



**PATIENT**

Boo Hannah

**PRESENTING CLINICAL SIGNS**

Patient presented for suspected hyperadrenocorticism.  
 Abnormal PE/Chem/CBC/UA Results: ALT: 206 IU/L ALKP: 4465 IU/L GGTP: 22 IU/L ACTH Stim: Pre: 1.0; ug/dL Post: 6.5 ug/dL

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE HEAD & ABDOMEN**

Pre/post contrast studies provided for review.

**BREED**

Shih Tzu

**COMPUTED TOMOGRAPHIC FINDINGS**

Head:

**SEX**

MN

The pituitary gland is prominently enlarged and protruding dorsally with maximum estimated diameters of 1.0 cm length, 1.01 cm height and 0.91 cm width. Shape is rounded causing mild mass effect. Homogeneous contrast enhancement is recognized. Bony structures of skull and the skull foramina of the cranial nerves are laterally symmetrical and inconspicuous.

**AGE**

7 Years

Both tympanic bullae are completely ventilated with a regular tympanic bulla wall. External ear canals are ventilated in all sections, walls of the external ear canals, the adjacent temporomandibular joints and the nasopharyngeal meatus have no particular findings. There is cystic bone lesion recognized including the roots of 202 and 203. Additionally, to that the left eye bulb is missing.

**INTERPRETED BY**

Sebastian Jawinski,  
 German Board  
 Certified Vet  
 Specialist in  
 Diagnostic Imaging

Abdomen:

The liver appears moderately enlarged with rounded margins showing a homogeneous density. The gallbladder is inconspicuous without evidence of cholestasis.

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Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. Unremarkable presentation of the bilaterally symmetrical kidneys.

The spleen appears small with multiple hypodense, rounded lesion without protrusions of the capsule. All lesions present an indicated ring-enhancement after contrast.

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Borecky

Left adrenal gland measures 2.47 cm in length, 0.80 cm in the cranial and 0.76 cm in the caudal pole. Right adrenal gland measures 2.67 cm in length, 1.02 cm in the cranial and 0.80 cm in the caudal pole. Both appear mildly enlarged but show a regular and symmetric shape and surface.

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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.

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2-14-22

Abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.



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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Neoplasia of the pituitary gland
- Moderate hepatomegaly
- Multiple hypodense splenic nodules
- Cystic, periapical bone lesion 202/203

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT findings are highly suspicious for a neoplasia of the pituitary gland. Final differentiation between adenoma and adenocarcinoma is not possible. Findings do reflect the history of Cushing's disease. Both adrenal glands are mildly hyperplastic but inconspicuous from a CT perspective.

Hepatomegaly is a common finding concomitant with hyperadrenocorticism and matches with fat storage/lipidosis and/chronic liver disease.

The hypodense lesions of the spleen are unspecific findings and should be controlled with ultrasound (recheck in 6 weeks, FNA?). Splenic neoplasia is a potential differential diagnosis.

The cystic lesion of the periapical alveolar bone at the level of 202 and 203 may be due to chronic root infection. Extraction and biopsy for histopathology are recommended.



