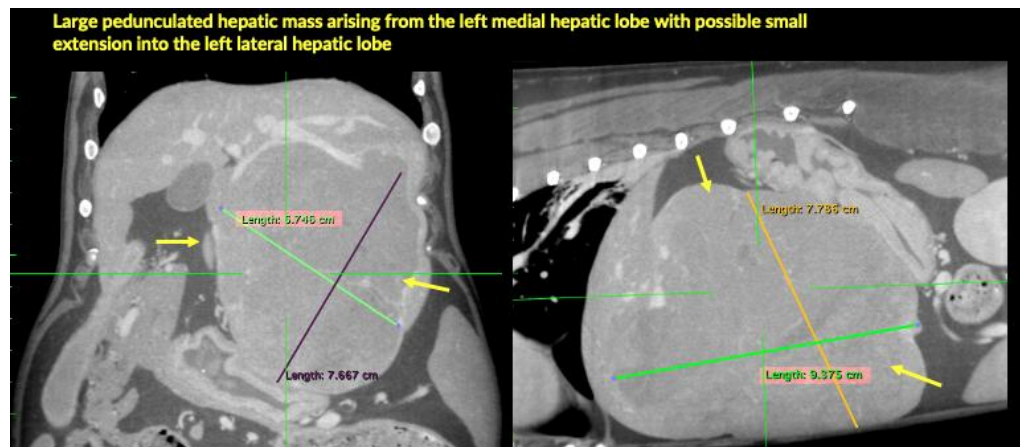
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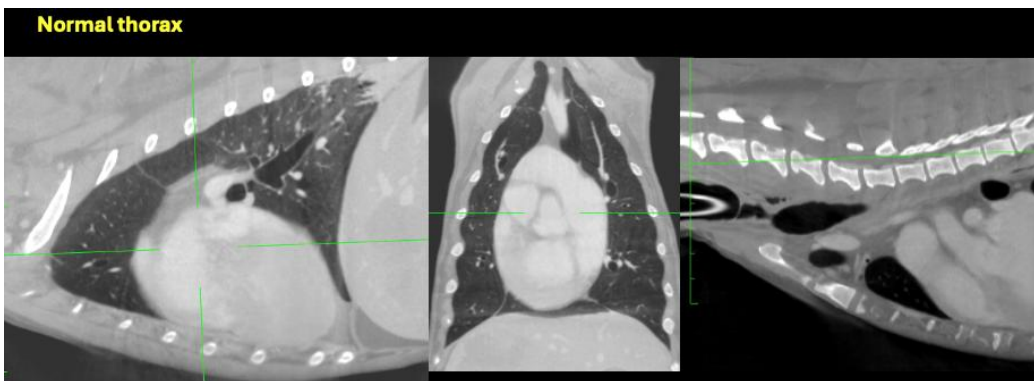
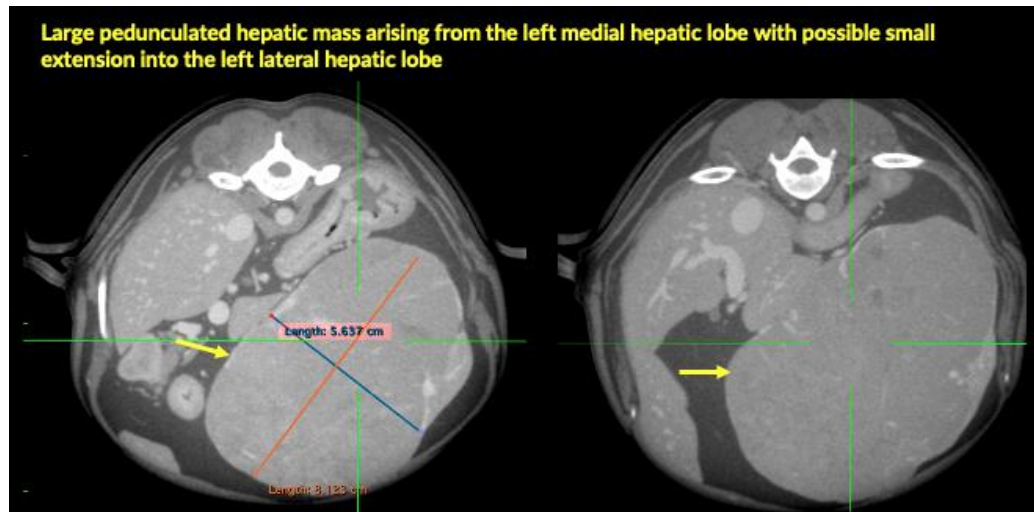
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
[info@sonopath.com](mailto:info@sonopath.com)