


PATIENT PRESENTING CLINICAL SIGNS

Fufi Quiles *DVM pet. Recent ultrasound and internal medicine consult due to liver enzyme elevation. Right adrenal mass (12/08/21)- rule out functional (cortisol producing tumor, pheochromocytoma) vs nonfunctional; benign vs malignant Microhepatica (12/08/21)- rule out normal variation, fibrosis, portosystemic shunt/microvascular dysplasia, etc Bilateral decrease in renal corticomedullary distinction (12/08/21)- more than likely due to age degeneration; cannot rule out chronic interstitial nephritis or infiltrative disease Splenic vessel associated hyperechoic areas- typically benign process such as myelolipomas, hemangiomas, etc Gallbladder sludge (12/08/21)
 Abnormal PE/Chem/CBC/UA Results: *DVM pet. ALT 300 ALKP 756 Bile acids pre 10.9 ; post 44

SPECIES

Canine

BREED

Mixed

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

Plain and post-contrast studies of the abdomen. Post-contrast study of the thorax only.

SEX

Spayed Female

COMPUTED TOMOGRAPHIC FINDINGS
Abdomen

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

AGE

11 Years

A moderate amount of mineral attenuating material is seen in the renal pelvis of both kidneys without evidence of concurrent pyelectasia. Mildly heterogeneous nephrograms are seen. The pyelogram appears to be mildly delayed.

INTERPRETED BY

 Nele Eley (Ondreka),
 DVM Dr. med. vet.,
 DipECVDI

A 22 mm x 20 mm sized, irregularly shaped, heterogeneously enhancing mass of the right adrenal gland is seen. The mass causes ventral deviation and compression of the caudal vena cava. The right phrenicoabdominal vein is obliterated. No invasion of the caudal vena cava is seen. The left adrenal gland presents within normal limits.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. A moderate amount of mineral attenuating material is present within the gallbladder. The gallbladder is thin walled. The common bile presents within normal limits.

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Cystic expansion of the left portal lymph node with a thin walled, fluid filled cavity in the caudal aspect of the lymph node measuring 20 mm x 10 mm is seen. There is a mild mass effect onto the portal vein and pancreas.

REFERRING VET

Dr. Meaux

Occasional hyperenhancing splenic nodules are seen in the hilus region. A nodular soft tissue attenuating structure of 10 mm diameter is seen close to the splenic head.

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

A mild amount of mineral attenuating material is present within the stomach and small intestine.

DATE

12/9/21


PATIENT Thorax

The bony and surrounding soft tissue structures are within normal limits.

Fufi Quiles

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.

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

BREED

Mixed

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.

Occasional age related incidental pulmonary osteomas are present.

SEX

Spayed Female

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

COMPUTED TOMOGRAPHIC DIAGNOSIS
AGE

11 Years

- Right adrenal gland mass meeting neoplastic criteria
- Cystic enlargement of the left portal lymph node
- Epigastric lymphadenomegaly versus ectopic splenic tissue
- Multiple splenic nodules
- Bilateral hypercalcemic nephropathy with potentially delayed renal excretion
- Biliary microlithiasis within the gallbladder

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an expansile right adrenal gland mass meeting neoplastic criteria. The changes suggest potential for invasion of the phrenicoabdominal vein. No caudal vena cava invasion is seen at this point. Differential diagnosis includes pheochromocytoma, adenocarcinoma, and less likely adenoma or incidentaloma. No concurrent hepatomegaly is seen. The left adrenal gland presents within normal limits.

HOSPITAL NAME

Mobile Pet Imaging

The cystic expansion and potential epigastric lymphadenomegaly may represent metastatic disease. However, benign reactive hyperplasia is valid differential diagnosis as well as ectopic splenic tissue for the epigastric lymphadenomegaly. Consider excisional lymph node biopsies during potential surgery.

