

**PATIENT**

Jackson Marro

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Neutered Male

**AGE**

13 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Surgical Center

**REFERRING VET**

Dr. Melilli

**INVOICE**

44566

**DATE**

8/10/23

**PRESENTING CLINICAL SIGNS**

Possible tumor Removal, on liver. History of abdominal enlargement over 2-3 months. Referral abdominal ultrasound on 7-21-23 reported: a 12.3 x 9.7 cm expansive heterogenous mass with numerous cavitation and punctate hyperechoic shadowing foci in mid liver; mild to moderate degenerative renal changes; scant echogenic debris in gall bladder.

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN AND THORAX**

A pre- and post-contrast CT study of the abdomen and thorax are provided for review totaling 2 series. One pre-contrast series of the abdomen and thorax, soft tissue algorithm. One post-contrast series of the abdomen and thorax, soft tissue algorithm.

**COMPUTED TOMOGRAPHIC FINDINGS**

ABDOMEN

An extensive in size, pedunculated mass is affecting the quadrate and the left medial hepatic lobes. The mass is protruding to the mid-ventral abdomen, and it is displacing dorsally the stomach, caudally and laterally the spleen, small intestines and transverse colon. The mass has defined borders, with irregular contour, multilobulated aspect, heterogeneous attenuation and enhancement, with multifocal hyperattenuating foci and hypoattenuating cavitory and cyst lesions. The mass measures at least 12.0cm by 12.3cm by 12.5cm.

The hepatic mass also displaces the large abdominal vessels dorsally, such as the caudal vena cava, the aorta and portal vein; the portal vein root is also displaced caudally and to the left.

The remainder of the hepatic parenchyma appears normal in attenuation.

The gallbladder is moderately filled with hypoattenuating fluid and dorsal-dependent more dense material.

The hepatic and abdominal lymph nodes are unremarkable.

The spleen is mildly enlarged, homogenously soft tissue attenuating, and uniformly contrast enhancing, likely correlated to the anesthesia.

The stomach is normally dilatated and contains a small amount of gas admixed with homogeneous opaque fluid material.

The small intestines are caudally and laterally displaced, moderately dilatated, contain a moderate amount of gas, and homogeneous soft tissue fluid material.

The colon contains gas admixed with heterogeneously dense soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

The adrenal glands are unremarkable.


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The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 4.8cm in the right kidney and 5.2cm in the left kidney.

The urinary bladder is also caudally displaced, abnormally protruded to the pelvic canal, moderately filled by homogeneously soft tissue opaque.

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The prostate gland is hypoplastic, normal.

The abdominal serosal and mesenteric fat are unremarkable.

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**THORAX**

The trachea is normal in luminal diameter and position.

The lumen of the main bronchus is normal.

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The lung lobes are normal in volume expansion and attenuation.

The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

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The tracheobronchial lymph nodes are normal.

The sternal, mediastinal, and cranial mediastinal lymph nodes are unremarkable.

The pleural space and diaphragm are normal.

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Multiple incomplete bridging thoracic and L7-S1 spondylosis deformans.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Extensive in size, pedunculated, multilobulated, heterogeneous hepatic mass, affecting the quadrate and left medial hepatic lobes. The differential diagnosis includes hepatic neoplasm, for example hepatocellular carcinoma, cholangiocarcinoma, round cell neoplasm, or hemangiosarcoma.
- No evidence of hepatic or abdominal enlarged lymph nodes.
- The mass causes a topographic displacement of multiple abdominal structures due to the size, including large vessels, some adherence is possible.
- Caudal displacement of the urinary bladder, pelvic bladder, likely correlated to the hepatic mass effect and loss of abdominal space.
- Normal thorax, no evidence of sternal enlarged lymph nodes or pulmonary metastatic disease.
- Multiple thoracic and L7-S1 spondylosis deformans.

