



PATIENT

Mona Richelmi

PRESENTING CLINICAL SIGNS

Presented for a history of hypercalcemia and calcification of the adrenal gland. Abnormal PE/Chem/CBC/UA Results: iCa 1.77 T. Ca 13.5 mg/dl alt 248 u/l alp 615 u/l parathyroid pending

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, NECK, THORAX, & ABDOMEN

Plain and post contrast studies of the abdomen and post contrast studies of the head, neck, and thorax are available for review.

BREED

Boxer

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

A large irregular shaped expansile mineralizing mass of the left adrenal gland measuring 6.5 x 4.5 cm is seen. The left phrenicoabdominal vein is obliterated. Invasion of the caudal vena cava is not seen.

SEX

FS

There is peripheral fat stranding circumferential to the mass and a 2.5 x 1.0 cm sized partially mineralized nodule is seen caudal to the mass level with and dorsal of the left kidney.

AGE

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The right adrenal gland presents within normal limits.

Occasional hyper- and hypo-enhancing splenic nodules are seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Liver and gallbladder present within normal limits.

The abdominal lymph nodes present within normal limits.

HOSPITAL NAME

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Referral Hospital

Multiple thoracolumbar spondyloses are seen.

There is moderate degenerative lumbosacral stenosis.

Thorax

REFERRING VET

Dr. Runde

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.

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

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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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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



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Head & Neck

A mild amount of fluid attenuating material is seen within the right tympanic bulla. The left tympanic bulla is completely obliterated with fluid attenuating material.

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Mild bilaterally symmetric retropharyngeal lymphadenomegaly is noted.

Pituitary gland height is slightly enlarged with 7.5mm, reference up to 6mm.

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Boxer

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large expansile left adrenal gland mass with mineralizations and no evidence of vascular invasion.
- Left retroperitoneal nodule caudodorsal to the mass.
- No evidence of concurrent hepatopathy.
- Splenic nodules.
- Bilateral otitis media, L>R.
- Suspect mild pituitary gland enlargement.
- Mild bilateral medial retropharyngeal lymphadenomegaly.
- Spondyloses and degenerative lumbosacral stenosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with a left adrenal gland mass. The findings do suggest pheochromocytoma or adenocarcinoma rather than adenoma or incidentaloma. At this time, there is no evidence of invasion of the caudal vena cava and the mass is considered resectable.

The nodule caudodorsal to the left adrenal gland mass may represent metastases or organizing hemorrhage.

The pituitary gland enlargement is of uncertain significance. Differential diagnosis includes normal anatomic variant as well as adenoma.

The splenic nodules may represent benign lymphoid hyperplasia or extramedullary hematopoiesis. Metastases cannot be ruled out and FNA could be considered for further definition.

