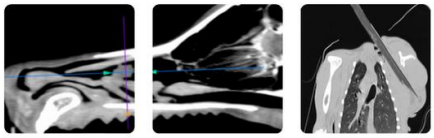


PATIENT

Gauge Knowles

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

9Y

WEIGHT

68lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rosio Castaneda

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

Dr. Greenwood

INVOICE

74361

DATE

3-25-26

PRESENTING CLINICAL SIGNS

- Hx of vomiting, lethargy,panting at rest, drooling
- AFAST- scant FF; serosanguinous, exudative
- Mottled liver
- Spleen unremarkable
- Prostatomegaly suspect BPH
- IMMY negative
- Bloodwork 3/25:
- CBC: WBC- 19.84, NEU- 17.01, Mono- 1.30
- CHEM: ALT- 334, ALP- 509

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen was provided for review, totaling 4 series: one pre-contrast abdominal series (soft tissue algorithm), one pre-contrast thoracic series (bone algorithm), one post-contrast abdominal series (soft tissue algorithm), and one post-contrast thoracic series (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The liver is mildly enlarged. Multiple hypoattenuating nodules of variable size, as well as multifocal amorphous hypoattenuating regions, are distributed throughout all hepatic lobes. Some of the larger nodules measure approximately 1.7 × 2.5 cm and 1.7 × 3.0 cm. The left medial and left lateral hepatic lobes are severely affected, with a large confluent hypoattenuating region associated with the remaining lesions. In this area, there is also loss of normal hepatic capsular/parenchymal margin definition, accompanied by adjacent peritoneal effusion. This larger region measures at least 8.3 × 6.9 cm.

The gallbladder is filled with homogeneous hypoattenuating content. No abnormality is identified in the cystic duct or common bile duct.

There is moderate, multifocal enlargement of the hepatic lymph nodes and some mesenteric lymph nodes.

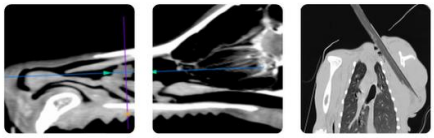
The right pancreatic lobe is mildly enlarged. The left pancreatic lobe is within normal limits.

The serosal fat demonstrates diffuse fat stranding, and peritoneal effusion is noted, most evident adjacent to the liver and within the caudoventral abdomen, including the region adjacent to the urinary bladder.

The kidneys are normal in size, shape, contour, and attenuation on the pre- and post-contrast series. The renal pelves are within normal limits. The ureters are not opacified in the available contrast phase.

The spleen is homogeneous in attenuation and contrast enhancement, with normal size and shape.

The gastrointestinal tract is mildly distended and normally distributed. No evidence of marked mural thickening or severe mass effect is identified.



SonoPath.com info@sonopath.com 1.800.838.4268

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

The prostate is mildly enlarged, with regular contours and mildly heterogeneous contrast enhancement. It measures approximately 4.3 x 4.7 cm. It is positioned slightly more caudally than expected, extending more deeply into the pelvic canal.

The urinary bladder is moderately distended with homogeneous hypoattenuating fluid content. Wall thickness is within normal limits.

The adrenal glands are within normal limits.

THORAX

The trachea and main bronchi are within normal limits.

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

A few subpleural soft tissue attenuating pulmonary micronodules are identified, measuring approximately 2.0 to 3.5 mm. In addition, there are multiple small mineral-attenuating foci (pulmonary osteomas). The remaining pulmonary parenchyma is within normal limits.

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

The cardiac silhouette and pulmonary vasculature are within normal limits. Post-contrast vascular opacification is adequate.

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

The thoracic esophagus is unremarkable.

Multifocal thoracic and lumbar spondylosis deformans is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild hepatomegaly with multifocal to coalescing hypoattenuating hepatic nodules and infiltrative hepatic lesions, most severely affecting the left medial and left lateral hepatic lobes, where there is a large confluent hypoattenuating region associated with loss of normal hepatic contour definition and adjacent peritoneal effusion. Primary differential diagnoses include primary hepatic neoplasia, especially considering the combine findings. Less likely considerations include multifocal/metastatic hepatic neoplasia and benign nodular hepatic changes, such as nodular hyperplasia or regenerative nodules.
- Moderate enlargement of the hepatic lymph nodes and selected mesenteric lymph nodes. Findings are compatible with reactive lymphadenopathy and/or metastatic lymph node involvement.
- Diffuse fat stranding and peritoneal effusion, most evident adjacent to the liver and within the caudoventral abdomen. Differential diagnoses include modified transudate, hemoperitoneum, or neoplastic serosal involvement.
- Mild enlargement of the right pancreatic lobe, which may reflect mild pancreatic edema or early/incipient pancreatitis.

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- Mild prostatomegaly with mild heterogeneous enhancement and slightly more caudal positioning within the pelvic canal. Differential diagnoses include benign prostatic hyperplasia, with possible concurrent prostatitis.
- A few subpleural pulmonary micronodules are identified. The primary differential diagnosis is pulmonary metastatic disease.
- Multiple mineralized pulmonary foci (osteomas) are also present and may represent incidental benign findings.
- Multifocal thoracic and lumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a multifocal to coalescing infiltrative hepatic disease, with more severe involvement of the left-sided hepatic lobes, associated with loss of hepatic margin definition, adjacent abdominal effusion, and regional lymphadenopathy. These findings are most concerning for a multifocal infiltrative neoplastic hepatic process. Although less likely, a severe inflammatory or infectious etiology cannot be entirely excluded based on CT findings alone.

The presence of a few small pulmonary micronodules raises concern for possible metastatic pulmonary involvement.

