



PATIENT PRESENTING CLINICAL SIGNS

Nismo Morales
SPECIES History: Presented 10/2/21 with a history of diarrhea and polydipsia. PE: distended abdomen. Abdominal mass palpated in the middle part of the right cranial abdomen. Ultrasound was performed: Right to mid cranial abdominal mass. Differentials for this mass included a hepatic mass, right adrenal gland mass, pancreatic mass, or mesenteric mass. Generalized hepatomegaly with subjectively hyperechoic parenchyma may represent endocrine / vacuolar hepatopathy or infiltrative neoplasia.
BREED Canine
 Abnormal PE/Chem/CBC/UA Results: CBC --- mild leukocytosis CHEM --- ALT and GGT mild increased

COMPUTED TOMOGRAPHIC STUDY OF THE CHEST & ABDOMEN

American Bully

Chest

SEX

Male

The displayed parts of the caudal chest show multiple pulmonary soft tissue dense nodules of different sizes, predominantly well-defined and distributed throughout all displayed lung parts. The caudal and dorsal aspect of the right caudal lobe presents a cystic lesion surrounded by atelectasis. Margins to the diaphragm are partially fuzzy.

AGE

5 Years 8 Months

Abdomen

The right cranial abdomen impresses with a large hypodense and amorphous mass of at least 8 cm in diameter most likely originating from the right adrenal gland which cannot be identified. Focal mineralization is noted. There is a significant filling defect of the caudal vena cava with a length of 2.1 cm noted in the area of the right adrenal. The mass extends into the caudate lobe of the right liver. Left to the gallbladder two further rounded nodules are recognized. There is moderate abdominal effusion present. The portal/cranial para-aortal area shows multiple small nodules.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet Specialist
 in Diagnostic Imaging

The left adrenal gland reveals a small hypodense lesion of the caudal pole.

HOSPITAL NAME

Veterinary Image
 Center

The spleen shows normal findings in terms of size, surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. Pancreas appears inconspicuous. Both renal veins are mildly distended. The right one presents a tortuous course having direct contact to the adrenal mass. Kidneys are inconspicuous apart from that.

REFERRING VET

Dr. J. Diaz Umpierre

As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large amorphous, hypodense mass originating from the right adrenal gland invading the right liver and the caudal vena cava
- Suspected hepatic and pulmonary metastasis

DATE

10/11/21



PATIENT

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- Suspected lymphoid metastasis cranial abdomen
- Lesion of the left adrenal gland
- Moderate abdominal effusion
- Questionable involvement of the diaphragm

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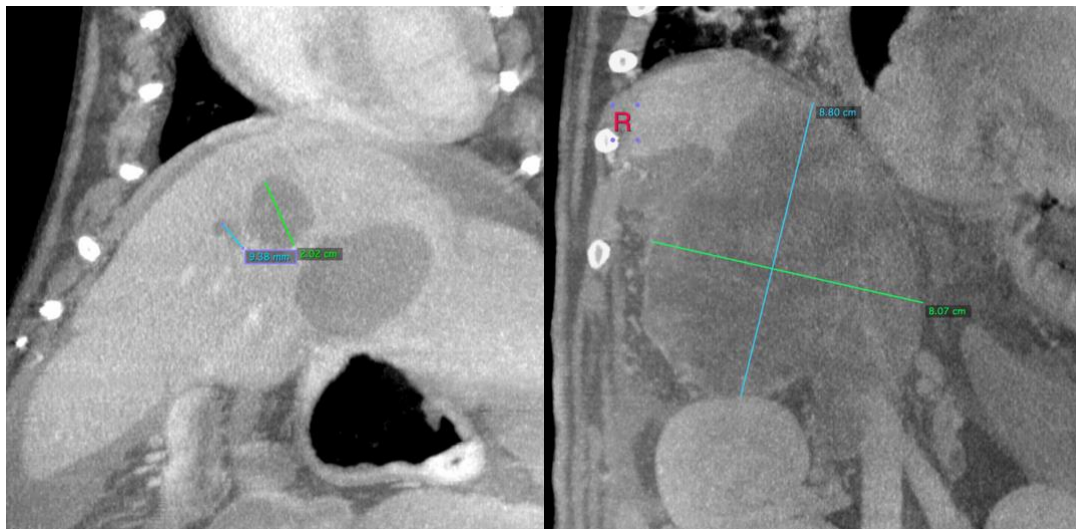
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings most likely present malignant neoplasia of the right adrenal gland. The area, the local invasive behavior (liver and vena cava), and mineralization would go along with that and could speak for an adenocarcinoma or pheochromocytoma. This finding can be bilateral, an initial stage of neoplasia is suspected in the caudal pole of the left adrenal.

