



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Buster Lazarus **PRESENTING CLINICAL SIGNS** History: On routine exam an abdominal mass was suspected. Ultrasound revealed: Splenic mass, liver mass (left side), and mass in the right adrenal gland with growth into phrenicoabdominal and caudal vena cava. Pet is not clinical.

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

14 Years

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

The right adrenal gland shows a rounded to amorphous highly inhomogeneous mass of 1.53 x 1.37 cm. There is mild and irregular enhancement noted. The phrenicoabdominal vein is invaded. The caudal vena cava focally gets impressed. An overt filling defect is not recognized with CT. The left adrenal gland is normal.

There are multiple small soft tissue nodules throughout the mesentery/omentum noted.

The left medial liver presents an area of 2.26 x 1.20 cm with arterial contrast uptake and broad-based contact to the liver surface without obvious mass effect or deviation of vessels. Another ill-defined, hypodense and rounded area is identified medial and adjacent to the gallbladder, again without relevant mass effect or abnormal vessels. The venous/portal contrast phase is unremarkable.

The spleen is moderately enlarged with rounded margins. There are several hyperdense foci noted. Beside that a mass-like lesion in the mid part of the spleen is seen with marked protrusion of the splenic surface measuring 3.09 x 1.94 cm.

INTERPRETED BY

Sebastian Jawinski,
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Certified Vet Specialist
in Diagnostic Imaging

Gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal.

Pancreas presents normal size and shape with a smooth surface.

Age-appropriate presentation of the kidneys.

HOSPITAL NAME

Mobile Pet Imaging

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.

REFERRING VET

Meaux

Ureters, urinary bladder, trigonum and urethra are presented as expected.

Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

13570

- Right adrenal mass with invasion of the phrenicoabdominal vein
- Patchy appearance of the hepatic arterial phase, questionable hyperdense area left medial lobe
- Protruding splenic mass mid part spleen
- Multiple nodules mesentery/omentum

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10/5/21



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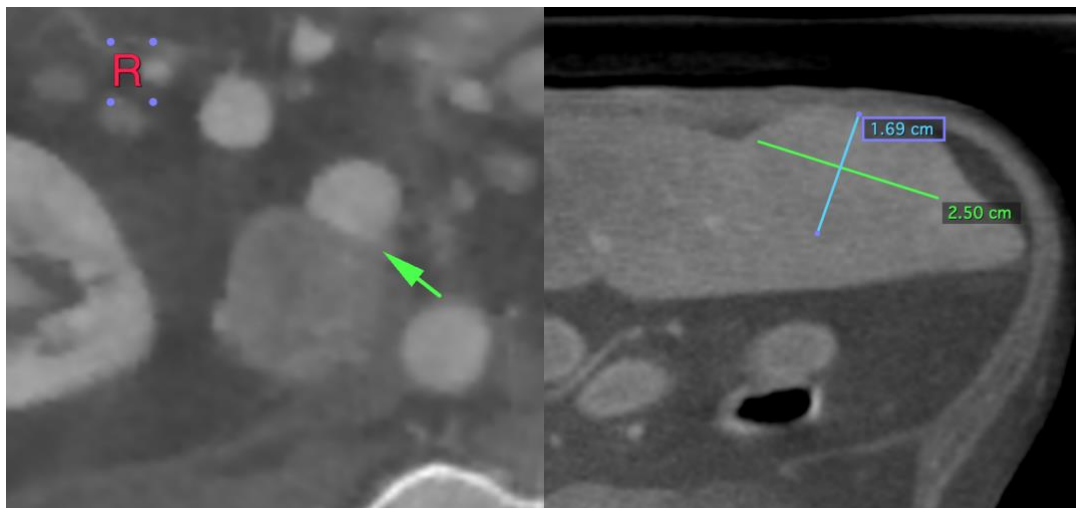
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland represents a malignant neoplasia with invasion at least of the phrenicoabdominal vein. The caudal vena cava shows focal impression which is an indirect sign for initial invasion. Ultrasound will be more precise in detecting intravascular tumor tissue. Most common differentials are carcinoma and pheochromocytoma (evaluation of the chest? blood pressure?).

The patchy pattern of the liver in the arterial (mixed) phase is likely a matter of asymmetric arterial/portal perfusion since there are no nodular changes or mass effect recognized. Carcinomas and metastasis of intestinal tumors show a strong arterial enhancement and a fast wash out. The latter are not suspected. However, neoplasia cannot be fully excluded.

