



## PATIENT

King Urso

## SPECIES

Canine

## BREED

Yorkie

## SEX

MN

## AGE

9Y

## WEIGHT

14lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Amanda Causey

## HOSPITAL NAME

Fort Lauderdale  
Veterinary Center

## REFERRING VET

Dr. Gonzalez

## INVOICE

74579

## DATE

4-14-26

## PRESENTING CLINICAL SIGNS

Ultrasound concerning for a liver mass and thickened pylorus/duodenum. Unable to visualize the pancreas on ultrasound. CT scan for further evaluation.

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review totaling 2 series. One pre-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

The liver is moderately enlarged with a convex contour. Within the left lateral lobe, there is a region of rounded and irregular contour characterized by a moderately heterogeneous parenchyma. This area contains a large, mildly hypoattenuating, ill-defined lesion, surrounded by at least four smaller hypoattenuating cystic lesions. The largest lesion is poorly marginated, measuring at least 6.2 × 3.6 cm. The smaller cystic lesions measure approximately 1.7 × 1.0 cm and 0.8 × 0.7 cm.

The gallbladder is predominantly filled with hypoattenuating material, with a small amount of more hyperattenuating material noted at the gallbladder neck. The common bile duct is within normal limits.

The right pancreatic lobe is enlarged (approximately 2.2 cm in thickness), mildly heterogeneous, and hypoattenuating, with associated fat stranding of the adjacent mesenteric fat. The left pancreatic lobe is unremarkable.

The portal vein is normally opacified with contrast, with no evidence of filling defects.

The stomach is moderately distended with homogeneous hypoattenuating fluid and gas. The gastric wall is unremarkable.

The duodenum is mildly distended with fluid and shows mild mural thickening (0.6 cm), without mass effect.

The small intestine is mildly dilated, containing small amounts of fluid and gas, with normal wall thickness.

There is mild focal wall thickening of the transverse colon.

The descending colon and rectum contain gas and heterogeneous fecal material, with normal wall thickness.

The kidneys are normal in size, shape, and contour. Multifocal cortical microcysts are present. The renal pelvis and ureters are within normal limits.

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

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

The hepatic lymph nodes are moderately enlarged. The remaining abdominal lymph nodes are within normal limits.



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The adrenal glands are at the upper limits of normal size, with mildly bulging contours.

The prostate is small, intrapelvic, and within expected limits for a neutered patient.

At the margin of the scan, the right patella is medially subluxated, with moderate periarticular osteophytosis.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate hepatomegaly with a large, ill-defined hypoattenuating lesion in the left lateral liver lobe, associated with multiple smaller cystic lesions. Differential diagnoses include primary hepatic neoplasia, large hyperplasia nodule and regenerative nodules.
- Gallbladder distension with sedimented hyperattenuating material, compatible with biliary sludge, stasis.
- Enlarged, heterogeneous right pancreatic lobe with surrounding fat stranding. Most consistent with acute pancreatitis. Mild adjacent peritonitis.
- Mild duodenal mural thickening and mild small intestinal dilation, possibly reactive or inflammatory.
- Mild focal thickening of the transverse colon, possibly reactive or inflammatory.
- Moderate enlargement of hepatic lymph nodes, reactive or metastatic.
- Multifocal renal cortical microcysts (incidental or mild degenerative change).
- Adrenal glands at the upper limit of normal size with mild contour bulging, suggestive of possible hyperplasia.
- Right medial patellar subluxation with secondary osteoarthritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate two main abnormalities: a complex hepatic lesion and imaging features consistent with pancreatitis.

The hepatic lesion, located within the left lateral lobe, is characterized by a large, ill-defined hypoattenuating area associated with multiple smaller cystic structures. Differential diagnoses include primary hepatic neoplasia, a large nodular hyperplasia, or regenerative nodules. Ultrasound-guided fine-needle aspiration (FNA) or biopsy of the hepatic lesion is recommended for definitive diagnosis.

The concurrent moderate enlargement of the hepatic lymph nodes raises concern for reactive lymphadenitis versus possible metastatic involvement.

The enlargement of the right pancreatic lobe with associated peripancreatic fat stranding is most consistent with pancreatitis, which may be contributing to adjacent gastrointestinal changes, including duodenal involvement, mild small intestinal dilation, and mild thickening of the transverse colon wall (colitis). Correlation with pancreatic biomarkers (e.g., cPLI) is recommended.



