PATIENT

Queen Bee Bickley

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

14Y

WEIGHT

50lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74870

DATE

5-4-26

PRESENTING CLINICAL SIGNS

Queen Bee has a history of chronic gastrointestinal disease. The reflux has been ongoing for several months. Multiple dietary trials and acid suppression strategies have been attempted, including hydrolyzed diet trials, the addition of holistic supplements, Pepcid in the morning, and omeprazole at night. Despite all of these interventions, she continues to have intermittent episodes of reflux, retching, and occasional vomiting. The frequency of true retching/vomiting has decreased to approximately once a week over the past three weeks. The ultrasound showed a large mass caudal medial to the liver. The mass is more than likely the cause of chronic vomiting, as the size and location of the mass would create pressure against the stomach and explain her symptoms. The renal changes, observed in the US, in conjunction with the prior bloodwork (4/10/26) where Creatinine (1.9), SDMA (16) were elevated, are consistent with chronic kidney disease. The CT scan of the abdomen and chest was requested to better characterize the mass, evaluate for resectability, and screen for metastatic disease, followed by a surgical consultation with a board-certified surgeon for mass excision based on the CT findings.
Abnormal PE/Chem/CBC/UA Results: PE: T 101.6 F, HR 140, RR 32, MM Pink, CRT <2 seg. H/L: WNL. BCS 5/9, Nuclear sclerosis OU, Dental Calculus (3/4).

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 5 series. One pre-contrast series of the thorax (bone algorithm). One pre-contrast series of the abdomen (bone algorithm). Two post-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

There is a large cavitary-to-cystic lesion arising from and pedunculated to the quadrate lobe of the liver. The lesion demonstrates a thickened wall with mild peripheral contrast enhancement and predominantly fluid attenuation centrally. The mass measures approximately 8.2 × 6.7 × 7.3 cm.

The lesion projects into the cranial-mid abdomen and causes mild regional displacement of the proximal duodenum and pyloric antrum, however, no evidence gastrointestinal obstruction pattern.

No additional focal hepatic lesions are identified. The remaining hepatic parenchyma is homogeneous in attenuation and contrast enhancement, with preserved size and contour.

The stomach is moderately distended with gas and fluid, predominantly within the pyloric antrum. No gastric mural thickening or intraluminal mass effect is identified.

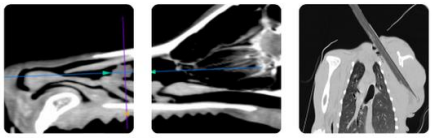
The spleen is normal in size and contour, with mild diffuse mottled enhancement on the post-contrast series, considered incidental/perfusion related.

The pancreas is within normal limits.

The intestinal loops are within normal limits in distribution, distention and wall thickness.

The abdominal lymph nodes, including the hepatic lymph nodes, are within normal limits.

Both kidneys demonstrate mildly irregular cortical contours with multifocal linear cortical hypoattenuating regions. The renal pelvises and ureters are within normal limits.



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The urinary bladder is moderately distended with hypoattenuating fluid admixed with contrast material. Mild focal cranioventral mural thickening is present, measuring approximately 0.5 cm.

The descending colon and rectum contain mild heterogeneous fecal material without mural abnormalities.

The left adrenal gland is mildly enlarged, measuring approximately 1.0 × 1.9 cm, with mild caudal pole enlargement associated with a small fat-hypoattenuating nodule measuring approximately 0.5 cm. The right adrenal gland is within normal limits, measuring approximately 2.1 × 0.7 cm.

THORAX

The trachea and main bronchi are within normal limits.

Multiple mineral-attenuating subpleural pulmonary foci (pulmonary osteomas) are scattered throughout the pulmonary parenchyma. Mild dependent pulmonary atelectatic changes are noted. No pulmonary soft tissue nodules or masses are identified.

The cardiac silhouette and pulmonary vasculature are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

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

Periarticular ossification is present in both shoulder joints, including multifocal enthesophyte formation at the insertion of the bicipital tendons bilaterally.

