



PATIENT

Mike Viera

SPECIES

Canine

BREED

Siberian Husky

SEX

NM

AGE

10Y

WEIGHT

80.0lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Damaris Rohena, DVM

INVOICE

74793

DATE

4-27-26

PRESENTING CLINICAL SIGNS

4/20/2026: Reason of Visit: had a diarrhea yesterday. Today feces were formed. Also noticed that is not elevating rear limb to urinate, in change, urinates while walking forward.
When did symptoms start? yesterday PM. 3 days with tenesmus after defecations.

CLINICAL SIGNS:

Vomiting?N

Diarrhea? once

Coughing/Gagging/Sneezing?N

Appetite?Good

Drinking?Good

Xray show a big mass in mid abdomen. No metastasis in lungs.

Chem shows elevated liver markers and hypercalcemia.

ABNORMALITIES

General

BAR

Digestive

Big mass palpated at mid abdomen. No painful exam.

Musculoskeletal

No lameness today

Ultrasound performed to try to distinguish if tumor originates in liver or spleen. Difficult to tell, sent for radiologist, and even specialist said is difficult to give a definitive diagnostic. CT recommended.

Abnormal PE/Chem/CBC/UA Results: CHEM --- Calcium mild to moderate increased (13.3), TP mild increased (9.4), ALB mild increased (4.1), GLOB mild increased (5.3), ALT mild to moderate (639), ALKP moderate increased (1880) and CHOL mild to moderate increased (492)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The liver is severely enlarged, extending into the mid and ventral abdomen, more pronounced on the right side. It exhibits markedly multilobulated contours.

A large, rounded, mass-like expansion arising from the right lateral liver lobe is identified, measuring approximately 14.4 × 9.8 cm, causing significant mass effect and displacement of adjacent abdominal structures. Despite the multilobulated contours morphology, no cavitory lesions are identified. The hepatic parenchyma demonstrates overall normal attenuation and with discrete hypoattenuating regions, on post-contrast enhancement.

The hepatic lymph nodes are within normal limits.

The gallbladder is distended, containing homogeneous hypoattenuating content, with well-defined walls. The cystic duct is not clearly visualized. The common bile duct is within normal limits.

The gastrointestinal tract is displaced centrally due to hepatomegaly but maintains normal wall thickness, luminal distension, and content.



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The spleen is normal in size and contour. Multiple small (approximately 0.5–0.9 cm), hyperattenuating nodules are multifocally distributed throughout the splenic parenchyma on post-contrast images.

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The kidneys, ureters, and renal pelvises are within normal limits.

The urinary bladder is moderately distended with homogeneous fluid content and normal wall thickness.

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The pancreas, adrenal glands and abdominal lymph nodes are unremarkable.

The serosal fat shows normal attenuation.

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The prostate is consistent with a neutered patient and is unremarkable.

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The trachea and main bronchi are within normal limits.

The pulmonary parenchyma is unremarkable, with no evidence of nodules, masses, or metastatic disease.

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The cardiac silhouette and pulmonary vessels are normal.

The mediastinal and tracheobronchial lymph nodes are within normal limits.

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The pleural space, diaphragm, and ribs are unremarkable.

The thoracic esophagus is unremarkable.

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A large, homogeneous fat-attenuating mass is identified in the cervical region, extending toward the right axillary region, partially included in the field of view, measures at least 9.5 x 7.6 cm.

There is incongruence of the coxofemoral joints with mild periarticular osteophyte formation.

Mild spondylosis deformans is present at T5–T6. Degenerative changes are also noted between the fourth and fifth sternbrae.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Severe hepatomegaly with markedly multilobulated contours and a large, rounded, mass-like expansion of the right hepatic lobe. Differential diagnoses include a primary hepatic neoplastic process, with emphasis on benign hepatocellular lesions such as hepatocellular adenoma, or regenerative nodular hyperplasia. Less likely considerations include infiltrative hepatopathy or hepatocellular carcinoma.
- No evidence of pulmonary or mediastinal metastatic disease.
- Multiple small hyperattenuating splenic nodules, most consistent with benign processes such as nodular hyperplasia, extramedullary hematopoiesis, or lymphoid hyperplasia.
- Large right-sided fat-attenuating cervical/axillary mass (partially evaluated), most consistent with a lipomatous lesion (lipoma).

