



PATIENT

Danna Montalvo

PRESENTING CLINICAL SIGNS

Patient presents with symptoms of lethargy and the owners indicate that they have noticed that the pet ingests a lot of water and that it does not have much appetite. Abdominal X-rays and blood labs are done. Radiographs suspect a mass in the abdominal cavity. The patient is referred for abdominal sonography and a mass in the right adrenal gland and atrophy in the left adrenal gland are suspected.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- RBC, HBG and HCT mild to moderate increased
CHEM --- liver enzymes increased

BREED

Siberian Husky

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

SF

A large ovoid soft tissue attenuating mass of approximately 4.5 cm diameter is expanding the right adrenal gland. The mass presents severe heterogeneous contrast enhancement and very ill-defined lateral and medial contours. Extensive fat stranding and mild extravasation of contrast media are seen within the retroperitoneum. A large hypoattenuating and hypoenhancing structure with cranially and caudally tapering margins is seen medial of the right adrenal mass and dorsal of the caudal vena cava and measures approximately 13.0 cm in length and 2.5 cm in width. Severe deviation and compression of the caudal vena cava is seen. No overt invasion of the caudal vena cava is noted; however, the right phrenicoabdominal vein is obliterated.

AGE

12 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The left adrenal gland is thin and elongated with cranial and caudal pole diameters of 4.5mm each.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable. Occasional small hyperenhancing nodules are seen within the splenic parenchyma.

HOSPITAL NAME

Veterinary Image
Center

There is moderate generalized enlargement of the liver with diffuse heterogeneous contrast enhancement.

The gallbladder is moderately distended. A single large 12mm sized asterisk shaped calculus is seen within the gallbladder. No evidence of extra- or intra- hepatic biliary duct dilation is noted and there is no evidence of common bile duct dilation.

REFERRING VET

Dr. M. Carrillo

Moderate degenerative lumbosacral stenosis is noted as well as spondylosis within the lumbar spine from L1 through L4. Moderate disc protrusion is seen at L1/2 and L6/7.

INVOICE

46951

No evidence of abdominal lymphadenomegaly is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

8-11-21

- Right adrenal gland mass meeting neoplastic criteria.
- Hypoplasia of the left adrenal gland.
- Large gallbladder stone without evidence of obstruction of the biliary system.
- Hepatomegaly with mild diffuse heterogeneous contrast enhancement.



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- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study reveals a ruptured mass of the right adrenal gland with retroperitoneal hematoma and hemorrhage. There appears to be no invasion of the caudal vena cava at this point; however, invasion of the right phrenicoabdominal vein is assumed. Based on the CT findings, pheochromocytoma is the most likely differential diagnosis. However, adenocarcinoma and secondary malignancies of the adrenal gland, such as hemangiosarcoma, cannot be ruled out. Benign neoplasia is thought highly unlikely. Venotomy may be necessary in order to remove the mass and tumor seeding due to hemorrhage cannot be ruled out.

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The splenic nodules most likely represent benign nodular hyperplasia/extramedullary hematopoiesis. Metastatic disease cannot be ruled out but is thought unlikely.

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Metabolic hepatopathy is the most likely underlying cause of the hepatic changes. Diffuse metastatic disease is thought very unlikely.

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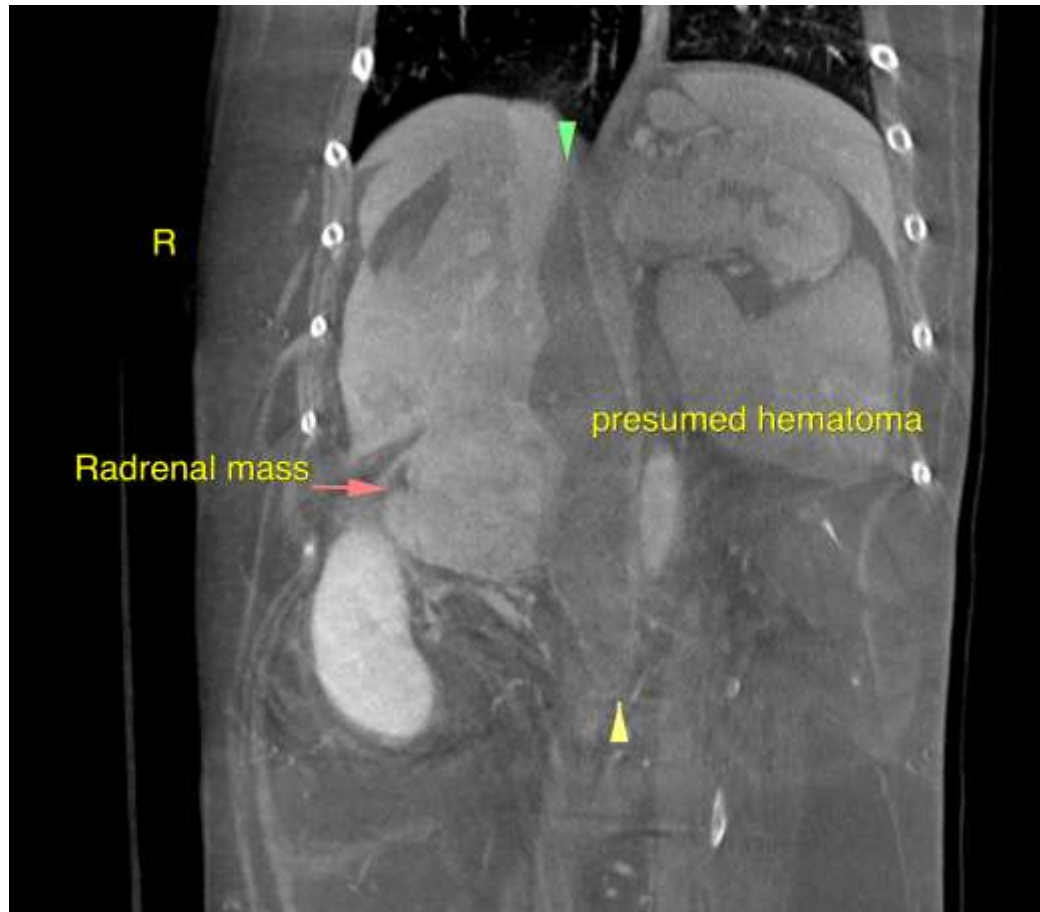
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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