



PATIENT

Benjamin Cyprich

SPECIES

Canine

BREED

Corgi Mix

SEX

MN

AGE

12

INTERPRETED BY

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

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

56891

DATE

2-22-23

PRESENTING CLINICAL SIGNS

Presented for a history of mild alt elevations and increased drinking and urinating. No other signs. Rads and ultrasound showed a suspected left sided hepatic nodule. Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN AND THORAX

A pre- and post-contrast CT study of the abdomen and thorax are provided for review. A total of 3 series, thorax and abdomen pre contrast, and delay contrast series are evaluated.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

There is a moderately sized lobular homogeneous nodular lesion within the left lateral hepatic lobe with homogeneous and mildly hypoattenuating contrast enhancement in the post-contrast series. The nodular lesion measures approximately 5.5cm x 3.8cm x 2.7cm. The remainder of the liver parenchyma is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape.

Two small hyperattenuating structures are seen in the gallbladder, measuring approximately 0.4cm. The gallbladder wall is unremarkable.

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 3.7cm in the right kidney and 4.5cm in the left kidney.

The ureters are normal in size with correct insertion in the trigone region.

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

The prostate is unremarkable.

The spleen is mildly diffusely enlarged, homogenously soft tissue attenuating, and uniformly contrast enhancing, likely correlated to the anesthesia.

The stomach is mildly caudally displaced, containing a minimal amount of gas.

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

The colon contains gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

The abdominal lymph nodes and adrenal glands are normal.

The remainder of the abdomen is normal.



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Thorax

The trachea and main bronchus are normal.

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Mild patchy interstitial and alveolar peripheral caudodorsal pulmonary attenuation, passive atelectasis. The remainder of the pulmonary parenchyma is normal in attenuation. No pulmonary nodules are seen.

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The pleural space and mediastinum are normal. No evidence of enlarged mediastinal lymph nodes.

The diaphragm and thoracic wall are normal.

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Abundant fat stores are seen in the subcutaneous tissue, mediastinum, and throughout the abdomen.

The musculoskeletal structures are unremarkable.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Homogeneous lobular left lateral hepatic nodular lesion, differential diagnosis includes nodular hyperplasia, regenerative nodule, benign neoplasia, for example, hepatic adenoma, less likely malignant hepatic neoplasia.
- Two small gallbladder choleliths.
- Mild pulmonary passive atelectasis, otherwise, normal thorax.
- No evidence of pulmonary metastatic disease.
- No evidence of enlarged mediastinal lymph nodes.
- Excessive body score condition.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the tomographic characteristics of the hepatic nodule and the homogeneous enhancement in the post-contrast series, the major probability is that the lesion is benign, for example, regenerative or hyperplastic nodule, or hepatic adenoma. However, a biopsy is required for the diagnosis. A malignant neoplastic process is less likely, and the differential diagnosis includes hepatocellular carcinoma, cholangiocarcinoma, round cell neoplasm, or hemangiosarcoma.

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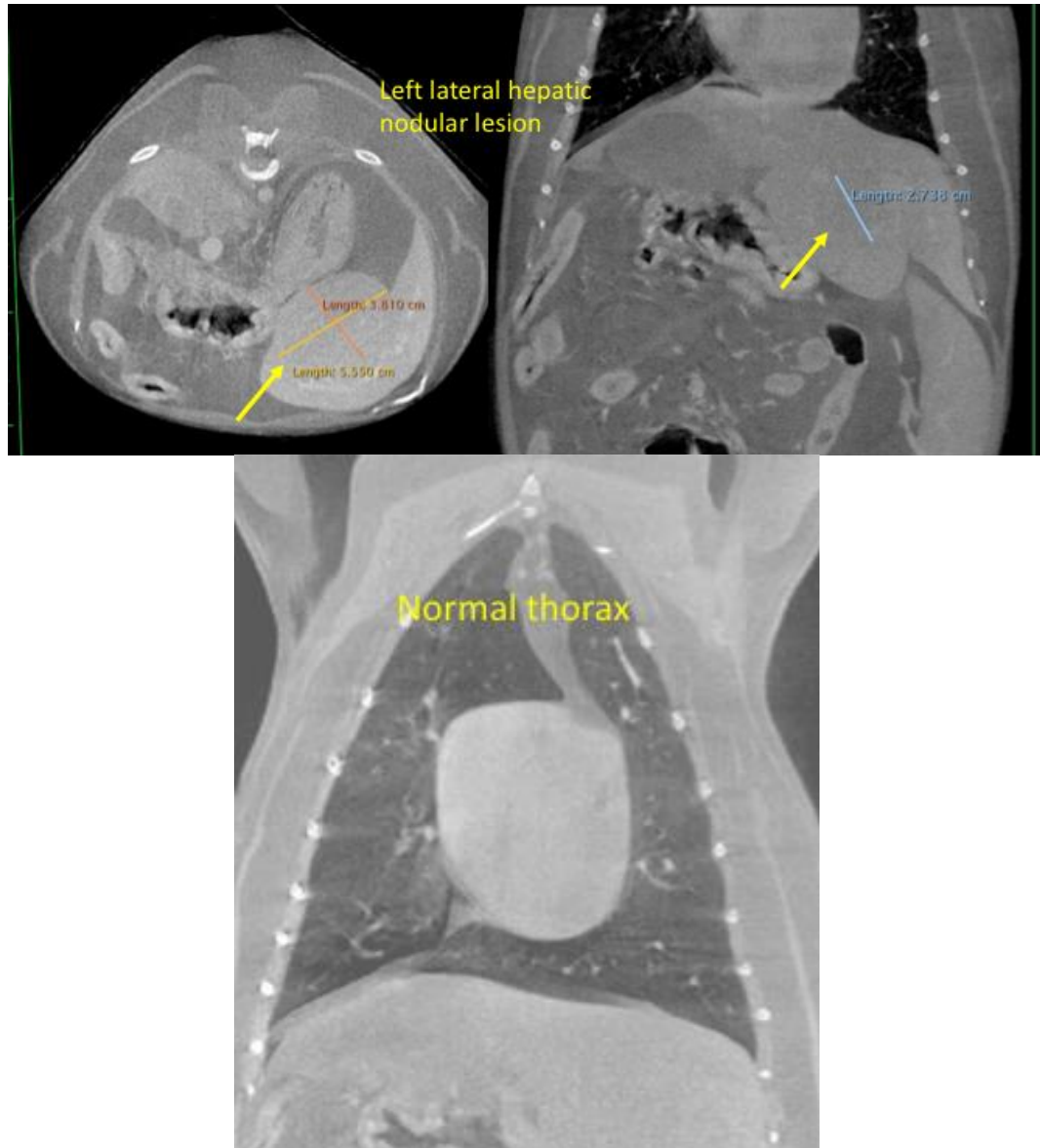
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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