The multiple nodules in the cranial abdomen and of the displayed lung are highly suspicious for regional and distant metastasis. Peritoneal/retroperitoneal involvement is likely. The abdominal free fluid may represent transudate due to portal hypertension/cava syndrome. Peritoneal hemorrhage is a potential differential and needs to be ruled out.





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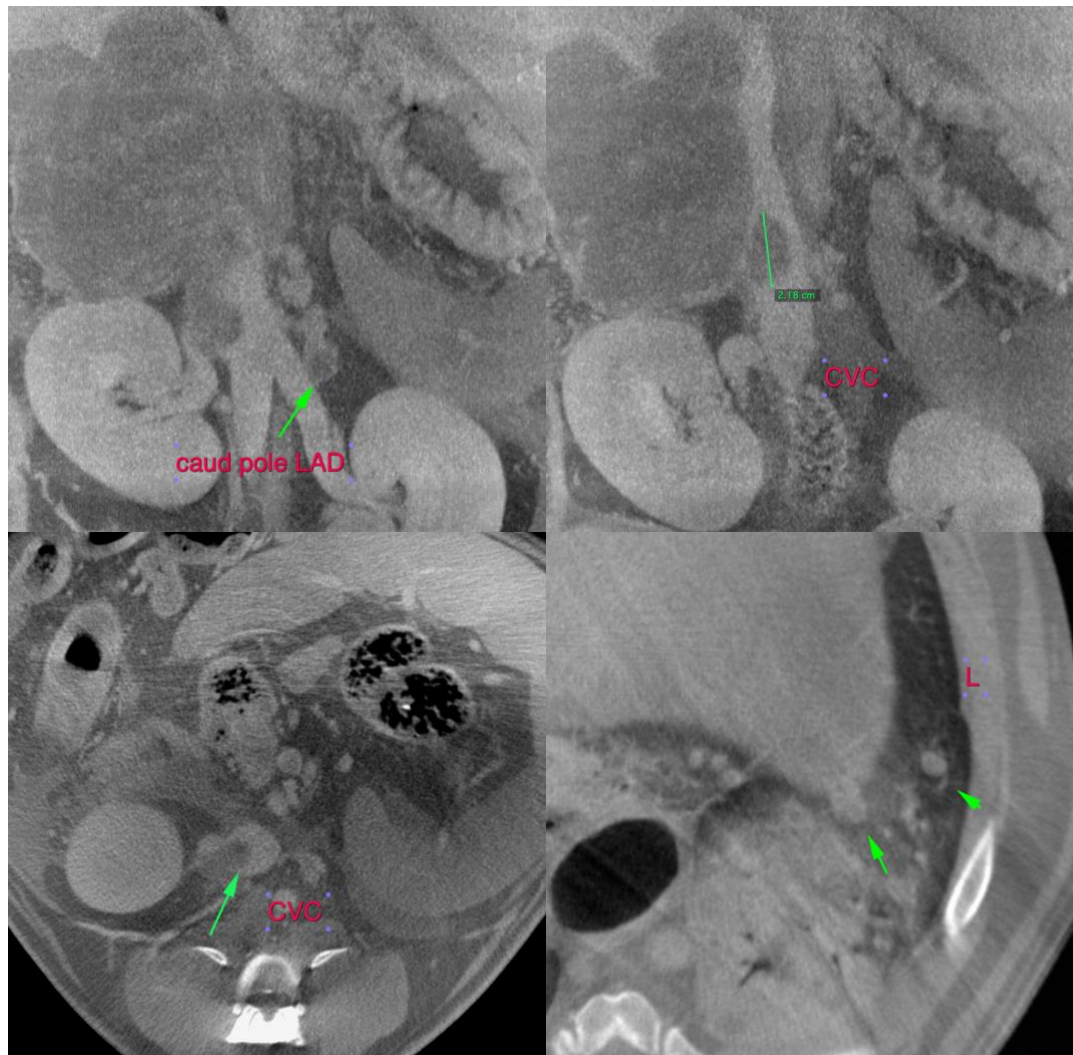
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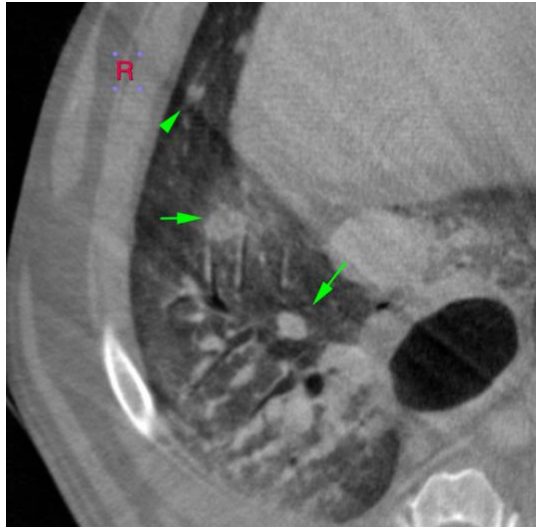
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com