



**PATIENT PRESENTING CLINICAL SIGNS**

**Cava Chirkova**  
**SPECIES** Canine  
**BREED** Yorkshire Terrier  
**SEX** FS  
**AGE** 8 Years

Cava, a 8 year old Female Yorkshire Terrier, was presented to the Toronto Animal Health Partners Surgery Service for hepatic mass. Cava has also been losing weight since November. The hepatic mass was initially noticed November 2022. Normal EDUD; No VDSC; Energetic. Cava is currently eating cooked food, with no history of allergies. Cava is UTD on vaccines. Abnormal PE/Chem/CBC/UA Results: WNL

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen are provided for review. A total of 12 series, thorax and abdomen pre-contrast, immediate post contrast and delayed contrast series are evaluated.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

There is a large, multilobular mass affecting the hepatic parenchyma. The mass is ill-defined, irregular, and heterogeneously attenuated, with persistent hypoattenuation and non-enhancing cavitated and cystic lesions also seen in the venous and delayed post-contrast series. The mass occupies many portions of the parenchyma, including the right medial lobe, the quadrate lobe, and the left medial lobe. The remainder of the hepatic lobes are more preserved in their characteristics and attenuation. Due to the characteristics of the mass, it is difficult to make a precise measurement; however, the most cavitated lesion measures approximately 7.7cm x 7.4cm x 5.4cm. The parenchyma is also diffusely enlarged, and other multifocal small, rounded, hypoattenuating, non-enhancing lesions are seen.

Part of the irrigation of the mass is attributed to the hepatic artery. The portal vein in the porta hepatis and the proximal portion of the principal branches are normal; however, the mass is contiguous to the left major branches.

The gallbladder is moderately filled with hypoattenuating fluid and ventral dependent, more dense material.

The hepatic lymph nodes are mildly enlarged, and mild heterogeneously contrast enhancing. The largest measures 0.6cm x 0.2cm. Also, multiple small epigastric lymph node are mildly enlarged.

The spleen is diffusely enlarged, homogeneously soft tissue attenuating, and normal in shape and contour.

The renal silhouettes are normal in size, shape, contour, and attenuation. The renal length is 4.7cm in the right kidney and 4.8cm in the left kidney.

The stomach is mildly filled and caudally displaced due to the liver mass, and contains gas mixed with homogeneous soft tissue attenuating material – fluid, and gas.

The duodenum and small intestine are nondilated and contain a small amount of fluid and gas.

The colon contains gas mixed with heterogeneous soft tissue attenuating fecal material.

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Health Partners

**REFERRING VET**

Dr. Jeffery Biskup

**INVOICE**

56531

**DATE**

2-1-23



**PATIENT** The mesenteric and retroperitoneal fat is normal.

Cava Chirkova The pancreas and adrenal glands are normal.

**SPECIES** The other abdominal lymph nodes are normal, such as the pancreaticoduodenal, mesenteric, and iliac medial lymph nodes.

Canine The urinary bladder is moderately filled. The apex in the plane of L6 is homogeneously soft tissue opaque.

**BREED** The ovaries and uterus are not visible.

Yorkshire Terrier **Thorax**

**SEX** At least three variably sized, rounded, ovoid, attenuating structures are seen within the cranial mediastinum with the largest measuring approximately 1.4cm length and 0.9cm length.

FS The caudal peripheral lung lobes are mildly reduced in volume. Dorsally associated alveolar pattern is seen as a consequence of passive atelectasis. No evidence of pulmonary soft tissue nodules.

**AGE** The inlet trachea is mildly reduced in diameter.

8 Years The pleural space is normal.

The cardiac silhouette and pulmonary vasculature are normal.

**INTERPRETED BY** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

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

- Large multilobular heterogeneous hepatic mass with multifocal non-contrast enhancing nodules affecting multiple hepatic lobes, however more severe damage is noted at the quadrate lobe, the left medial lobe, and right middle hepatic lobe. Differential diagnosis includes malignant hepatic neoplasia.
- Multiple rounded multifocal hypoattenuating nodular hepatic lesions - differential diagnosis includes metastatic nodules, regenerative or hyperplastic nodules, hepatic cyst.
- Hepatic, epigastric, sternal, and mediastinal cranial lymphadenopathy - neoplastic or reactive.
- Diffuse splenomegaly - likely correlated to anesthesia.
- No pulmonary metastatic disease.
- Mild dynamic tracheal collapse.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The differential diagnosis for hepatic neoplasia includes hepatocellular carcinoma, cholangiocarcinoma, round cell neoplasm, or hemangiosarcoma. Less likely benign neoplasm, such as hepatic adenoma or severe hyperplastic lesion.

**INVOICE** No evidence of peritoneal effusion. A fine needle aspiration and/or biopsy is required for diagnosis. The position of the liver mass could affect the resectability.