The splenic mass is an unspecific finding. Differentials include benign nodular hyperplasia but malignant lesions such a hemangiosarcoma as well. The protrusion of the capsule is a risk factor for rupture.

Distribution and number of the mesenteric/omental nodules are suspicious for metastasis. Secondary signs for reactive-inflammatory lymphadenitis are not obvious.





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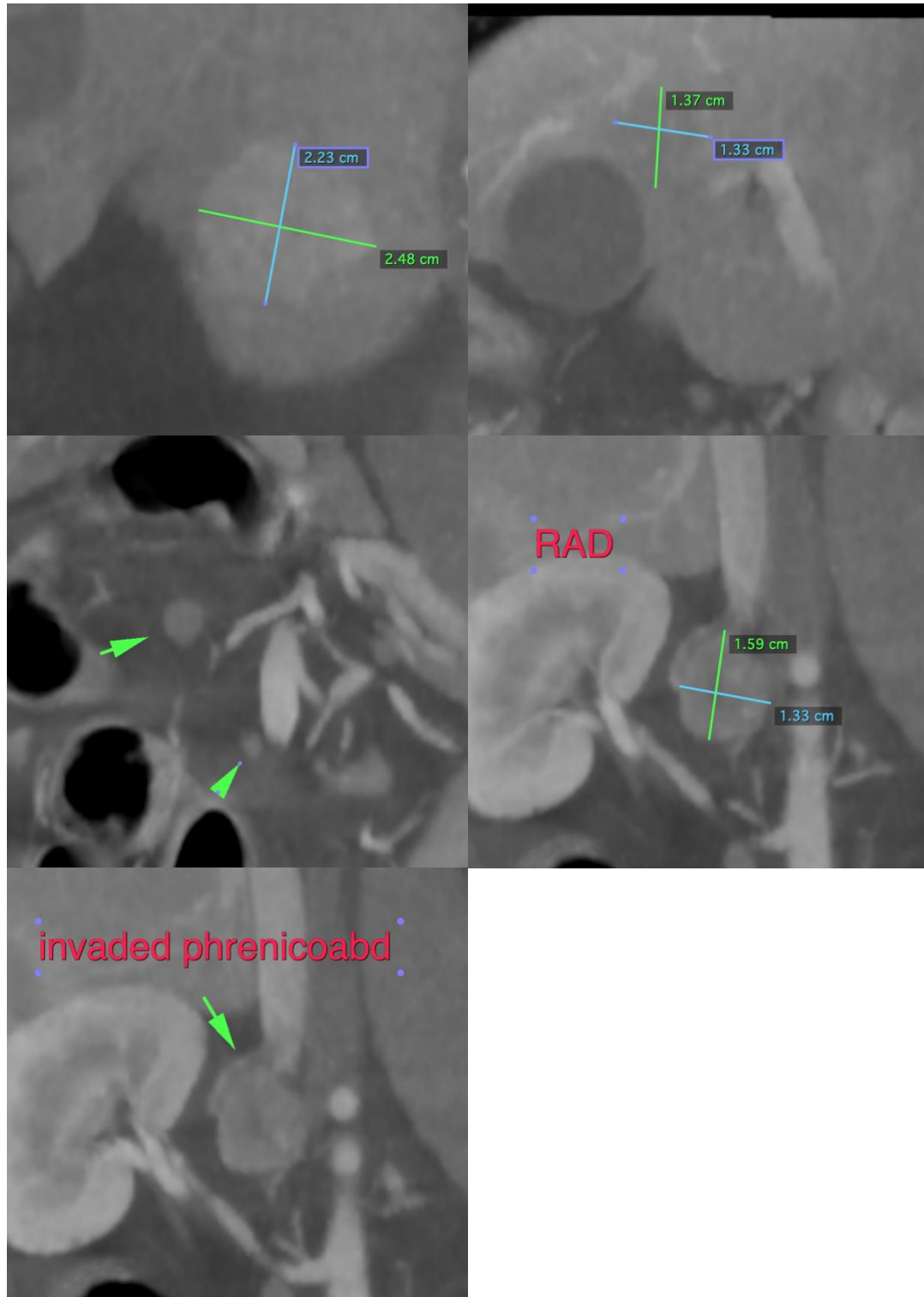
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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