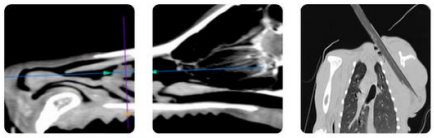

PATIENT

Marcus Propst

SPECIES

Canine

BREED

Catahoula Mix

SEX

MN

AGE

12Y

WEIGHT

27.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Jennifer C.

HOSPITAL NAME

Pet Emergency & Referral Center - NVA

REFERRING VET

Dr. Darby Toth

INVOICE

74605

DATE

4-13-26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes, intermittent appetite. Weight lost reported. ULTRASOUND (Abdominal) - Liver: very large spheroidal mass mainly on left liver lobe, relatively hyperechoic, diameter ~120-140 mm, contains 2-14 mm anechoic islands, sharp margin with adjacent normal liver, displacing stomach dorsally
Abnormal PE/Chem/CBC/UA Results: Chem: ALT 445 HIGH (ref 18-121), AST 69 HIGH (16-55), ALP 6111 CRITICAL_HIGH (5-160; result verified by repeat analysis), GGT 5 (0-13), Total bilirubin 0.2 (0.0-0.3), Cholesterol 465 HIGH (131-345), CK 66 (10-200) - Conclusions: Markedly elevated ALP with elevated ALT/AST; hypercholesterolemia; GGT normal.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast computed tomography study of the abdomen was provided for review, comprising three series: one pre-contrast (soft tissue algorithm) and two post-contrast (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

A large, expansile mass is identified involving the left medial and lateral hepatic lobes, causing distortion and rounding of the hepatic contour. The lesion is predominantly hypoattenuating relative to the adjacent hepatic parenchyma and demonstrates heterogeneous internal architecture, with multiple variably sized cystic hypoattenuating regions measuring approximately 0.6 to 1.6 cm. The mass measures at least 11.8 × 11.1 × 10.5 cm and results in marked hepatomegaly.

The remaining hepatic parenchyma is homogeneous, with normal attenuation and uniform contrast enhancement.

The gallbladder, cystic duct, and common bile duct are within normal limits.

The gastric and splenic lymph nodes are mildly enlarged. The hepatic and remaining abdominal lymph nodes are within normal limits.

The gastrointestinal tract is mildly distended, containing small amounts of fluid and gas, with normal wall thickness and distribution. Mild caudal displacement of the stomach is noted secondary to the hepatic mass effect.

The colon contains gas and heterogeneous fecal material, with normal wall thickness.

The pancreas is unremarkable.

Both adrenal glands are within the upper limits of normal size. The left adrenal gland shows mild bulging at the caudal pole, measuring approximately 2.6 × 0.9 cm. The right adrenal gland measures approximately 2.6 × 0.8 cm.

The kidneys are normal in size, shape, contour, and attenuation, with normal renal pelvises and ureters.

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

The urinary bladder is mildly distended and partially included in the field of view.

The serosal fat shows normal attenuation, with no evidence of peritoneal effusion or peritonitis.

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The prostate is not included in the scanned field.

The musculoskeletal structures show bridging spondylosis deformans at L3–L4 and L4–L5, with mild articular facet proliferation at L3–L4.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large hepatic mass affecting the left medial and lateral lobes, with heterogeneous attenuation and multiple internal cystic components, resulting in hepatomegaly and mass effect on adjacent structures. Differential diagnoses include primary hepatic neoplasia (e.g., hepatocellular carcinoma, cholangiocarcinoma), less likely biliary cystadenoma or other cystic hepatic lesions.
- Mild enlargement of gastric and splenic lymph nodes, likely reactive, although metastatic involvement cannot be entirely excluded.
- Bilateral adrenal within upper limits of normal, with mild contour bulging shape of the left adrenal gland.
- Incidental degenerative spinal changes (spondylosis deformans and facets osteoarthrosis).

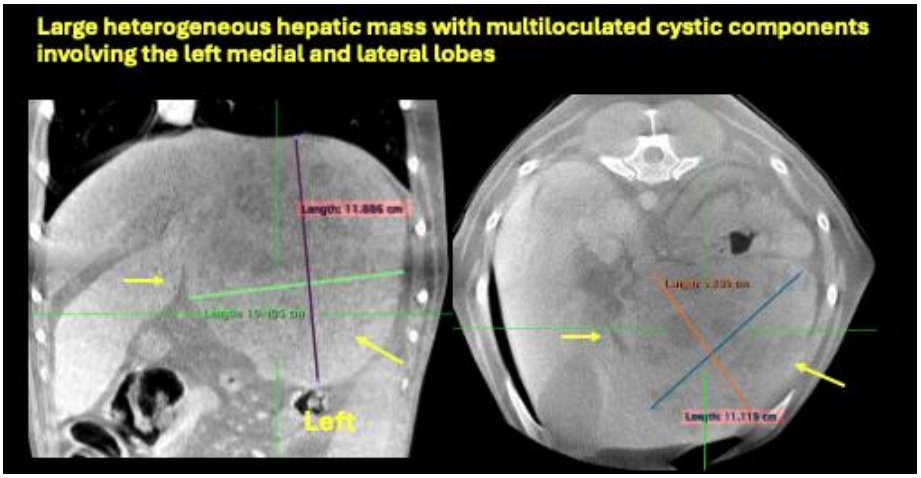
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large, complex hepatic mass with cystic internal architecture, most consistent with a primary hepatic neoplastic process. Although benign cystic lesions are considered, the size, heterogeneity, and associated mass effect favor malignancy.

Ultrasound-guided fine-needle aspiration may be helpful if targeting more solid regions; however, sampling of cystic areas may be non-diagnostic. Histopathological confirmation is required for a definitive diagnosis.

Further staging is recommended, including thoracic imaging, to assess for metastatic disease.

The mass is centered in the left hepatic lobes, with imaging features suggesting the presence of margins that may allow for surgical resectability and should be discussed with the surgeon. However, the presence of adhesions to adjacent structures cannot be excluded.



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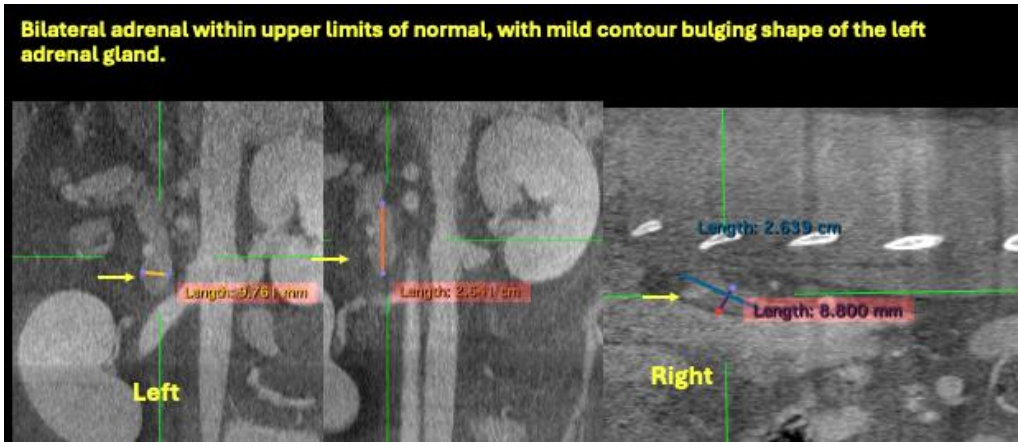

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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