REFERRING VET

Dr. Meaux

The splenic nodules are likely to represent benign myelolipomas, hemangiomas, or less likely nodular hyperplasia. Neoplasia is thought unlikely, but cannot be ruled out entirely.

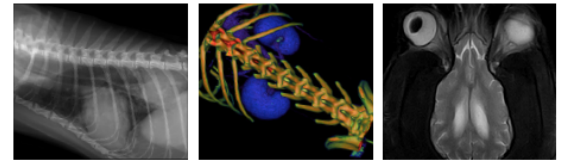
The renal changes are suggestive for chronic (hypercalcemic) nephritis. Age related degenerative changes cannot be ruled out, but are thought less likely.

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PATIENT

Fufi Quiles

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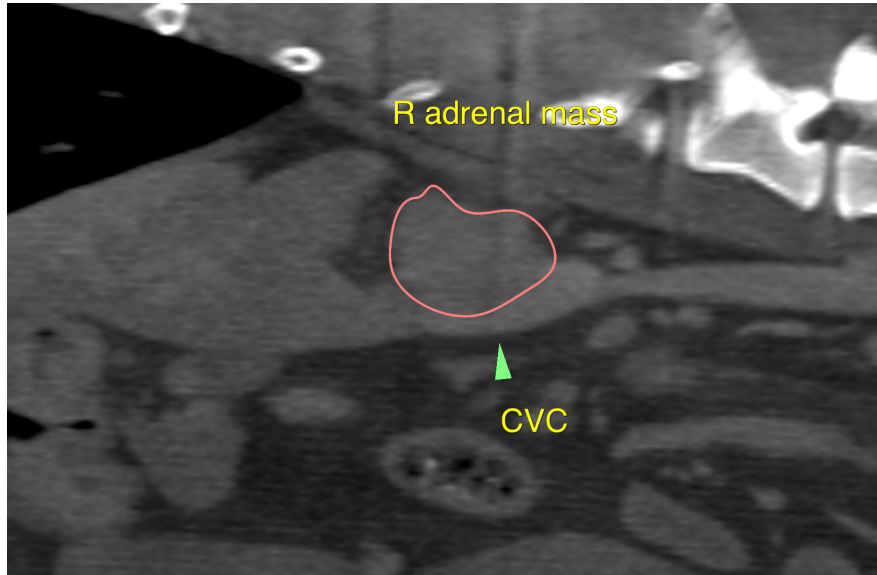
Canine

BREED

Mixed

SEX

Spayed Female



AGE

11 Years

INTERPRETED BY

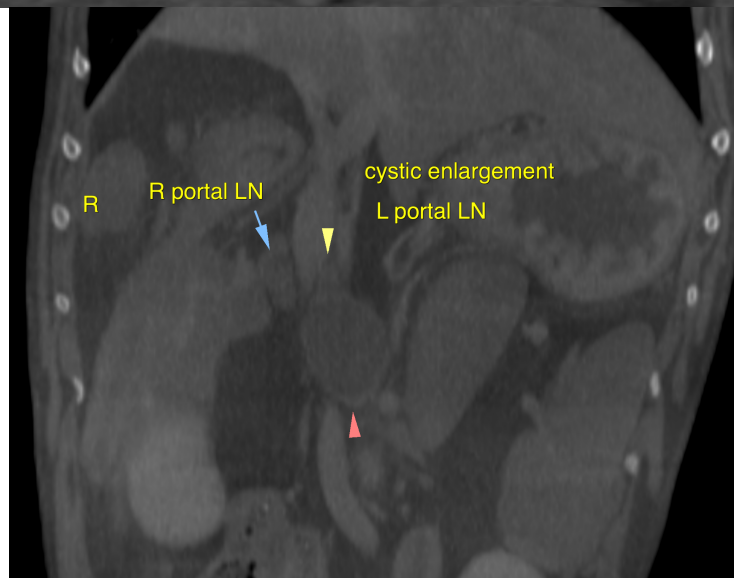
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HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Dr. Meaux



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.

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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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