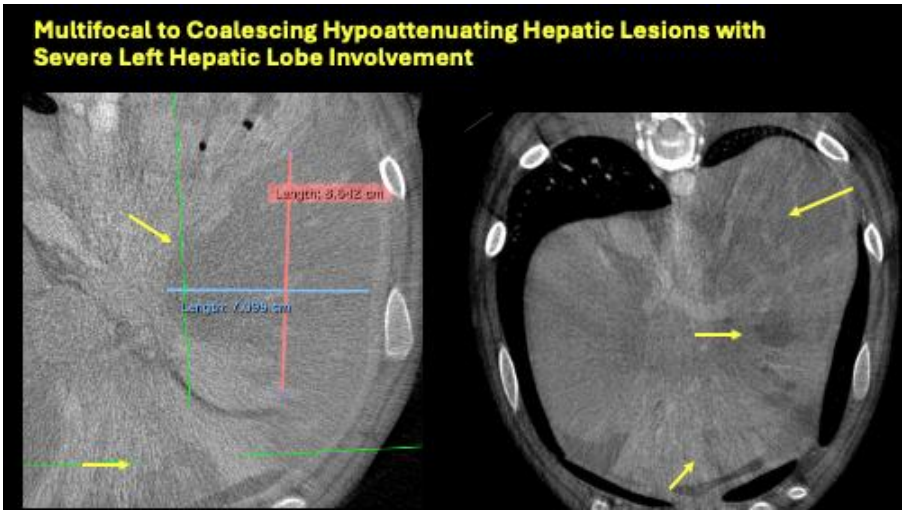
The mild enlargement of the right pancreatic lobe may represent a reactive change or mild/incipient pancreatopathy.

Consider performing abdominocentesis again with fluid analysis/cytology. The hepatic parenchymal lesions are hypoattenuating and possibly cavitary, which may make ultrasound-guided FNA more challenging; however, FNA should still be considered, if technically feasible.

If clinically indicated, thoracic follow-up and/or oncologic staging is recommended due to the pulmonary micronodules.

TECHNICAL COMMENTS

The right/left lateral markers were inverted during image acquisition.



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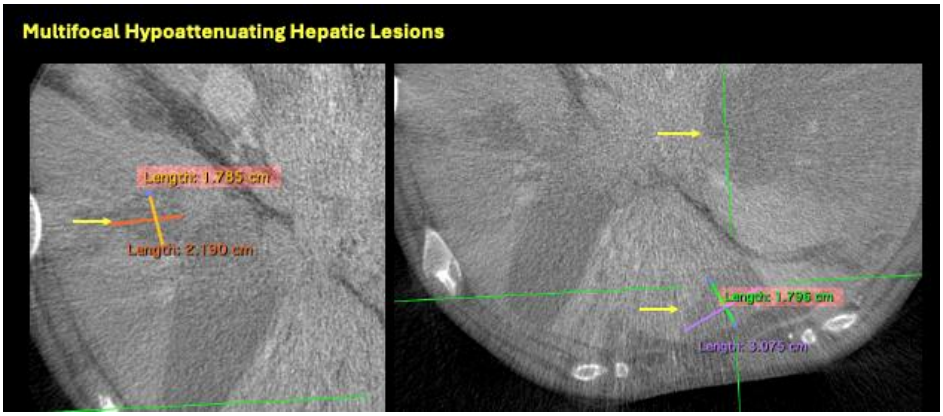

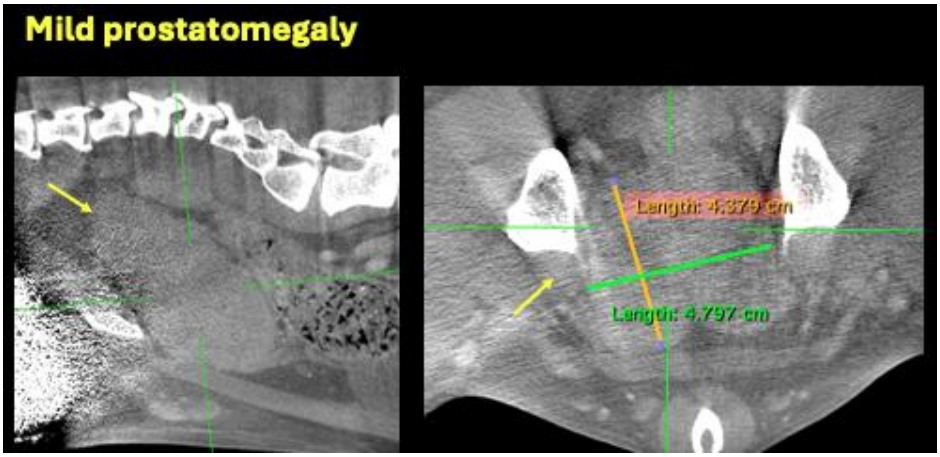

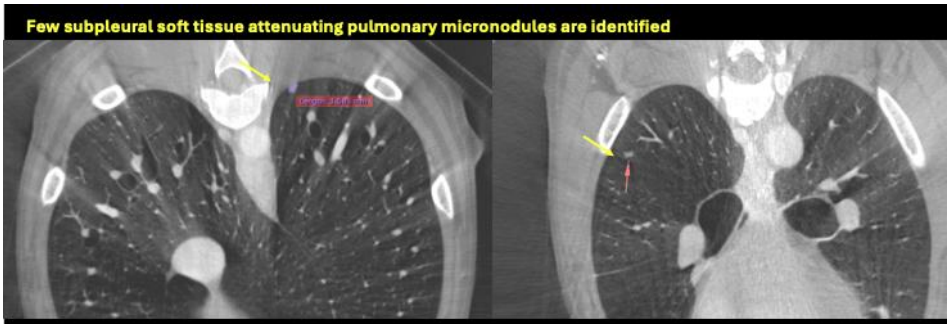

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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