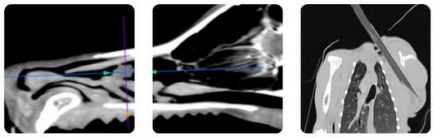


PATIENT

Dre Dibono

SPECIES

Canine

BREED

Bernadoodle

SEX

MN

AGE

8

WEIGHT

34.5

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

73634

DATE

2-5-26

PRESENTING CLINICAL SIGNS

liver mass r/o carcinoma vs adenoma vs others

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast computed tomographic study of the thorax and abdomen was provided for review, consisting of two series. One pre-contrast series of the thorax and abdomen acquired using a bone algorithm. One delayed-phase post-contrast series was obtained.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The liver is enlarged, predominantly on the right side, and exhibits a marked mass effect with irregular external contour. A large mass is identified, primarily involving the caudate process, with possible extension into the right lateral hepatic lobe. The mass has a pedunculated appearance and causes caudal and medial displacement of the pyloric region. The margins of the lesion are poorly defined due to insufficient contrast enhancement. The mass measures approximately 12.6 × 10.3 cm.

The gallbladder is unremarkable.

The kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises and ureters are within normal limits.

The urinary bladder is moderately distended and contains homogeneously hypoattenuating fluid admixed with hyperattenuating contrast material. The urinary bladder wall thickness is within normal limits.

The spleen is of normal size and shape, with homogeneous soft tissue attenuation and uniform contrast enhancement.

The gastrointestinal tract demonstrates normal distribution and luminal distension.

The colon and rectum contain gas admixed with heterogeneously soft tissue–attenuating fecal material. Wall thickness is within normal limits.

The pancreas and hepatic lymph nodes are poorly evaluated due to limited contrast enhancement. The mesenteric and medial iliac lymph nodes are within normal limits.

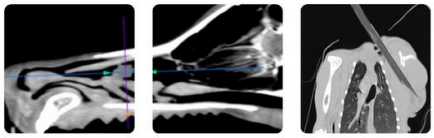
The serosal fat demonstrates normal attenuation.

There are multiple multifocal complete and incomplete ventral bridging osteophytes consistent with spondylosis deformans affecting the thoracic, lumbar, and lumbosacral spine.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.



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In the ventral, gravity-dependent portion of the right caudal lung lobe, there is a focal area of consolidation with rounded margins, most consistent with rounded, gravity-dependent atelectasis. Multiple small, dispersed subpleural mineralized foci are present. The remaining pulmonary parenchyma demonstrates normal attenuation.

The bronchial tree shows normal branching and tapering, with thin and smooth bronchial walls and a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are within normal limits.

A small, elongated, well-defined subcutaneous mass with homogeneous fat attenuation is present in the right cranial thoracic (subscapular) region, measuring approximately 4.0 × 1.8 cm, consistent with a lipoma.

The thoracic esophagus is unremarkable.

There is periarticular ossification affecting both shoulder joints, with enthesophyte formation at the insertion of the subscapularis muscle tendons.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large hepatic mass, predominantly involving the caudate process with possible extension into the right lateral hepatic lobe, exhibiting a pedunculated appearance and causing displacement of the pylorus. Differential diagnoses include primary hepatic neoplasia, less likely benign hepatic mass (e.g., hepatic adenoma or nodular hyperplasia)
- Rounded gravity-dependent atelectasis is present in the right caudal lung lobe. This finding may obscure an underlying pulmonary nodule, which should therefore be considered in the differential diagnosis.
- Small subcutaneous lipoma in the right cranial thoracic (subscapular) region.
- Multifocal thoracic, lumbar, and lumbosacral spondylosis deformans.
- Bilateral shoulder periarticular degenerative changes, with associated enthesopathy and concurrent subscapularis tendinopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination identifies a large right-sided hepatic mass with significant mass effect and displacement of adjacent stomach. Primary differential diagnoses include primary hepatic neoplasia, less likely benign hepatic mass (e.g., hepatic adenoma or nodular hyperplasia).
Due to technical limitations, including low contrast enhancement and acquisition limited to a delayed phase, accurate assessment of lesion margins, internal vascularity, hepatic lymph nodes, and pancreatic structures is restricted.

Consider an ultrasound-guided fine-needle aspiration or biopsy for definitive diagnosis, if clinically appropriate.

Thoracic findings do not provide evidence of metastatic pulmonary disease at this time.

TECHNICAL COMMENTS

The examination is affected by streak and beam-hardening artifacts, with low overall contrast enhancement and absence of arterial and portal venous phases, limiting detailed evaluation of abdominal organs and vascular structures.

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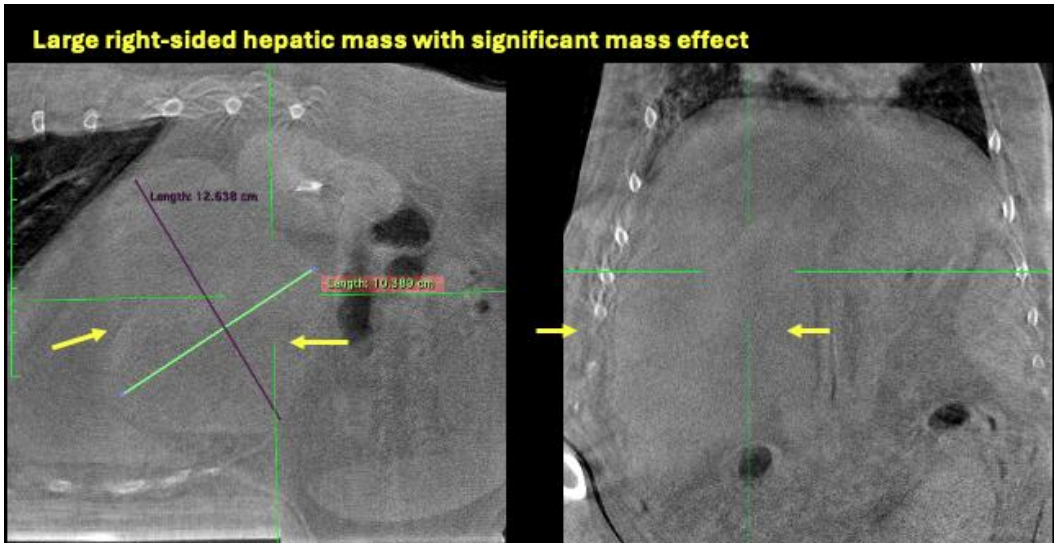

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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