**REFERRING VET**

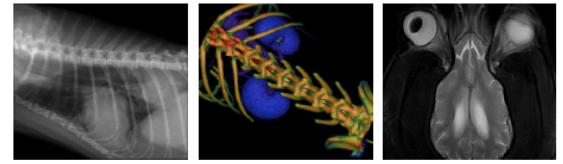
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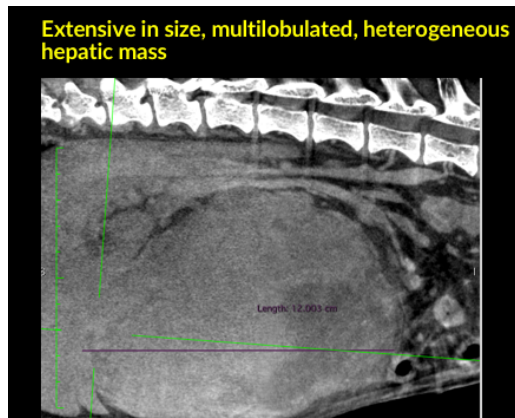
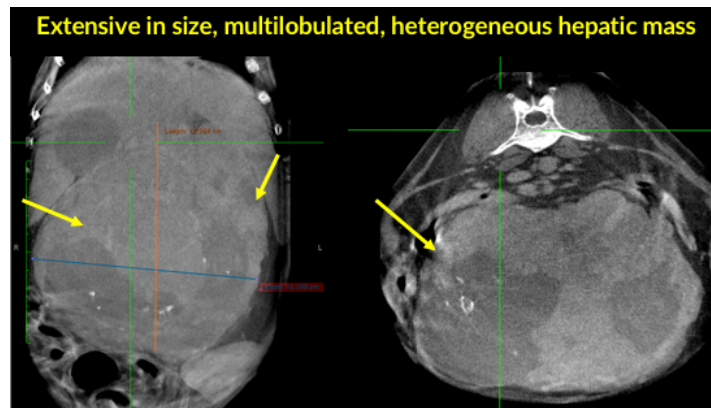
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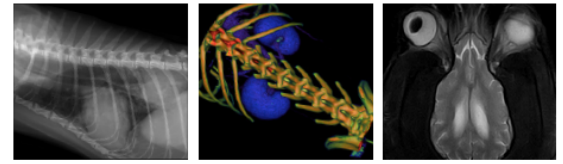
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings are correlated to ultrasonographic findings, showing a large, irregular and heterogeneous enhancing hepatic mass, affecting at least two hepatic lobes. A fine-needle aspiration and/or biopsy is required for the diagnosis. The size and position of the mass could affect the resectability.





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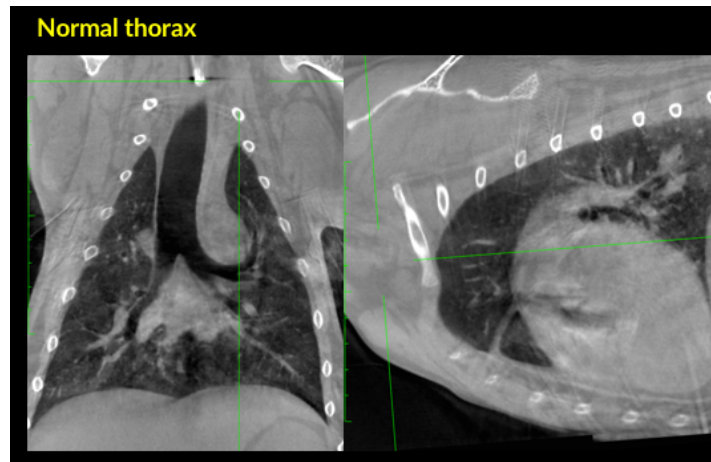
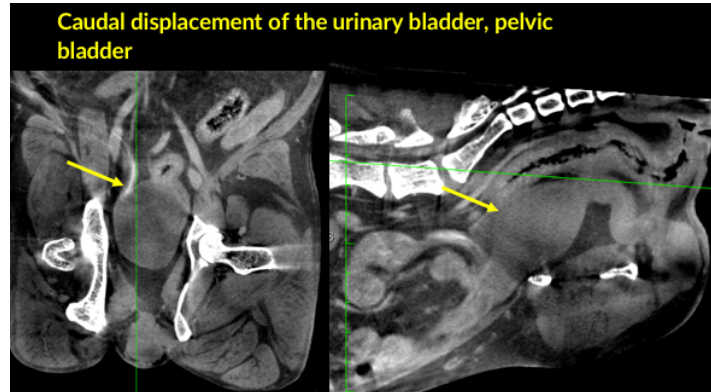
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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