Multifocal complete and incomplete bridging spondylosis deformans is observed throughout the thoracic and lumbar spine, including the L7–S1 level.

Additionally, there is mild diffuse decreased vertebral bone opacity with a mildly prominent trabecular pattern, without evidence of discrete aggressive lytic or expansile osseous lesions.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large pedunculated cystic-cavitary hepatic mass arising from the quadrate lobe, with mild peripheral contrast enhancement and regional mass effect upon the pyloric antrum and proximal duodenum. Differential diagnoses include: Hepatic neoplasia (including biliary cystadenoma/cystadenocarcinoma) hepatic carcinoma or adenoma, less likely chronic benign lesion (e.g. hematoma, abscess or parasitic cystic lesion).
- No evidence of additional hepatic nodules or masses.
- Scattered pulmonary osteomas are identified, incidental.
- No evidence of metastatic pulmonary or mediastinal disease.
- Discrete morphological chronic renal changes, degenerative renal disease.
- Mild focal cranioventral urinary bladder mural thickening, compatible with mild chronic cystitis.
- Mild left adrenal gland enlargement and fat-attenuation nodule with caudal pole. Differential diagnoses include focal incidental myelolipoma, adrenal hyperplasia or incidental adenoma, less likely early neoplastic change.

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- Mild diffuse decreased vertebral bone opacity with a mildly prominent trabecular pattern. The findings are nonspecific and may represent incidental age-related or metabolic bone changes. No focal aggressive osseous lesion is identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings reveal a large pedunculated cystic-cavitary hepatic mass arising from the quadrate lobe, producing regional mass effect upon the pyloric antrum and proximal duodenum, however no classical evidence of mechanical (extramural) gastrointestinal obstruction. Differential diagnoses primarily include hepatic neoplasia, such as biliary cystadenoma/ cystadenocarcinoma, or an adenoma, carcinoma. Less likely considerations include chronic benign cavitary lesions such as hematoma, abscess, or parasitic cystic lesion. Definitive diagnosis requires histopathology following surgical excision or tissue sampling.

No evidence of additional hepatic lesions, pulmonary metastatic disease, or mediastinal metastatic involvement is identified.

The mass appears pedunculated and relatively regionally confined on CT images; The lesion appears to be margin for surgical resectability. Surgical consultation and histopathological evaluation are recommended.

Additional findings include discrete chronic renal morphological changes and mild focal chronic cystitis.

The mild diffuse decreased vertebral bone opacity with mildly prominent trabeculation. The vertebral findings are nonspecific and may represent incidental age-related or metabolic bone changes, without evidence of classical aggressive osseous disease.

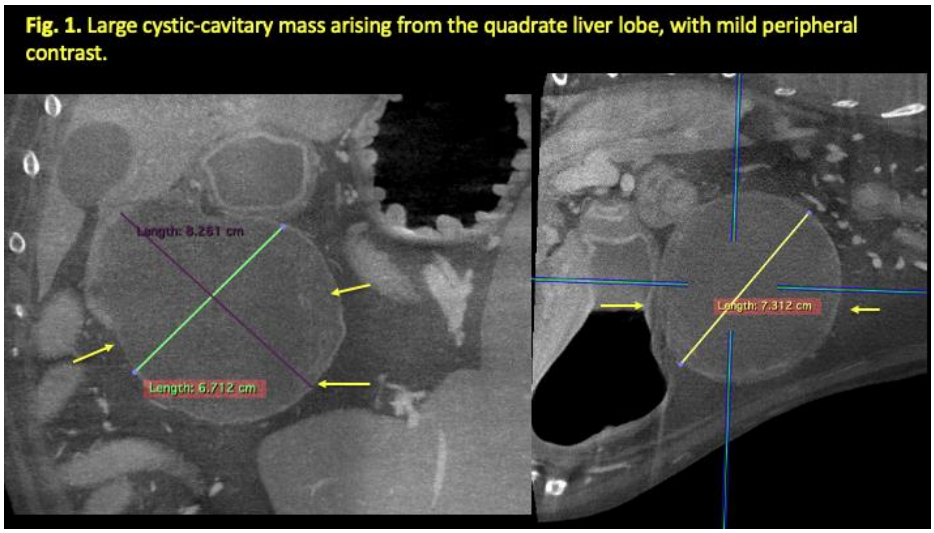

Fig. 1. Large cystic-cavitary mass arising from the quadrate liver lobe, with mild peripheral contrast.

