Report Requested By
Timeless Veterinary Community Test Clinic
Timeless Test
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Report Provided By
Timeless Veterinary Community
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TVC-CASE-1153391
Persimmon (Robertson)
Dog | Mix | 10 years | Female (Spayed)

Submitted : 2026-10-29

CT two body region - (including Cone Beam)

Clinical Findings

Clinic Provided History:

Recent history of High grade MCT removal from eyelid (4 1/2 months prior) - Was receiving toceranib phosphate for this but owner discontinued last month. Dog now has some subcutaneous lumps, roughly the size of a blueberry on shoulder area and multiple liver nodules noted on abdominal ultrasound (FNA Performed -pending results). Nodule located in lung on chest rads as well. Mets check of Thorax and Abdomen is requested.

Current Medications (Please indicate dosage and frequency)

None

How are Images Submitted?: DICOM

Date Of Most Recent Images 2026-01-01

Findings

Cone beam computed tomography of the thorax and abdomen in 0.6 mm slices before and after intravenous injection of iodine-based contrast media provided. Most caudal aspect of the abdomen not included.

Musculoskeletal structures:
- Very mild spondylosis deformans at C6-7.
- Very mild dorsal bulging of a partially mineralized fibrous annulus at C7-T1 with mild focal spinal cord compression in the median.
- Mild dorsal bulging of the fibrous annulus at L7-S1 without compression of the cauda equina and without neuroforaminal stenosis.
- Very mild periarticular osteophytosis and subchondral sclerosis at the iliosacral joint on both sides, consistent with minimal osteoarthrosis.
- No obvious cutaneous or subcutaneous masses identifiable.
- Axillary lymph nodes not enlarged.

Thorax:
- Diaphragm delineable.
- Mediastinum and cardiovascular structures within normal limits.
- Pulmonary parenchyma with mild limited evaluation due to overexposure of the ventral aspect of the lungs, reduced thoracic volume/atelectasis, and due to the modality.
- Caudodorsal most dependent part of the left caudal lung lobe (patient in dorsal recumbency) with diffuse consolidation and moderate volume loss.
- Dorsal aspect of the rest of the lungs with mild to moderate diffuse ground-glass opacity and mild volume loss.

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Abdomen:
- Mild and unspecific periportal effusion. Otherwise no peritoneal and no retroperitoneal effusion.
- Liver generalized mildly to moderately enlarged and with blunted margins. Moderate irregular contour of the liver with multiple small to large moderately well-defined to ill-defined cavitary liver masses.
- Gallbladder filled with a moderate amount of homogeneous bile and a large amount of mineral attenuating sediment. Bile duct not distended.
- Hepatic lymph nodes mildly enlarged.
- Pancreas within normal limits.
- Spleen subjectively not enlarged and smoothly marginated. Splenic parenchyma with a solitary isoattenuating and less contrast-enhancing moderately well-defined ovoid area in the region of the hilus.
- Kidneys and included part of the ureters within normal limits. Included part of the urinary bladder with severe generalized thickening of the wall.
- Medial iliac lymph nodes not enlarged.
- Adrenals with size in the upper reference.
- Gastrointestinal tract within normal limits. Stomach mildly filled with fluid and gas. Pylorus patent. Small bowel loops mostly empty. Ileocecal junction patent. Cecum mildly filled with heterogeneous material and some gas. Colon filled with a small amount of heterogeneous feces and some gas.
- Mesenteric lymph nodes not enlarged.

Conclusions

Multiple cavitary liver masses throughout the liver parenchyma with mild hepatic lymphadenomegaly. Highly suspicious for an hepatic neoplasia such as an histiocytic sarcoma or other round cell neoplasia or hemangiosarcoma.

Metastasis from the previous mast cell tumor possible. Other neoplasias possible. Nonneoplastic lesion such in case of parasitic cystic liver lesions much less likely.

Moderate and nonspecific gallbladder sediment.

Small isolated splenic lesion. Differential: Hyperplasia, neoplasia/metastasis.

Severe thickening of the urinary bladder wall. Mostly consistent with a cystitis.

Focal consolidation of the caudodorsal aspect of the left caudal lung lobe and diffuse mild ground-glass opacity of the lungs with moderate volume loss. Most likely consistent with a combination of atelectasis and positional hypostasis. Neoplastic infiltration or pneumonia less likely.

Dorsal protrusion at C7-T1 with mild focal spinal cord compression in the median.

Recommendations/Home Care

Further proceeding depending on the results of the performed fine-needle aspirations of the liver lesions. Additionally urine analysis to be considered. At the moment no obvious signs of macroscopic pulmonary metastasis. However, evaluation mildly limited due to the
modality, overexposure, and atelectasis. Radiograph recheck of the thorax and eventually subsequent fine-needle aspirations of the described consolidated areas in the caudodorsal aspect of the left caudal lung lobe, if still present, to be considered.

Signature

Timeless Veterinary Community Veterinary Radiologist, DACVR / DipECVDI

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