



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine Breed: Maltese Sex: Female entire Age: 10 years

Clinical History:

Apathy, weight loss. Mass palpated in the abdomen.

Anatomic regions: Abdomen

Details of study and technical comments:

A radiographic study of the abdomen is presented for evaluation. The study consists of one right lateral projection and one ventrodorsal projection.

Diagnostic interpretation:

The stomach is moderately filled with mottled content and some gas and fluid. An ill-defined linear mineralised opacity is also superimposed onto the gastric content on the right lateral projection (red arrow on the image below).

The gastric axis (yellow line on the image below) is severely displaced caudodorsally by a mass effect coming from the cranioventral aspect of the abdomen (green arrows on the images below). On the ventrodorsal projection, the mass effect is mostly located in the right cranial abdomen, displacing the stomach to the left of the midline. The margins of the liver are ill-defined but its margins extend caudal to the costal arch. At the caudoventral aspect of the liver, there is an ill-defined soft tissue mass present silhouetting with the caudal aspect of the liver (blue arrows on the image below), which partially displaces the small intestinal loops caudodorsally.

The small intestinal loops are within normal limits in size. The colon and caecum contain a moderate amount of soft faecal material.

There is a small tubular soft tissue structure superimposed onto the bladder on the right lateral projection, most likely representing the uterus (pink arrow on the image below). The nipples are prominent.

No significant abnormalities are detected at the level of the included thorax and musculoskeletal/spinal structures.

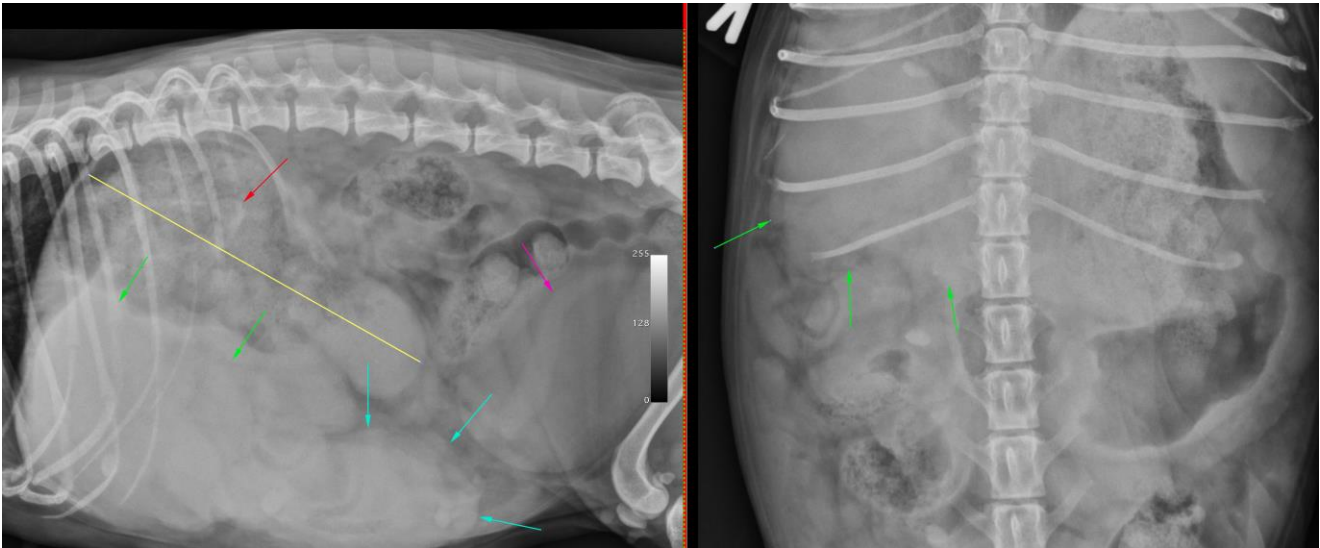


Reported by VetCT

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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions:

1. Large mass effect from the right cranial abdomen displacing the stomach caudodorsally: most likely large hepatic mass (most likely neoplasia such as carcinoma, lymphoma, haemangiosarcoma, histiocytic sarcoma, less likely benign hepatoma, large abscess or granuloma), less likely eccentric gastric mass (such as leiomyoma or leiomyosarcoma).
2. Smaller mass in the cranioventral to mid ventral abdomen: lobulated portion of the previously suspected hepatic mass or concurrent splenic mass (lymphoma, haemangiosarcoma, histiocytic sarcoma, nodular hyperplasia, haematoma, etc).
3. Gastric content:
 - a. Mottled content: most likely food, but foreign material cannot be fully excluded. Correlation with time of last meal is necessary. If the last meal was recent, follow-up radiographs after fasting could be performed for re-assessing the gastric content.
 - b. Mineralised structure: most likely small foreign body (piece of bone, other). The clinical significance is uncertain.
4. Mild enlargement of the uterus: recent oestrus or early pathological uterine enlargement (hydrometra, mucometra, pyometra...).

Additional comments:

The most significant finding is the large mass effect coming from the region of the liver, likely due to mass lesion rather than a diffuse hepatomegaly considering the ill-defined margins of the liver, the right-sided origin of the mass effect and the presence of a rounded soft tissue mass lesion immediately adjacent to it. However, the presence of an additional splenic mass is also possible. If the mass is hepatic only, a primary hepatic neoplasia (carcinoma) would be considered more likely considering the age of the patient. If both liver and spleen would be affected, round cell neoplasia or haemangiosarcoma could be considered more likely.



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The uterine enlargement is mild and could still be physiological. However, an early uterine disease cannot be fully excluded.

Further evaluation could be performed with abdominal ultrasonography, ultrasound-guided fine needle aspirations of the lesions (if deemed clinically safe), blood tests...



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