



PATIENT

Brownie Hernandez

SPECIES

Canine

BREED

Shih Tzu

SEX

M

AGE

13

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

JD Veterinary Imaging
Center

HOSPITAL NAME

Juana Diaz Animal
Hospital

REFERRING VET

Dr Jose Rivera

INVOICE

74630

DATE

4-16-26

PRESENTING CLINICAL SIGNS

referred for abdominal ct scan imaging of abdomen

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review, totaling 12 series. These include: Two pre-contrast series of the abdomen (soft tissue algorithm). One pre-contrast series of the abdomen (bone algorithm). Three post-contrast series of the abdomen (soft tissue algorithm, arterial phase). Three post-contrast series of the abdomen (soft tissue algorithm, portal phase).

COMPUTED TOMOGRAPHIC FINDINGS

The liver is severely enlarged (marked hepatomegaly), with irregular contours.

The hepatic parenchyma is extensively heterogeneous, characterized by multiple, diffusely distributed nodular and mass-like hypoattenuating lesions affecting all liver lobes. These lesions are variable in size, ranging from approximately 0.5–0.6 cm to large masses measuring up to 6.1 × 5.7 cm.

On post-contrast evaluation:

Arterial phase: The lesions exhibit mild peripheral enhancement, with a capsular or rim-like hyperattenuating border, resulting in increased conspicuity.

Portal phase: The lesions become relatively more hypoattenuating, maintaining a heterogeneous internal architecture.

The marked increase in hepatic volume results in caudal, central, and dorsal displacement of the abdominal viscera.

The portal vein and caudal vena cava show no evidence of intraluminal filling defects; however, their course is mildly displaced and distorted, with intrahepatic vascular tortuosity. Additionally, small collateral vessels (varices/shunts) are noted adjacent to the caudate process.

The gallbladder is filled with hypoattenuating content, with normal wall thickness, although it is compressed by the adjacent hepatic mass effect. The cystic duct and common bile duct are unremarkable.

The gastrointestinal tract, aside from displacement, demonstrates normal distension, wall thickness, and content, with no evidence of mural mass effect. A moderate amount of heterogeneous, hyperattenuating fecal material is present within the transverse colon. The descending colon is only partially included in the field of view.

The pancreas and most abdominal lymph nodes are unremarkable. The gastric lymph node is mildly enlarged.

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

The kidneys are normal in size, shape, and contour. Few small hypoattenuating cortical cystic lesions are present. The renal pelvises and visible portions ureters are within normal limits.



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A large mass is identified in the left adrenal gland, mildly heterogeneous, measuring approximately 3.2 × 4.0 cm. The right adrenal gland is within normal limits, measuring approximately 1.9 × 0.7 cm.

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

The serosal fat shows normal attenuation.

The urinary bladder is partially visible.

At the level of L1–L2, there is a small amount of hyperattenuating extradural material located along the ventral floor of the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe hepatomegaly with multifocal to coalescing nodular and mass-like lesions involving all hepatic lobes, with heterogeneous contrast enhancement pattern. The primary differential diagnoses include hepatic neoplasia.
- Intrahepatic portal and cauda vena cava veins vascular tortuosity with collateral vessel formation adjacent to the caudate process.
- Left adrenal gland mass. The primary differential diagnoses include hepatic neoplasia, primary adrenal neoplasia, less likely metastatic disease.
- Mild gastric lymphadenomegaly, reactive or metastatic.
- Renal cortical cystic lesions (incidental/degenerative).
- Incidental small extradural hyperattenuating focus at L1–L2, compatible with disc material/mineralization, discrete compressive myelopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT hepatic findings are highly suggestive of advanced neoplastic disease, with primary considerations including primary hepatic neoplasia. Differential diagnoses include hepatocellular carcinoma, cholangiocarcinoma, combined hepatocellular-cholangiocarcinoma, less likely neuroendocrine tumors (carcinoids), or sarcomas.

The presence of a left adrenal mass raises concern for a primary neoplastic process with possible metastatic spread.

