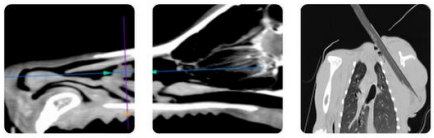


PATIENT

Bramble Hickman

SPECIES

Canine

BREED

Cross Breed

SEX

Female

AGE

12Y

WEIGHT

17kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Jessica Walker

INVOICE

73007

DATE

12-16-25

PRESENTING CLINICAL SIGNS

Abdo ultrasound reveals a mass approx 7cm near R kidney. Also some thickening of bladder wall at trigone. One liver of liver looks a little mottled cranially (?fatty change or more sinister), spleen looks normal. Pancreas actually doesn't appear grossly abnormal. Hard to tell origin of mass. Could be adrenal? Ct chest and abdo ideally to get more information, although age and co-morbities (multiple massive lipomas) might influence decisions.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the thorax, soft tissue algorithm. One pre-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm. One post-contrast series (delay phase) of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

A large, rounded, soft tissue–attenuating mass is identified within the right cranial lung lobe. The lesion appears to involve the bronchus of the right cranial lung lobe and causes an extramural compression to the bronchus of the right middle lung lobe. It measures approximately 4.5 × 3.7 × 3.2 cm. The lesion is located at the level of 3rd – 4th intercostal spaces.

No additional nodules or micronodules are detected in the remaining aerated pulmonary parenchyma.

There is narrowing of the bronchial lumen to the left lung lobes, associated with collapse (grade II) and decreased volume of the caudal subsegment of the left cranial lung lobe, resulting in peripheral ground-glass opacity and consolidation.

The mediastinum and cardiac silhouette are displaced toward the left side due to left lung atelectasis.

The trachea, pleural space, diaphragm, and ribs are unremarkable.

Mild thoracic wall deformity (pectus excavatum) and presence of only four sternebrae are noted.

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

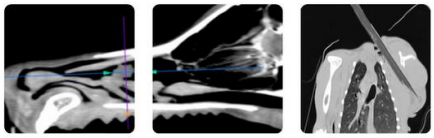
The thoracic esophagus is unremarkable.

ABDOMEN

A large, rounded, slightly heterogeneous, contrast-enhancing mass effect is identified in the mid-ventral abdomen, appearing pedunculated and associated with the right lateral liver lobe. It measures approximately 6.2 × 4.8 × 4.0 cm. The remaining hepatic parenchyma exhibits discrete nonuniform contrast enhancement.

The gallbladder, cystic duct, and common bile duct are within normal limits.

The kidneys are normal in size, shape, and contour, with a few small cortical cysts. The renal pelvis and ureters are unremarkable.



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The urinary bladder is moderately distended with homogeneously hypoattenuating fluid and contrast material; wall thickness is normal.

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

The gastrointestinal tract is normally distributed and distended, with no mural mass effect.

The serosal fat displays normal attenuation.

The uterus and ovaries are not applicable.

The musculoskeletal structures are unremarkable, except for L5–L6 and L6–L7 incomplete bridging vertebral endplate spondylosis deformans.

Marked subcutaneous fat accumulation surrounds the thoracic and abdominal walls, with a large, ill-defined contour lipomatous mass on the left side.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right cranial lung lobe mass; differential diagnoses include primary pulmonary neoplasia or less likely metastatic lesion.
- Left cranial lung lobe atelectasis secondary to bronchial collapse.
- Large, pedunculated, contrast-enhancing mass within the right mid-ventral abdomen likely associated with the right lateral liver lobe. Differential diagnosis includes hepatic neoplasia (e.g., hepatocellular carcinoma, cholangiocarcinoma), large benign hepatic mass (e.g., nodular hyperplasia, hepatocellular adenoma).
- Mild spondylosis deformans (L5–L7).
- Pectus excavatum and reduced sternebral number (anatomical variant).
- Excessive corporal score with large left-sided thoracic-abdominal lipomatous mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates two significant lesions. The first is located in the right cranial lung lobe, with the primary differential diagnosis being a pulmonary tumor such as bronchogenic adenocarcinoma, bronchioloalveolar carcinoma, or other primary lung neoplasms. The lesion lies adjacent to the thoracic wall and may be accessible for thoracic ultrasound-guided fine-needle aspiration (FNA); however, due to the marked thickness of the subcutaneous fat deposits, access could be technically challenging.

The second lesion, situated within the mid-ventral abdomen, likely in hepatic parenchyma, the primary differential diagnosis is a hepatic neoplasm, although a benign mass should be considered as a differential diagnosis. The hepatic lymph nodes appear unremarkable. This lesion may also be amenable to ultrasound-guided FNA sampling. The lesion is not associated with the adrenal glands, which are unremarkable, and there is no involvement of the right kidney.

Both the pulmonary and hepatic masses appear potentially resectable; however, consultation with a surgical oncologist is recommended for definitive assessment and surgical planning.

TECHNICAL COMMENTS

PATIENT

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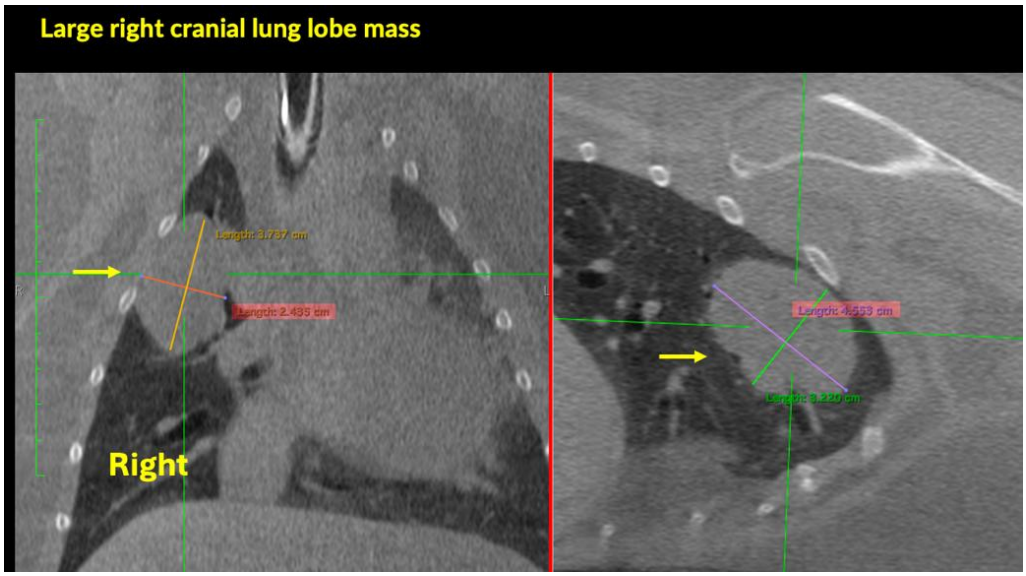
The degree of enhancement on the post-contrast series was low, which limited evaluation of the soft tissue structures and vascular anatomy.



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