



**PATIENT PRESENTING CLINICAL SIGNS**

**Skeeter Perri**  
**SPECIES** Older labrador with diarrhea (mild frank blood, mild mucus). Normal GIT on ultrasound - incidental Right adrenal mass seen. Increased ALP. Was markedly hypertensive at primary vet - suspected pheochromocytoma, is on phenoxybenzamine. CT to look for metastases and any invasion into blood vessel by adrenal mass, determine resectability. Submitted the CT in two separate series. One is plain CT of chest and abdomen (no contrast) - 1334 images. We then located contrast - so did abdominal CT again (with contrast) - 3030. Total images are 4364. Abnormal PE/Chem/CBC/UA Results: Overweight, BAR ALP 1922, ALT 136 Previously hypertensive, now normal on phenoxybenzamine  
**Canine**

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

**Labrador**  
 Plain study of the thorax with tip of the cranial lung lobes outside of the field of view and plain and post contrast studies of the abdomen available for review. Bone and soft tissue windows are available for review.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**FS**

**Abdomen**

**AGE** An expansile 2.5 cm sized ovoid mass is emerging from the cranial pole of the right adrenal gland and presents nonuniform enhancement. Vascular invasion of the caudal vena cava via the right phrenicoabdominal vein is seen. Approximately 40% of the vessels cross sectional area are occupied by the intravascular component of the tumor at the same level. The left adrenal gland presents within normal limits.  
**9 Years**

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Mild generalized enlargement of the liver is seen. Multiple variably sized and variably enhancing liver nodules are noted.

**HOSPITAL NAME**

Animal Health  
 Partners

The spleen presents within normal limits.  
 The pancreas and kidneys present within age related normal limits.  
 There is no evidence of regional lymphadenomegaly.

**REFERRING VET**

Dr. Ashley Gold

A mild amount of mineral attenuating material is present within the moderately distended urinary bladder.

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Moderate bilateral coxofemoral joint osteoarthritis is seen secondary to canine hip dysplasia.  
 Multiple thoracolumbar spondyloses are present.

**Thorax**

**DATE**

1-26-23

The bony and surrounding soft tissue structures are within normal limits.  
 The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

**PATIENT**

Skeeter Perri

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.

**SPECIES**

Canine

The lung parenchyma presents the expected architecture and attenuation behavior.

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

**BREED**

Labrador

**COMPUTED TOMOGRAPHIC DIAGNOSIS****SEX**

FS

- Right adrenal gland mass meeting neoplastic criteria with local invasion of the caudal vena cava.
- Mild hepatomegaly with multiple nodules.
- Urinary bladder microlithiasis.
- Spondyloses
- Bilateral hip dysplasia and coxofemoral joint osteoarthritis
- No evidence of pulmonary metastases.

**AGE**

9 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a right adrenal gland mass which invades the caudal vena cava. Differential diagnosis includes pheochromocytoma, nonfunctional or functional adenocarcinoma. A benign mass is highly unlikely in the presence of vascular invasion.

Differential diagnosis for the hepatic changes includes vacuolar, metabolic, endocrine hepatopathy with regenerative nodules, benign nodular hyperplasia, and/or cysts. Metastatic disease cannot be ruled out entirely but is thought less likely.

The mass should be resectable however the surgeon should be prepared to perform venotomy.

