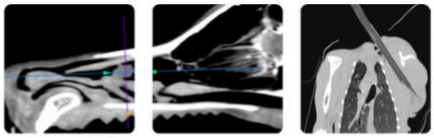


PATIENT

Enzo Anhold

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.74 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Aly & Ally

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Dr. Derek Howell DVM

INVOICE

14034

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- Mass effect in cranial abdomen noted on exam. Large, cavitated liver mass identified. Liver values normal and P not clinical for mass. FNA of mass only obtained cystic fluid.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN AND THORAX

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 2 series. One pre-contrast series of whole-body, bone algorithm. One pre-contrast series of whole-body, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

There are multiple, large, expansile, multicystic hypoattenuating lesions affecting the hepatic parenchyma. Two dominant masses are identified, in addition to multiple smaller lesions scattered throughout the remaining hepatic lobes.

The largest lesions predominantly involve the papillary process of the caudate lobe and the left medial liver lobe. These masses deform the hepatic contour, resulting in rounded and irregular margins. The lesions partially surround major intrahepatic vascular structures, including the hepatic segment of the caudal vena cava and its major tributaries, as well as the portal vein, particularly the left portal branch.

The lesion affecting the papillary process of the caudate lobe measures at least 6.0 × 4.3 cm.

The lesion affecting the left medial lobe measures at least 7.2 × 6.7 cm.

Additional smaller lesions of similar attenuation are present, primarily along the peripheral aspects of other liver lobes, measuring approximately 0.3–0.8 cm.

The gallbladder and cystic duct are unremarkable. The common bile duct is visible and within normal diameter (approximately 0.4 cm).

The stomach is moderately distended with heterogeneous hypoattenuating content and gas. It is displaced caudally and dorsally secondary to the large hepatic masses.

The pancreatic and hepatic lymph nodes are mildly enlarged. The remaining abdominal lymph nodes are unremarkable.

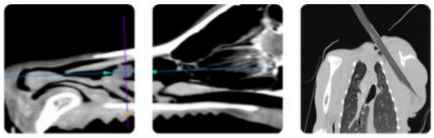
The small intestines are non-distended, with no evidence of mural thickening or mass effect.

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

The kidneys are mildly asymmetric in size and contour, with cortical retractions noted, more pronounced in the right kidney. The renal pelvis and ureters are unremarkable.

The cranial part of the urinary bladder is visible, moderately distended with homogeneously hypoattenuating fluid content. Wall thickness is normal.

The colon contains gas and heterogeneous fecal material. Wall thickness is within normal limits.



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The caudal portion of the left pancreatic lobe is mildly enlarged. The right pancreatic lobe and both adrenal glands are within normal limits.

The serosal fat demonstrates normal attenuation. A small mineral focus (approximately 3.1 mm) is present within the left caudal abdominal fat - incidental.

THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma demonstrates normal attenuation. No pulmonary nodules, micronodules, or masses are identified.

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

The cardiac silhouette and pulmonary vessels are normal. Contrast opacification is adequate.

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

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

An incomplete bridging spondylosis deformans is noted at C7–T1 and T11–T12.

COMPUTED TOMOGRAPHIC DIAGNOSIS

Severe, multifocal, multicystic hepatic masses, predominantly involving the papillary process of the caudate lobe and the left medial lobe, with additional smaller lesions throughout the remaining hepatic parenchyma. The masses deform hepatic contours and partially surround major intrahepatic vessels. Differential diagnoses include epithelial neoplasms such as hepatocellular carcinoma and cholangiocarcinoma, with biliary cystadenoma considered less likely.

Mild enlargement of the pancreatic and hepatic lymph nodes (reactive versus metastatic).

Mild enlargement of the caudal left pancreatic lobe (incidental versus early inflammatory change).

Mild chronic renal changes (cortical retractions), more evident in the right kidney, degenerative renal disease.

No evidence of pulmonary metastatic disease.

Incidental vertebral spondylosis deformans (C7–T1 and T11–T12).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination confirms the presence of large, multicystic, expansile hepatic masses with multifocal distribution. The involvement of multiple lobes and close association with major intrahepatic vessels may complicate surgical resection, particularly for the centrally located lesions.

Although fine-needle aspiration yielded cystic fluid, cytology of cystic lesions may be non-diagnostic. The imaging characteristics raise concern for epithelial neoplasms such as hepatocellular carcinoma and cholangiocarcinoma, with biliary cystadenoma considered less likely. Multifocal nodular hyperplasia with cystic degeneration remains a less likely differential diagnosis.

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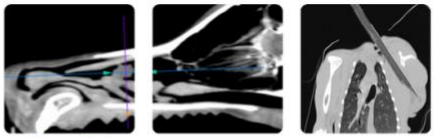

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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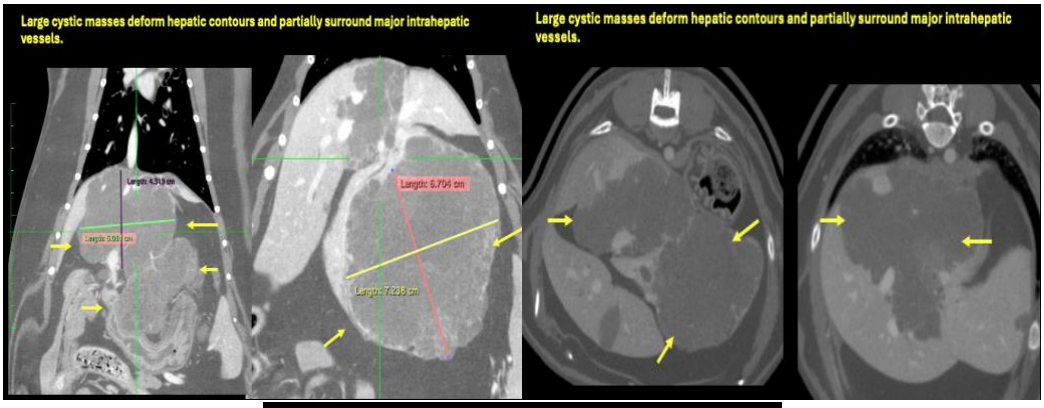

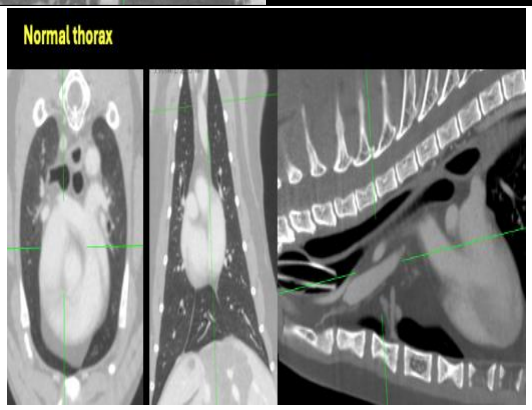

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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