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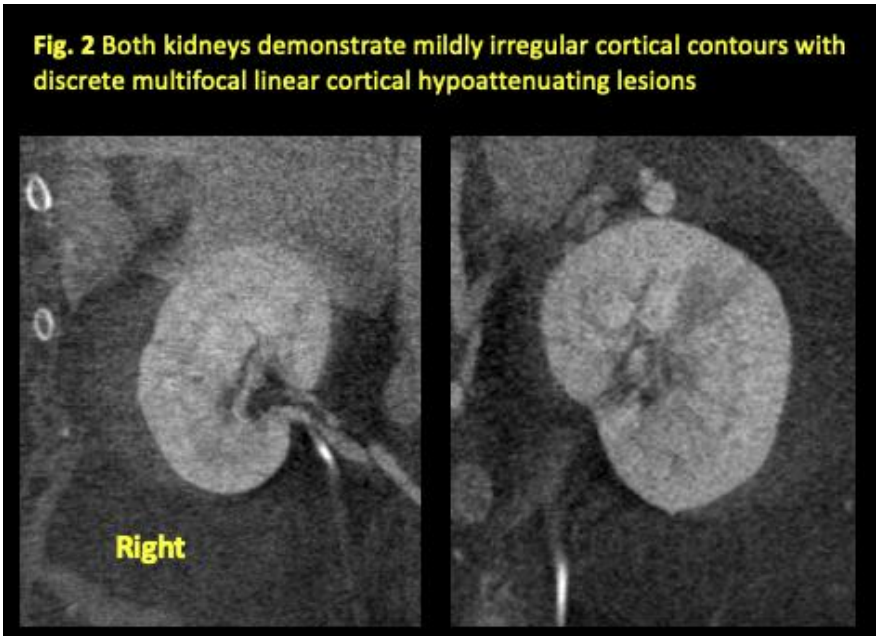

Fig. 2 Both kidneys demonstrate mildly irregular cortical contours with discrete multifocal linear cortical hypoattenuating lesions

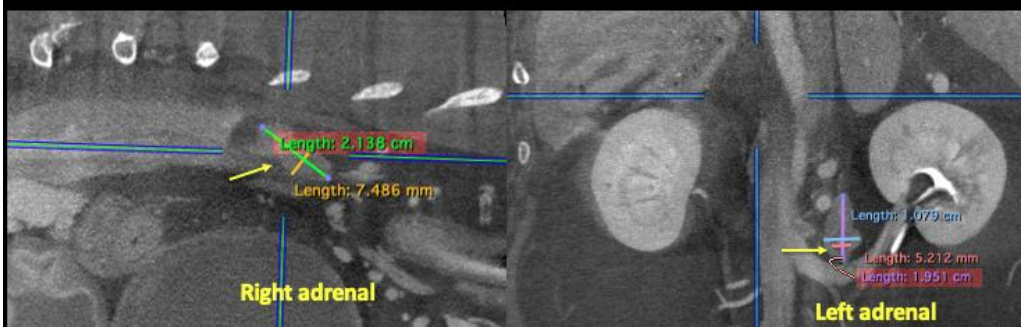

Fig. 3. Mild enlargement of the left adrenal gland with a fat-attenuation caudal pole nodule

Fig. 4. Scattered pulmonary osteomas are identified. Otherwise, normal thorax

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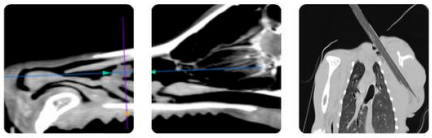

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com