



PATIENT

Sparky Ilyayeva

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

12

WEIGHT

20

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

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DATE

12-3-25

PRESENTING CLINICAL SIGNS

Abdominal Mass

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & LUMBAR SPINE

A single delayed-phase post-contrast CT study of the abdomen and lumbar spine was provided, acquired in transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, pedunculated, irregularly contoured soft tissue mass is identified in the mid-cranial abdomen. The mass likely arises most likely from the left medial hepatic lobe, with possible minor involvement of the left lateral hepatic lobe.

It displaces the stomach caudally and dorsally and displaces the transverse colon and spleen caudally. The lesion exhibits mildly heterogeneous contrast enhancement and measures at least 12.1 × 10.4 × 9.6 cm.

The remaining liver parenchyma demonstrates homogeneous soft tissue attenuation with uniform enhancement.

The gallbladder is moderately filled with hypoattenuating content.

The hepatic lymph nodes are mildly enlarged. Other abdominal lymph nodes are unremarkable.

The spleen is subjectively mildly enlarged, with normal attenuation and contour.

The gastrointestinal tract is normally distributed and distended, with no evidence of large mural abnormalities.

The pancreas is not clearly visible but appears normal based on what can be assessed.

The adrenal glands are within normal limits.

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

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

Serosal fat exhibits normal attenuation.

Uterus and ovaries are not applicable.

LUMBAR SPINE

Normal number of vertebral bodies (L1-L7) and sacrum.

Normal spinal alignment.



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Mild incomplete spondylosis deformans at L5–L6.

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Remaining vertebral bodies are normal in shape, contour, and opacity. Intervertebral disc spaces are within normal limits.

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Caudal articular joints are unremarkable.

The vertebral canal displays normal attenuation.

The coxofemoral joints are incongruent with mild periarticular ossifications.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large pedunculated mass arising from the mid-cranial abdomen, most consistent with origin from the left medial hepatic lobe, with possible minor involvement of the left lateral hepatic lobe. Mildly heterogeneous contrast enhancement. Differential diagnoses include hepatic neoplasia (e.g., hepatocellular carcinoma, cholangiocarcinoma), large benign hepatic mass (e.g., nodular hyperplasia, hepatocellular adenoma).
- Mild enlargement of hepatic lymph nodes, compatible with reactive or neoplastic lymphadenopathy.
- Mild splenomegaly.
- Mild incomplete spondylosis deformans at L5–L6, likely incidental.
- The coxofemoral joints are incongruent with mild secondary degenerative changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates large pedunculated mass arising from the mid-cranial abdomen, most consistent with origin from the left medial hepatic lobe, with possible minor involvement of the left lateral hepatic lobe. Mildly heterogeneous contrast enhancement. Differential diagnoses include hepatic neoplasia (e.g., hepatocellular carcinoma, cholangiocarcinoma), large benign hepatic mass (e.g., nodular hyperplasia, hepatocellular adenoma).

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Ultrasound-guided FNA or biopsy is recommended for definitive characterization. Correlate with serum liver function testing.

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Consider thoracic imaging if metastatic screening has not yet been performed.

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The lumbar spine abnormalities consist of mild L5–L6 spondylosis deformans, likely incidental with minimal clinical significance.

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TECHNICAL COMMENTS

The examination includes only one post-contrast delay phase. There is moderate beam-hardening and streak artifact. These factors limit evaluation, particularly of the adjacent abdominal vasculature and fine soft-tissue detail.

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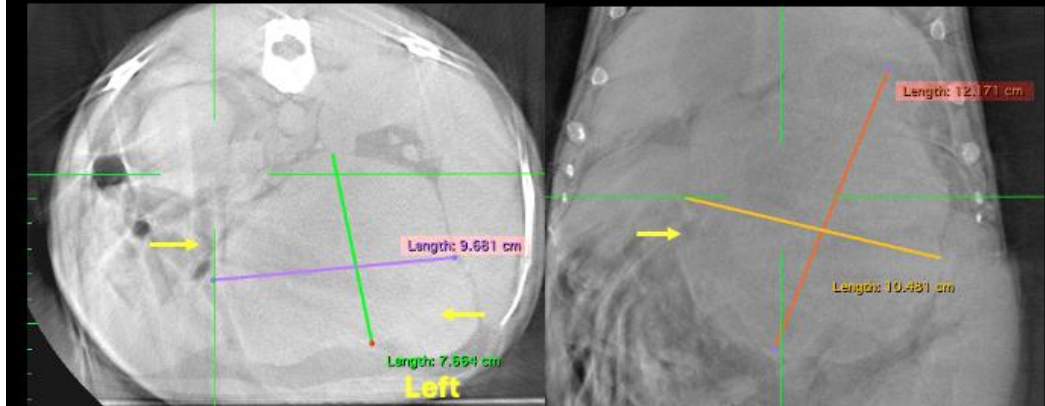
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Large pedunculated mass arising from the mid-cranial abdomen, most consistent with origin from the left medial hepatic lobe



Mild incomplete spondylolysis deformans at L5-L6, likely incidental.



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.

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