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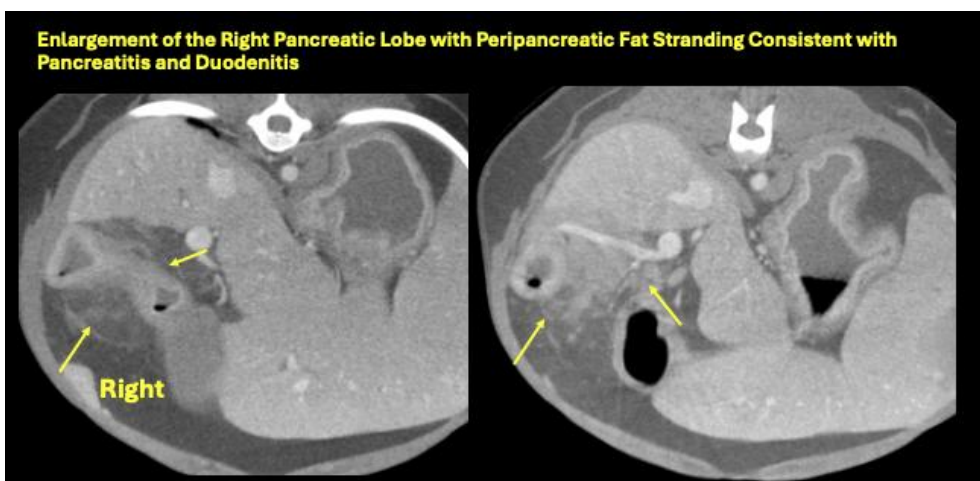
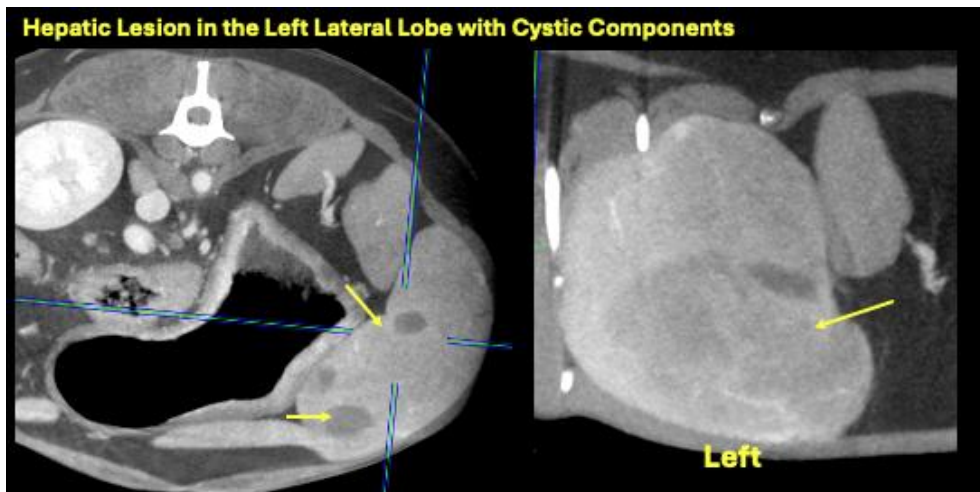
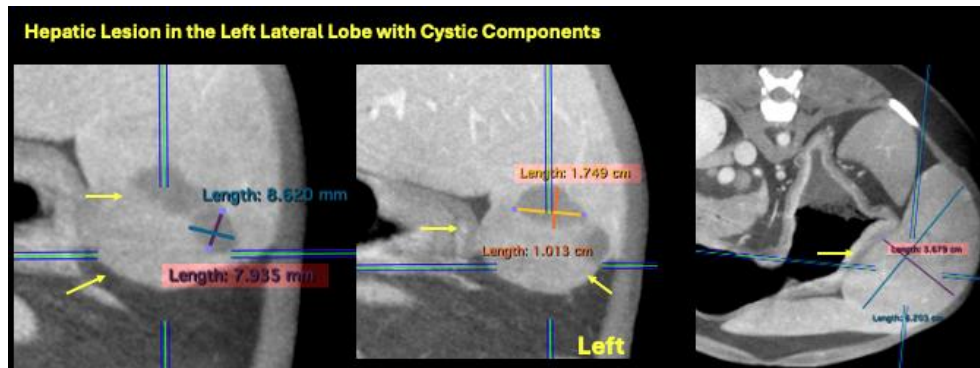
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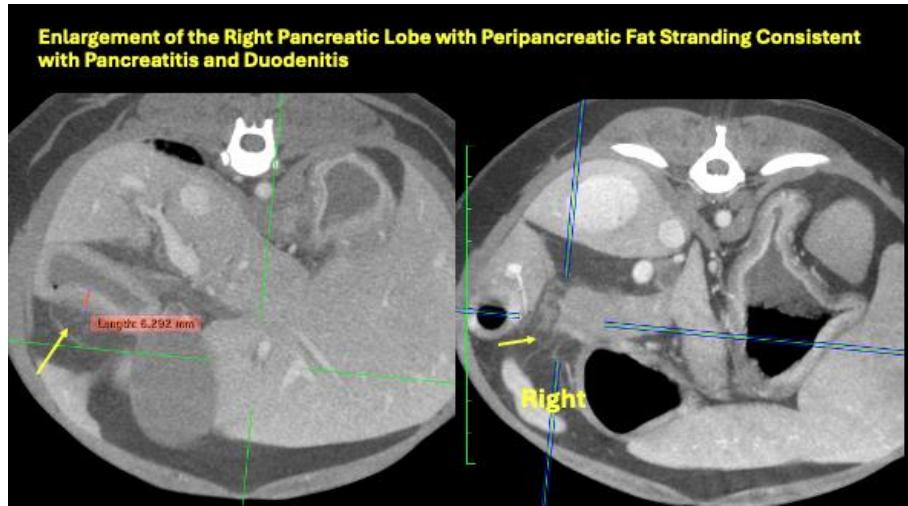
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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