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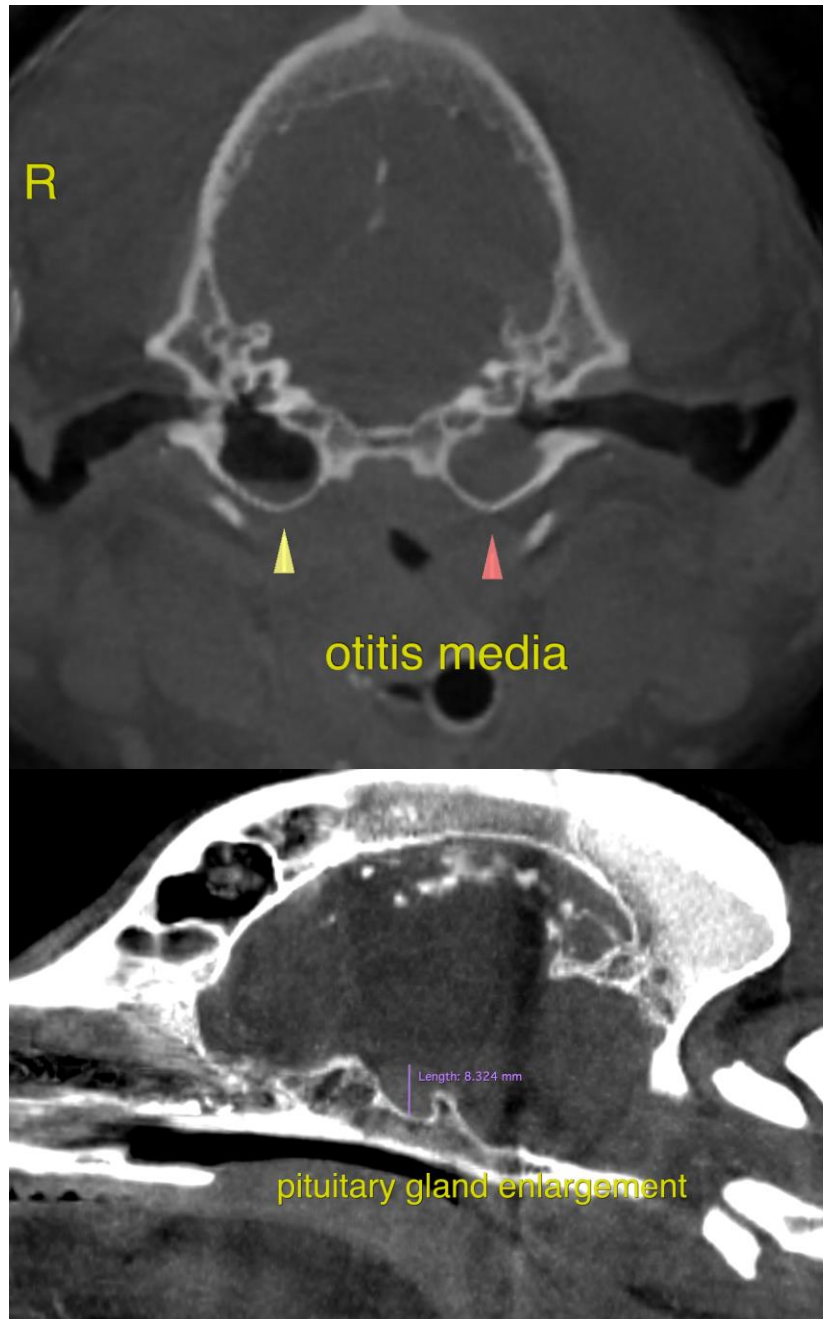
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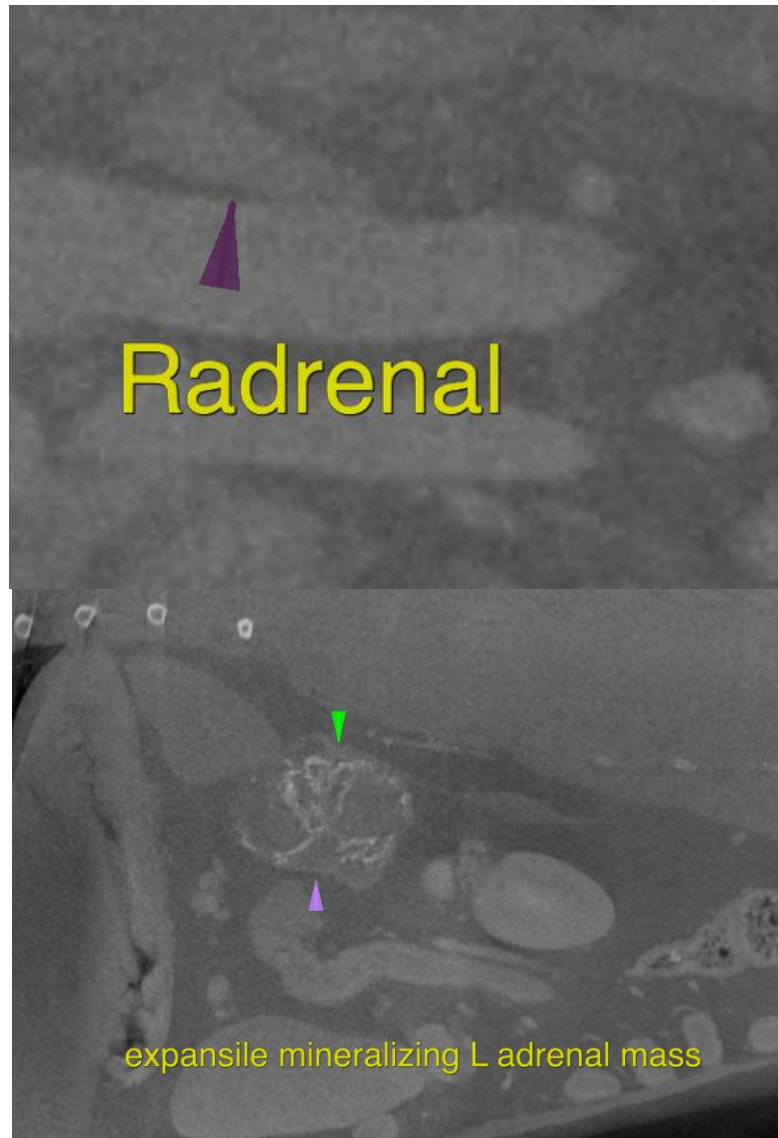
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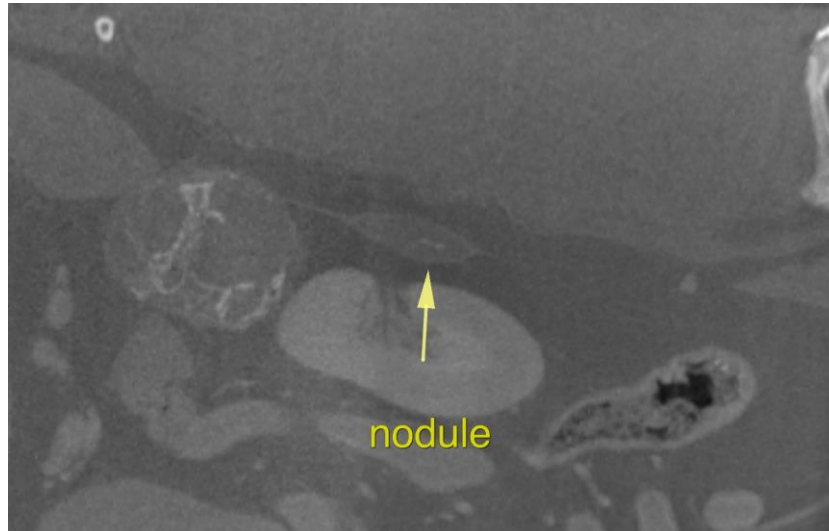
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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