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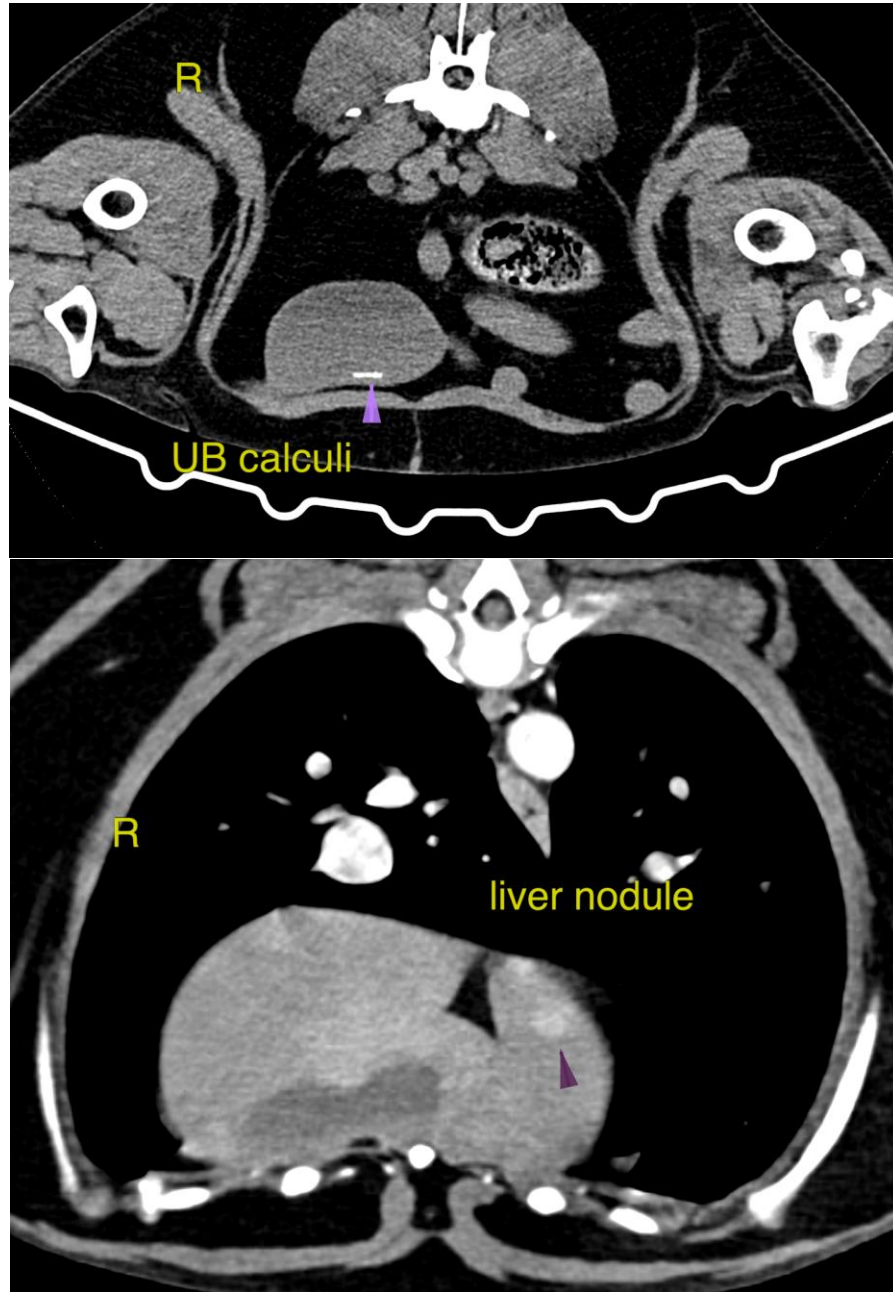
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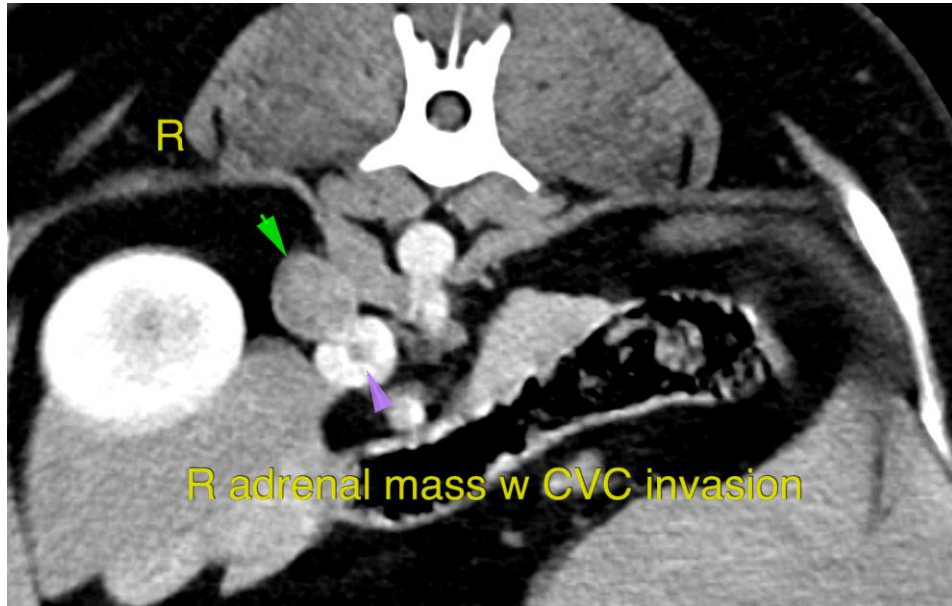
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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