



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Wee Wee Sharnq

SPECIES
Canine

BREED
Siberian Husky

SEX
MN

AGE
14 Years

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME
Animal Health Partners

REFERRING VET
Dr. Lea Mehrkens

INVOICE
51789

DATE
4-27-22

Wee Wee, a 14 year old Male Neutered , was presented to the Toronto Animal Health Partners Surgery Service for evaluation of an abdominal mass. The mass was initially noticed at the start of April 2022 on radiographs. Normal EDUD; No VDSC; Energetic. *The recent blood work on 3/12/22 -- NSF, PCV 37%, mild elevation ALP, slightly low amylase, magnesium* *Free catch UA on 3/12/22 USG 1.044, pH6, protein 3+, urobilinogen trace, yeast presentation, CaOx crista, squamous epithelial cell - 4/9/22 repeat, no crystals, no urobilinogenm no bacterial growth, no yeast seen* *SBA 4/9/22: normal* *Rads 4/9/22 OA* *AUS 4/14 7cm cystic mass within Left mid abdomen, perfectly round, which not seen in March, a history of renal cyst* Wee Wee has had a previous history of 3/28/22 OSTEOARTHRITIS mild R stifle 3/20/21 CATARACT OU *7/22/20 SPLENIC TUMOUR BENIGN head of spleen tumour - Sx splenectomy* 11/19/19 TICK 10/17/19 CYSTIC pancreatic mass left lobe 11/01/18 DIARRHEA 3/01/18 DIARRHEA, ACUTE, VOMITING *9/20/17 THYROID CARCINOMA REMOVAL* *2/08/17 PARTIAL SEIZURES - suspected* 1/03/17 MULTIPLE MASS

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

Plain and post kontras studies of the abdomen in soft tissue and bone windows and thorax in soft tissue and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

The patient has a history of splenectomy.

A large subcutaneous lipoma is seen in the right lateral abdominal wall.

A round soft tissue mass with smooth thin wall and fluid as well as fat attenuating components of 6 x 6.5 x 8 cm is seen within the ventral mid abdomen to the right of the midline. Only the peripheral lining of the mass presents contrast enhancement. The surrounding mesentery presents within normal limits except for a thin left sided stalk like extension. No evidence of other abdominal organ involvement is seen.

Suture material from prior splenectomy is seen in the left cranial and dorsal abdomen.

Several small cysts are scattered throughout the parenchyma of the liver. The gallbladder is moderately distended. A moderate amount of hyperattenuating sediment is seen within the gallbladder. The common bile duct presents within normal limits and nondilated.

The right kidney presents within normal limits. A 2.0 cm sized cyst is seen in the ventral aspect of the left renal cortex.

Mild generalized enlargement of the pancreas with occasional nodules is seen.

The left adrenal gland presents within normal limits. A 1.3 cm sized heterogeneously enhancing nodule is seen in the cranial pole of the right adrenal gland. The right phrenicoabdominal vein is obliterated. No direct invasion of the caudal vena cava is seen.

Thorax



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Large intermuscular lipomas are seen in the pectoralis region and armpit on both sides. A small intramuscular lipoma is seen within the right pectoralis muscle.

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The lung and bronchial tree present within age related normal limits. There is no evidence of interstitial pulmonary nodules or masses.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Infarcted abdominal lipoma.
- Multiple subcutaneous inter- and intra- muscular lipomas in the thoracoabdominal walls.
- Right adrenal gland cranial pole nodule with possible early vascular invasion.
- Left cortical renal cyst.
- History of splenectomy.
- Multiple small uncomplicated liver cysts.
- Gallbladder sand.
- Benign nodular hyperplasia of the pancreas.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT findings are compatible with a large abdominal lipoma. Infarction / necrosis of the lipoma is considered likely based on the CT appearance. The mass is in a resectable position.

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Note the presence of a heterogeneously enhancing nodule within the cranial pole of the right adrenal gland. Early vascular invasion of the phrenicoabdominal vein cannot be ruled out. Differential diagnosis includes pheochromocytoma, adenocarcinoma, adenoma, and less likely incidentaloma, metastases, or myelolipoma. Resection of the right adrenal gland along with excision of the abdominal lipoma could be considered.

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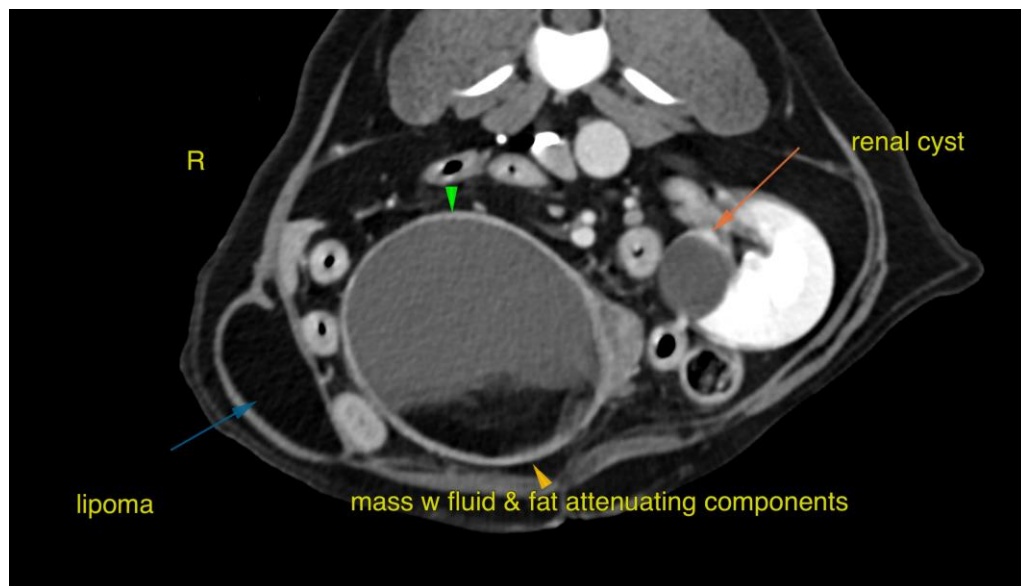
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Partners

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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