



PATIENT

Violet Carpenetti

SPECIES

Canine

BREED

Husky

SEX

FS

AGE

11

WEIGHT

32kg

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

74989

DATE

5-13-26

PRESENTING CLINICAL SIGNS

presented for a history of a hepatic mass noted on ultrasound and severe mid-back discomfort
Abnormal PE/Chem/CBC/UA Results: alt 367, alp>2000, ggt 50, HCT 31.4

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth.

The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, except for a few areas of peribronchial cuffing on cranial lobes.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

A 16 cm sized well defined hepatic mass is seen at level of right lateral hepatic lobe without evidence of vascular invasion. The mass has heterogeneous enhancement and causes displacement of the gallbladder and small bowel.

Both kidneys are normally positioned, regular contours and normal volume. No stones seen.

Small, rounded, uniformly enhancing splenic nodules are seen.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Urinary bladder is normally distended, no stones seen.

Cervical, Thoracic and Lumbar Spine

Multifocal spondylosis deformans is seen.

A collapsed disc is noted at the level of C6-7.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Liver mass: right lateral lobe.



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- No evidence of intrathoracic metastasis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The large liver mass can be considered as neoplasia such as hepatocellular carcinoma, most likely, considering size and lesion behavior. A benign lesion such as adenoma or nodular hyperplasia are less likely. Histopathology is recommended for confirmation.





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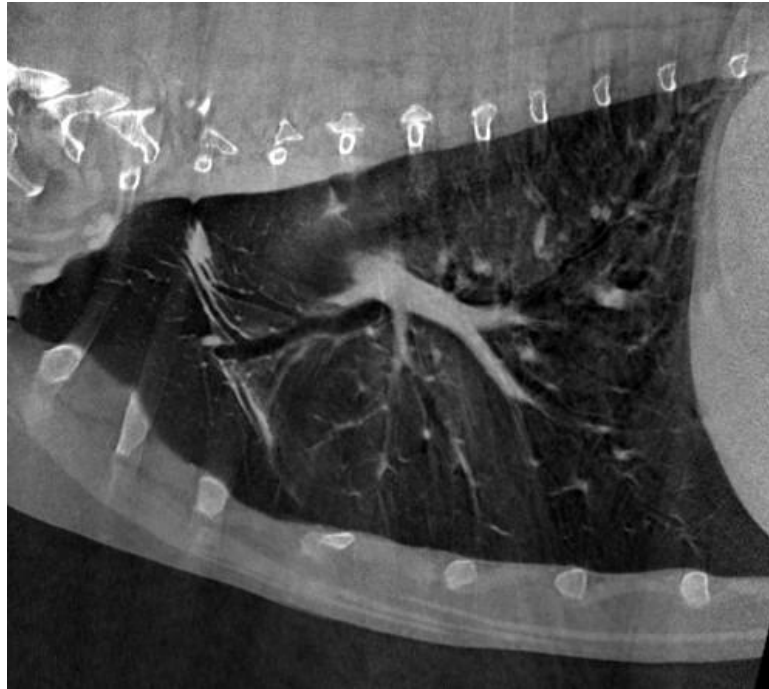
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr. Tais Guimarães, MV
info@sonopath.com