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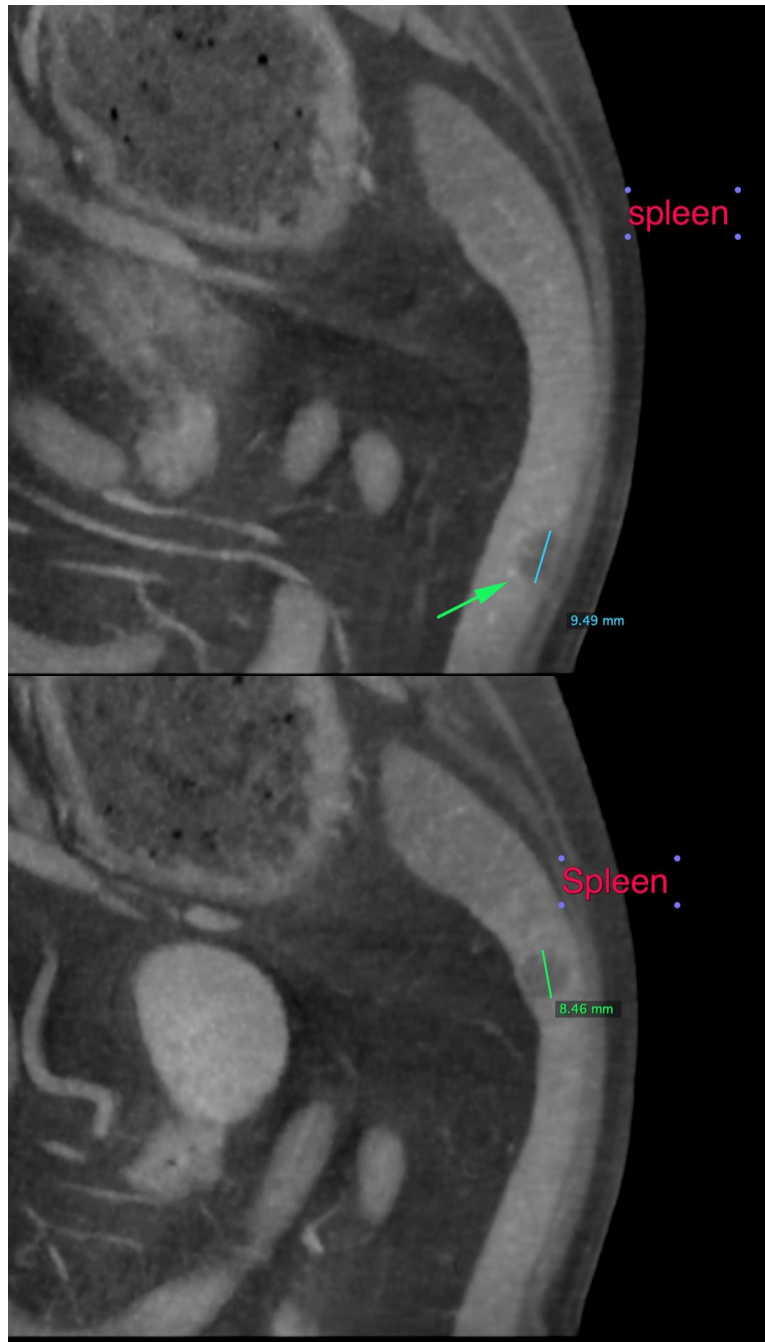
Borecky

