



**PATIENT**

Marley DeGise

**PRESENTING CLINICAL SIGNS**

Bilateral adrenal masses found on ultrasound at eclipse veterinary hospital. Asymptomatic for Cushing's. Adrenal on R is more of concern, is it resectable? Current meds: Cytopoint, metronidazole 500mg Trazodone + Gabapentin for CT  
Abnormal PE/Chem/CBC/UA Results: Alk Phosphatase 142 (HIGH)

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

Plain and post contrast studies available for review.

**BREED**

Labrador Retriever (Silver)

**COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**

FS

Multiple cortical infarcts are seen in both kidneys which renders the nephrogram heterogeneous. Occasional small parenchymal renal cysts are seen as well.

**AGE**

9.5 Years

A 5 x 3 cm sized heterogeneously enhancing mass is expanding the right adrenal gland. The normal architecture of the right adrenal gland is lost. There is a mass effect onto the caudal vena cava. The phrenicoabdominal vein is obliterated. No caudal vena cava invasion is seen. The cranial pole of the left adrenal gland is expanded by a heterogeneously enhancing 2.5 x 2 cm sized nodule with no evidence of vascular invasion.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Multiple faintly hypoenhancing splenic nodules are present.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

**HOSPITAL NAME**

Sova Animal Hospital

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

**REFERRING VET**

Dr. Ammeraal

Multiple moderate to severe spondyloses are seen from T13 through the sacrum.

Moderate L6/7 and L7/S1 intervertebral disc protrusion is noted.

**INVOICE**

56801

- Large adrenal gland mass of the right adrenal gland.
- Large cranial pole nodule of the left adrenal gland.
- Suspect bilateral chronic nephropathy.
- Splenic nodules.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

2-16-23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A large mass is expanding the right adrenal gland. There is no evidence of vascular invasion. A cranial pole nodule with no evidence of vascular invasion of the left adrenal gland is seen. No



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evidence of concurrent hepatopathy is noted. Differential diagnosis includes bilateral nonfunctional and less likely functional adenoma or adenocarcinoma as well as pheochromocytoma, incidental, and less likely metastases or myelolipoma. Further laboratory workup is recommended. At this point, there appear to be no limitations to the surgical resectability.

**SPECIES**

Canine

The splenic nodules are likely to represent benign nodular hyperplasia or extramedullary hematopoiesis. Metastatic disease cannot be ruled out entirely but is thought unlikely.

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(Silver)

**SEX**

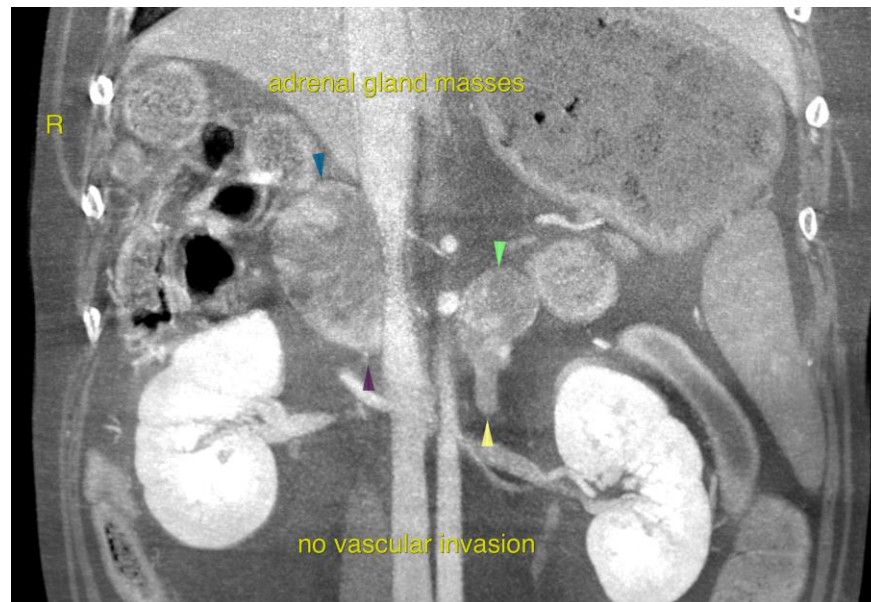
FS

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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.

**REFERRING VET**

Dr. Ammeraal

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