



**PATIENT PRESENTING CLINICAL SIGNS**

Jazzi Pinchevsky Patient presented for evaluation of bilateral adrenal masses (right more significant) and elevated liver values. Patient has a history of Fanconi syndrome and CKD.

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

Canine Plain and post contrast studies of the abdomen and post contrast study of the thorax are available for review.

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Shih Tzu **Abdomen**

**SEX** An approximately 1.5 cm sized expansile heterogeneously enhancing mass of the cranial pole of the right adrenal gland is seen. At this time, there is no evidence of vascular invasion. No mineralizations are noted within the mass. Mild enlargement of the cranial pole of the left adrenal gland is seen with the cranial pole measuring 8.2mm in diameter.

FS

**AGE** Mineral attenuating foci are seen associated with the renal diverticuli of both kidneys as well as within the left renal pelvis. The renal pelvis is non-dilated. Occasional small cortical renal cysts are seen bilaterally. The general shape of the kidneys is within normal limits; however, the renal size is on the smaller end with kidney-to-aorta ratio of 6.3.

13 Years

Mild generalized enlargement of the spleen is noted with occasional faintly hyperenhancing splenic nodules.

**INTERPRETED BY**

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

The gastrointestinal tract, pancreas, and lymph nodes present within normal limits.

The liver and gallbladder present within normal limits.

**Thorax**

**HOSPITAL NAME**

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

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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 are uniform and considered within normal limits.

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Seraydar

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

The pre-carinal trachea and mainstem bronchi present mild collapse.

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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.

The lung parenchyma presents the expected architecture and attenuation behavior.

**DATE**

6-27-23



**PATIENT** The lower esophageal sphincter is in a slightly cranial position; however, no prolapse into the caudal mediastinum is seen at this point. The lower thoracic esophagus presents mild generalized wall thickening.

Jazzi Pinchevsky

### COMPUTED TOMOGRAPHIC DIAGNOSIS

#### SPECIES

Canine

- Expansile mass of the cranial pole of the right adrenal gland with no evidence of vascular invasion.
- Anatomic variant versus small nodule within the cranial pole of the left adrenal gland.
- Bilateral hypercalcemic nephropathy/nephrocalcinosis with multiple cortical renal cysts.
- Splenomegaly with small nodules.
- Suspect esophagitis potentially due to sliding hiatal hernia.
- Minor signs of potential dynamic tracheal disease.

#### BREED

Shih Tzu

### INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

#### SEX

FS

The CT study reveals an expansile mass within the cranial pole of the right adrenal gland. At this time, there is no evidence of vascular invasion. Differential diagnosis includes functional or nonfunctional adenoma, adenocarcinoma, or pheochromocytoma. Incidentaloma and myelolipoma cannot be ruled out entirely but are considered less likely.

#### AGE

13 Years

The mild enlargement of the cranial pole of the left adrenal gland may represent an anatomic variant or a small nodule such as hyperplastic nodule, adenoma, and less likely other early neoplasia. Further testing of the pituitary / adrenal gland axis could be considered if not performed already.

#### INTERPRETED BY

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DipECVDI

The CT presentation of the liver was within normal limits. However, diffuse parenchymal disease cannot be ruled out.

Differential diagnosis for the splenomegaly and splenic nodules includes extramedullary hematopoiesis, hydrostasis, lymphoid hyperplasia, and less likely neoplasia such as metastases.

#### HOSPITAL NAME

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**PATIENT**

Jazzi Pinchevsky

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

FS

**AGE**

13 Years

**INTERPRETED BY**

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**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

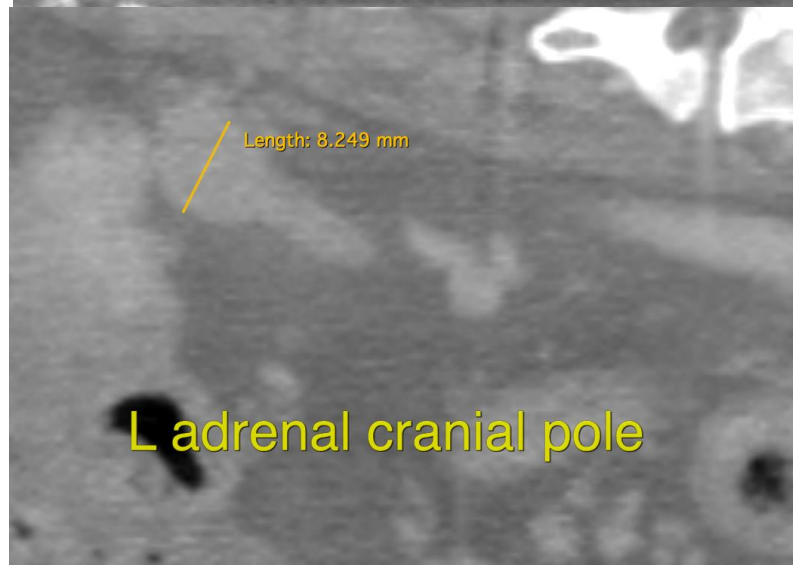
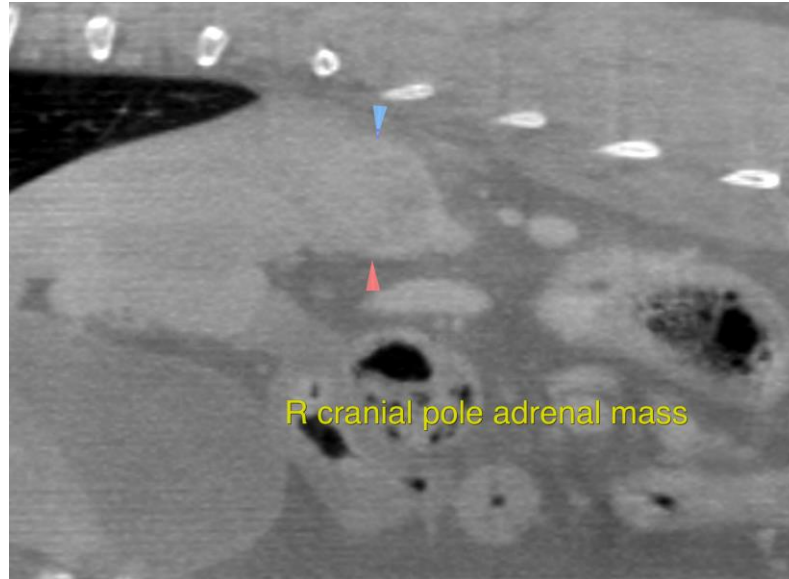
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**DATE**

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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.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)