Consider an ultrasound-guided FNA or biopsy of hepatic and/or adrenal lesions, for a definitive diagnosis. Thoracic staging to evaluate for metastatic disease.

Endocrine evaluation if adrenal functionality is suspected.

Complete laboratory workup, including hepatic profile and coagulation panel



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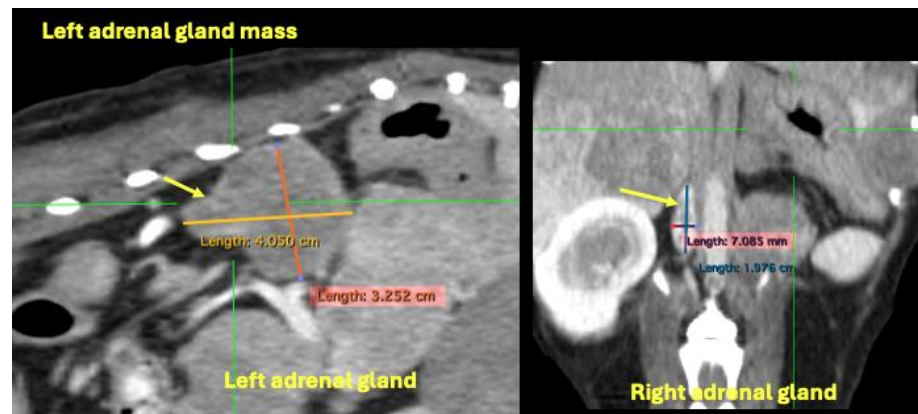
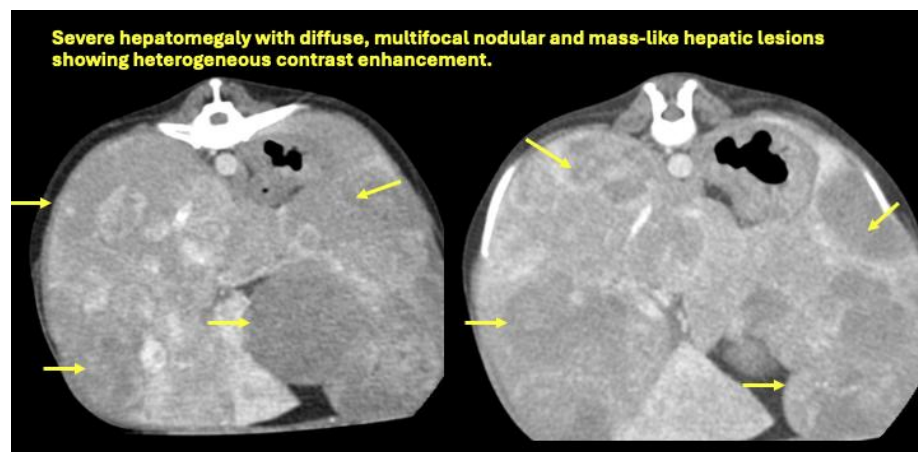
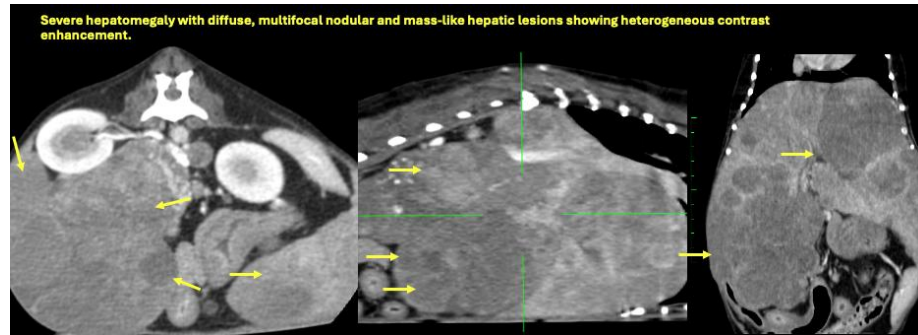
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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