



PATIENT

Abby Lindenschmidt

SPECIES

Canine

BREED

Golden Retriever X

SEX

FS

AGE

9Y

WEIGHT

36.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Jennifer Sletmoen

INVOICE

72868

DATE

12-4-25

PRESENTING CLINICAL SIGNS

Mild liver enzyme elevations on bloodwork done due to proteinuria (but normal crea). U/S showed neoplasia. CT to determine if sx is an option. Receives cartrophen and Aventi Omega supplements plus holistic meds.

Abnormal PE/Chem/CBC/UA Results: Increased urea 10.5 mmol/L, alt 184 U/L, alpk 999 U/L, GGT 59 U/L, chol 9.45 mmol/L

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Pre- and post-contrast CT examination of the thorax and abdomen was provided for review, including one pre-contrast thoracic series (bone algorithm), one pre-contrast abdominal series (bone algorithm), and one post-contrast abdominal series (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, rounded, partially defined contour mass is present within the right medial hepatic lobe. The lesion exhibits heterogeneous contrast enhancement with multiple internal hypoattenuating cystic components. It extends caudally and displaces the antral-pyloric region of the stomach.

The lesion measures approximately 8.5 × 8.3 × 7.5 cm. The remaining hepatic parenchyma shows homogeneous soft-tissue attenuation and uniform enhancement.

The gallbladder contains hypoattenuating material; the gallbladder wall, cystic duct, and common bile duct appear normal.

The gastrointestinal tract is normally distended with normal mural thickness.

The distal descending colon and rectum contain mixed gas and soft tissue attenuating fecal material with normal mural thickness.

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

The serosal fat shows normal attenuation.

Both kidneys are normal in size, contour, and attenuation with no renal pelvic or ureteral abnormalities.

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

The uterus and ovaries are not visible; small metallic implants consistent with previous ovariectomy are noted.

The caudal vena cava, portal vein, aorta, and other major abdominal vasculature are unremarkable.

The musculoskeletal structures are unremarkable.

THORAX

The trachea and main bronchi are within normal limits.



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There is gravity-dependent peripheral consolidation and ground-glass attenuation within the caudal left lung lobe, accompanied by reduced volume expansion and ipsilateral mediastinal shift, most consistent with passive pulmonary atelectasis. The remainder of the pulmonary parenchyma is normal, with no evidence of micronodules, nodules, or masses.

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

The heart and pulmonary vessels are within normal limits.

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

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right medial hepatic lobe mass with heterogeneous enhancement and internal cystic regions. Differential diagnosis includes hepatic neoplasia (e.g., hepatocellular carcinoma, cholangiocarcinoma), large benign hepatic mass (e.g., nodular hyperplasia, hepatocellular adenoma).
- Passive pulmonary atelectasis of the left caudal lung lobe, no CT evidence of pulmonary or mediastinal metastatic disease.
- Remaining abdominal organs and thoracic structures within normal limits.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the presence of a large right medial hepatic lobe mass with mixed enhancement and internal cystic components. No evidence of regional lymphadenopathy or vascular invasion, or other abdominal abnormalities. The mass appears potentially resectable; however, consultation with a surgical oncologist is recommended for final assessment.

IMAGING PERFORMED BY

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

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

REFERRING VET

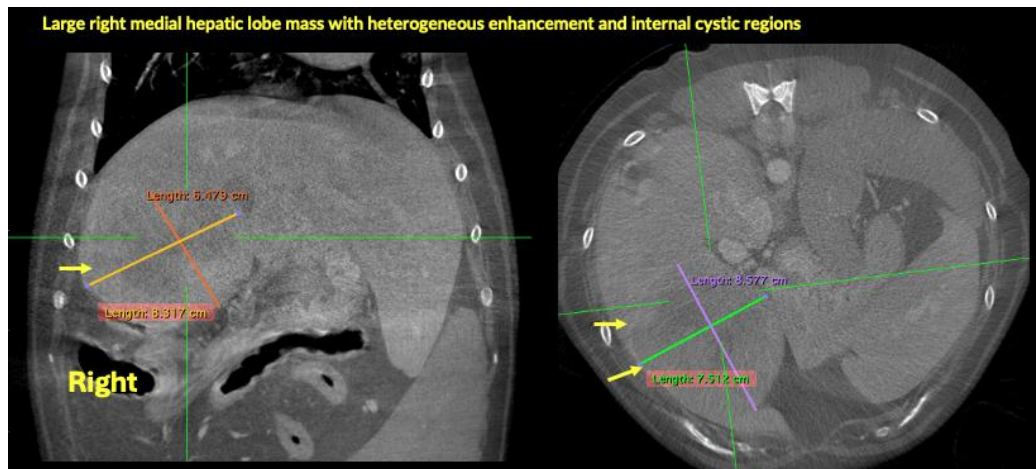
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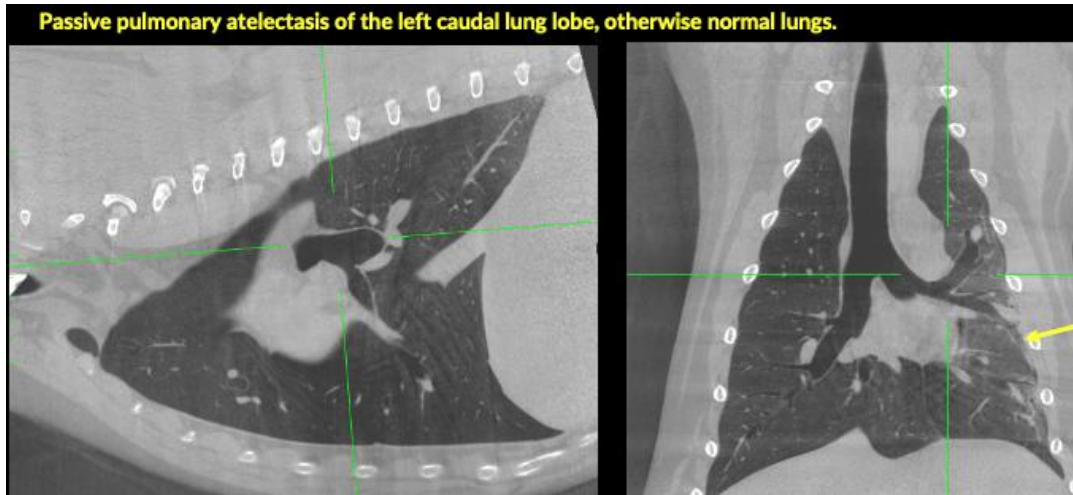
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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