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- Mild degenerative musculoskeletal changes, including coxofemoral incongruency with mild secondary osteoarthritis, thoracic spondylosis deformans, and degenerative changes between the fourth and fifth sternbrae.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal severe hepatomegaly characterized by markedly multilobulated and mild irregular contours, with a large, rounded mass-like expansion of the right hepatic lobe. Notably, the hepatic parenchyma remains relatively homogeneous, with discrete hypoattenuating lesions, without evidence of cavitation.

Based on imaging characteristics, lesion morphology, and the absence of metastatic disease, the findings are more suggestive of a benign hepatocellular process, with primary considerations including hepatocellular adenoma and regenerative nodular hyperplasia. Less likely differential diagnoses include infiltrative hepatopathy and hepatocellular carcinoma, although these cannot be completely excluded based on imaging alone.

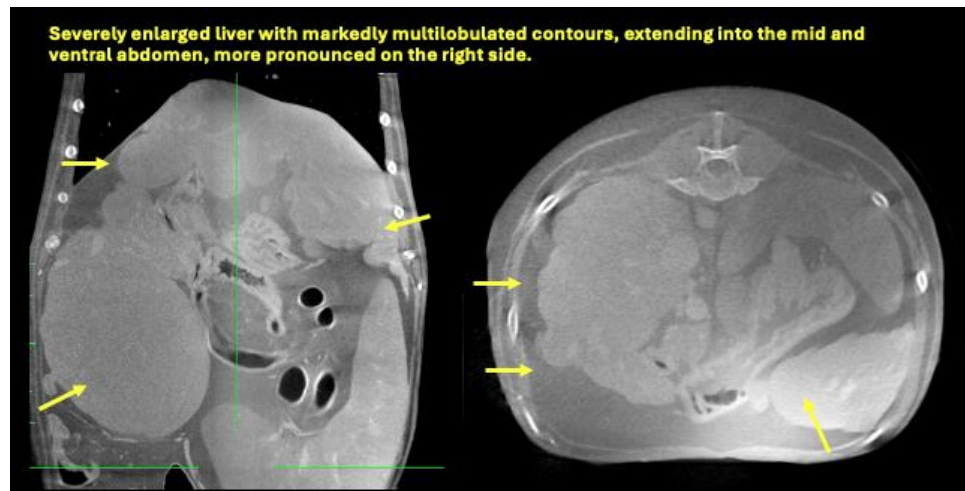
Ultrasound-guided fine-needle aspiration or core biopsy of the hepatic lesion is recommended to establish a definitive diagnosis.

The presence of hypercalcemia and increased hepatic enzymes should be interpreted with caution, as these may be associated with both benign and malignant hepatic conditions and are not, in isolation, definitive indicators of malignancy.

There is no tomographic evidence of metastatic disease, particularly within the lungs, mediastinal or regional lymph nodes.

The multiple small splenic nodules are most consistent with incidental benign findings, such as nodular hyperplasia or extramedullary hematopoiesis.

The partially visualized cervical/axillary fat-attenuating mass is most consistent with a lipoma, although complete evaluation is limited.





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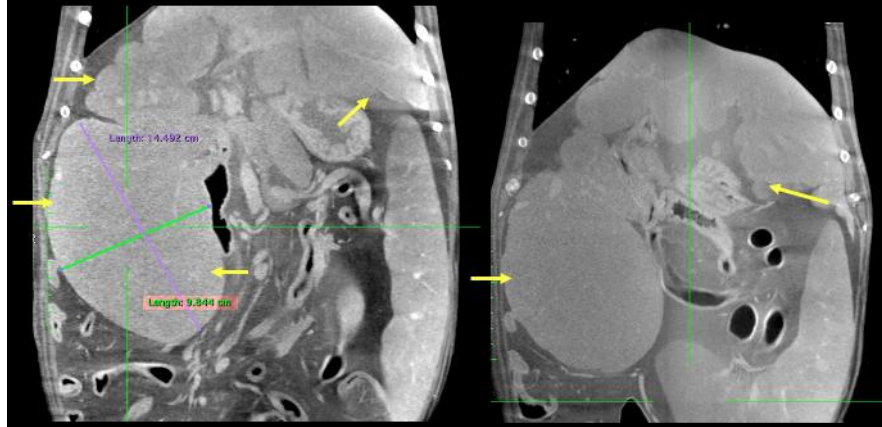
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Large, rounded mass-like expansion arising from the right lateral liver lobe (≈14.4 × 9.8 cm), causing significant mass effect, without discrete hypoattenuating nodules or cavitory components.



Large, rounded mass-like expansion arising from the right lateral liver lobe and Multiple small, hyperattenuating nodules diffusely distributed throughout the splenic parenchyma



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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