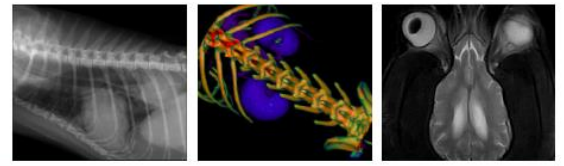
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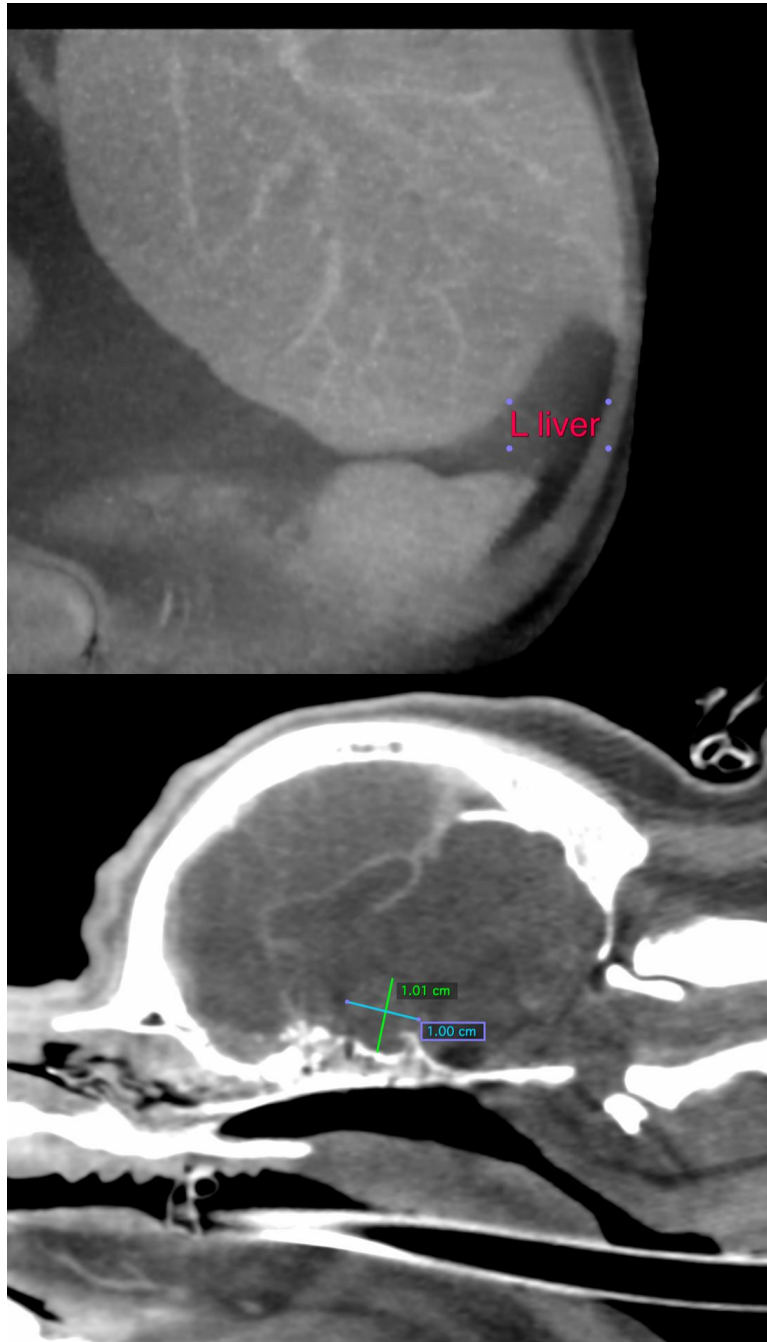
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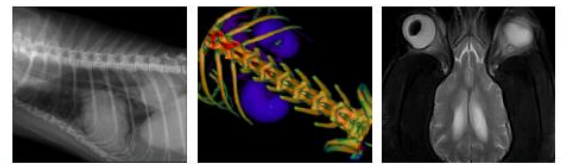
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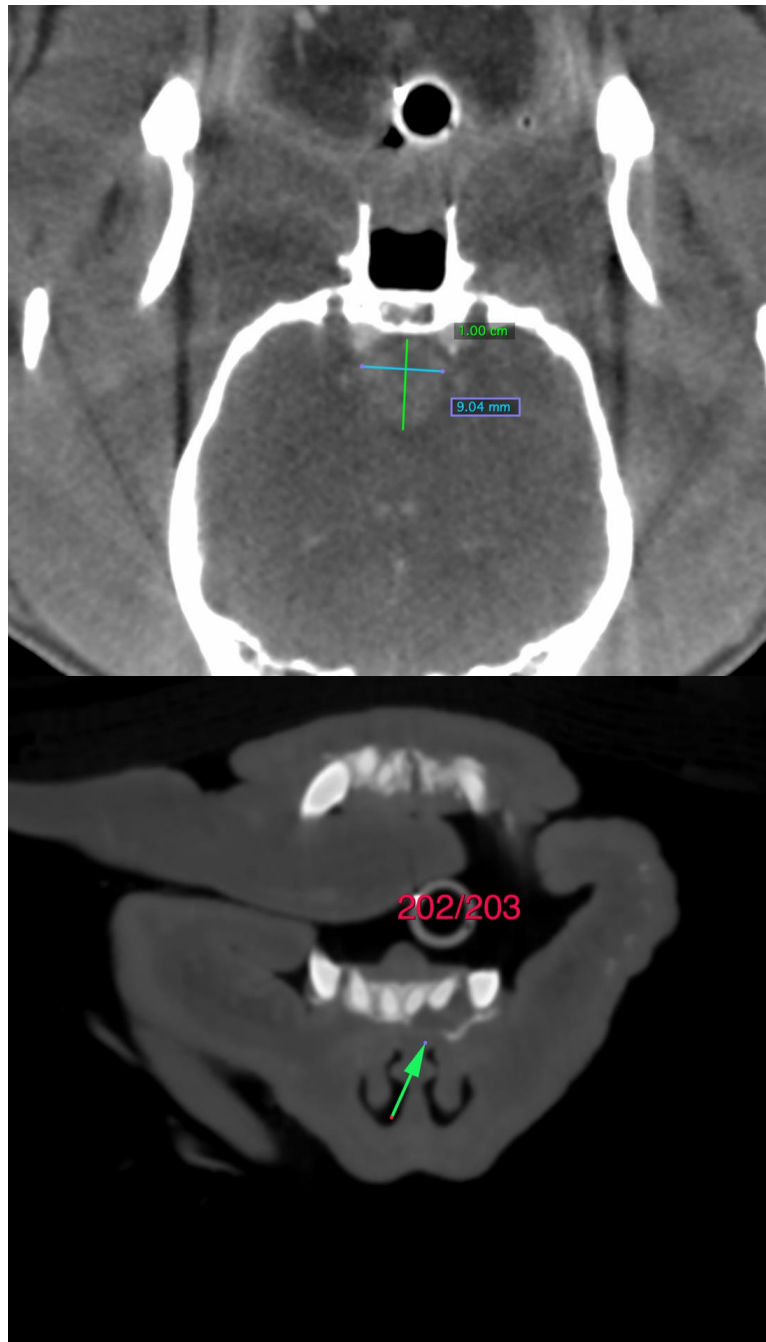
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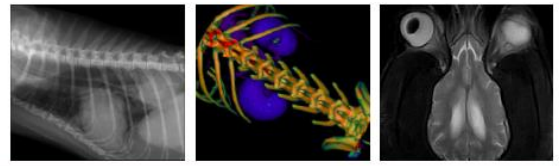
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com

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