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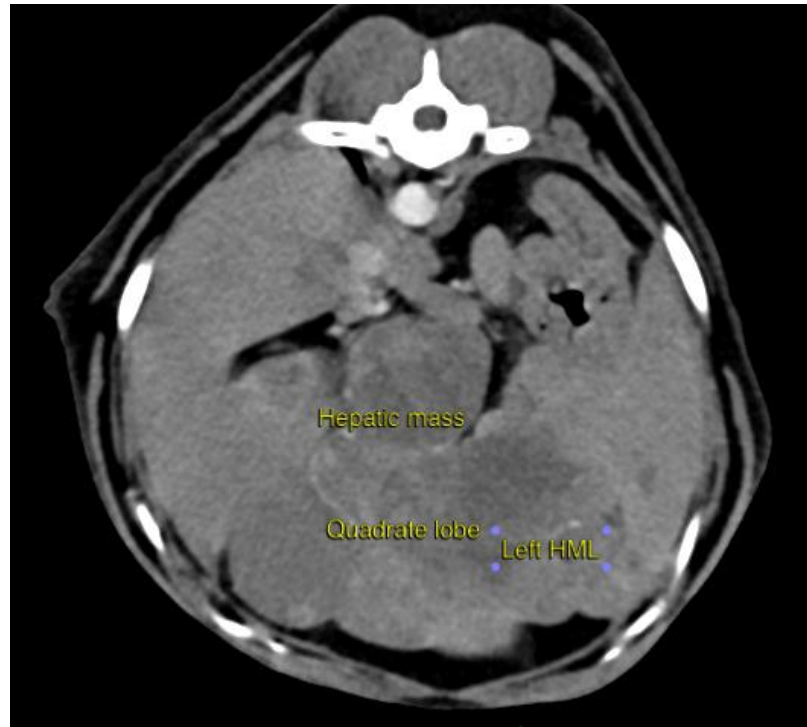
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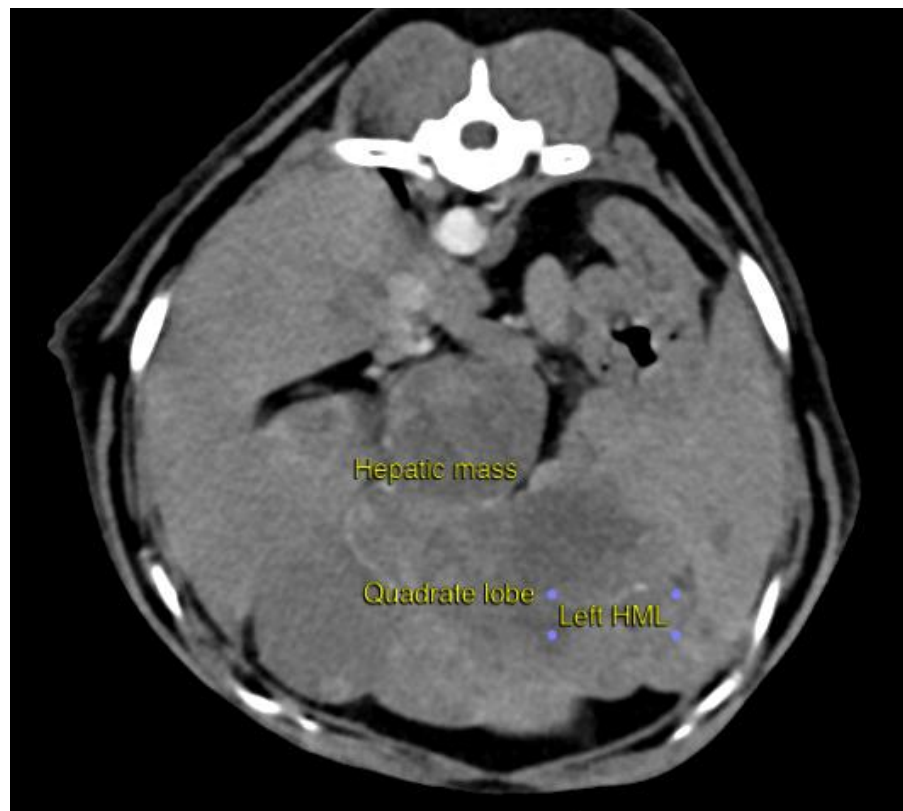
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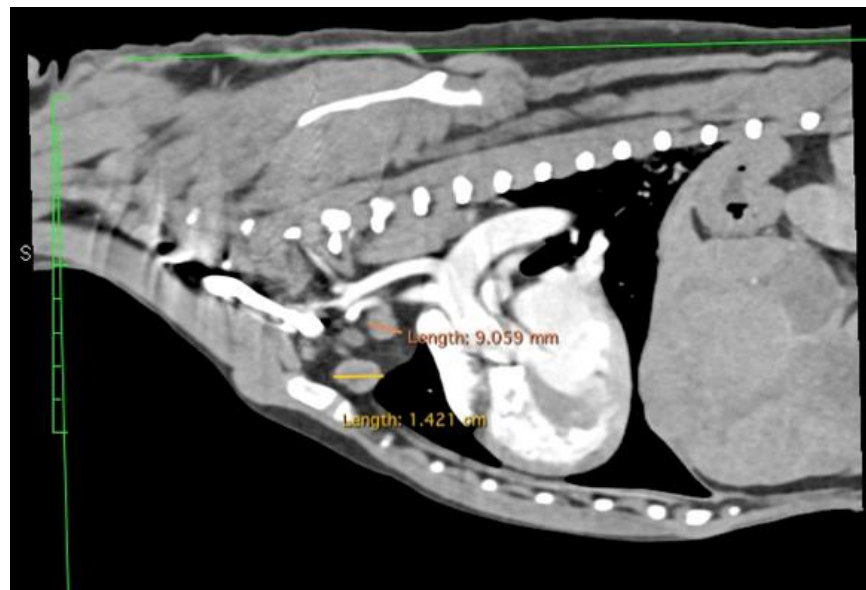
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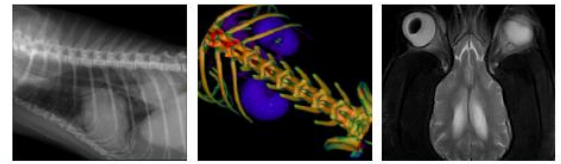
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

Yorkshire Terrier

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
info@sonopath.com

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