



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Wee Wee Sharnq

**SPECIES** Canine

**BREED** Siberian Husky

**SEX** Neutered Male

**AGE** 15 Years

History splenectomy for benign splenic mass - Hx omental abscess removed surgically at TAHP in May 2022. - Right adrenal gland mass - 1.77 x 2.58cm on AUS November 2022 - In November 2022, work-up was done with IM for the adrenal mass. The CBC showed a mild anaemia and mild elevation in platelet levels. The biochemistry profile revealed a mildly elevated ALP. His TT4 level was within normal limits, and his ACTH stimulation test was not indicative of a cortisol-secreting tumour of the adrenal gland. Urine metanephrines were not elevated enough to be indicative of a pheochromocytoma. - Owner declined surgical removal at this time. - Scheduled for recheck CT scan in July. - Recheck urine metanephrines in Jan were WNL - Hct 0.36 in Jan 2023, 0.34 in Feb, ALP consistently around 250 w elevated platelets, but ACTH stim negative **\*\*Recent History\*\*** - Seen April 11 by RDVM for change to right thoracic mass. Large fluctuant lump with a firmer part to this lump which is where previously diagnosed lipoma was present. He reacts to the firmer part being squeezed as per RDVM notes. - RDVM sampled: fluid = serosanguinous fluid (no culture). Also sampled mass for FNA - path report says it could be a fibroma or else a soft tissue sarcoma - unclear from FNA but concern for spindle cell neoplasia. - Started Zenequin 100 mg PO q24 (last day is today) - Hct 0.31 on April 11 - very mildly regenerative, ALT and ALP both elevated as previously. Urea 15.4 (new) - Fecal tested due to mildly worsening anemia - negative for parasites and negative for occult blood. - Chest rads show no evidence of mets, No lytic lesions on bone. - Hct 0.29 on April 19, nonregenerative anemia - RDVM concerned about internal bleeding based on dropping PCV - Wee Wee usually sleeps a lot but is good on his walks. This has not changed. - No change in energy over past week - Mass on the side drained once and almost totally emptied after seeing vet last time. - Now re-filling and larger, but not larger than previously. still feels warm. Abnormal PE/Chem/CBC/UA Results: Mild nonregenerative anemia levated ALP and ALT

**COMPUTED TOMOGRAPHIC STUDY OF THE CHEST AND ABDOMEN**

**INTERPRETED BY Chest**

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

Both axillar regions present a lipoma-like mass. The left side shows an asymmetric finding with a central, soft tissue dense rounded to amorphous mass of 2.5 cm with indistinct margins. The axillar lymph nodes are inconspicuous.

**HOSPITAL NAME** Animal Health Partners

On the right caudal thoracic wall another mass-like lesion is recognized located in the subcutaneous region starting dorsally para-median to the spine with a long-stretched extension ending ventrally with fluid filled parts and several nodular changes which show an inhomogeneous contrast uptake.

**REFERRING VET** Dr. Tindal

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions except for multiple, tiny, mineralized spots distributed throughout all lung parts.

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The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The heart is inconspicuous as far as can be assessed with CT. The diaphragm appears normal.

**DATE** 4/21/23



**PATIENT** The thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

Wee Wee Sharnq

**Abdomen**

**SPECIES** The liver shows mildly rounded margins with an inhomogeneous texture and at least one hypodense area of 0,8 cm. The gallbladder presents some calculi without evidence of cholestasis. The common bile duct is considered to be normal. The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

Canine

**BREED**

History of splenectomy. Unremarkable presentation of the bilaterally symmetrical kidneys except for a corticomedullary cyst of 2.4 cm on the left side.

Siberian Husky

**SEX**

The left adrenal gland is in normal limits. The right is moderately enlarged with diameters of 3.6 x 2.7 cm having broad-based contact to the caudal vena cava and the right renal vein. Infiltration of the latter is not noted.

Neutered Male

**AGE**

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. There are no signs of an obstructive or functional ileus. Ureters, urinary bladder, trigonum and urethra are presented as expected. There is no evidence of cystic calculi. Prostate is small and unremarkable.

15 Years

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

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Progressive, asymmetric enlargement of the right adrenal gland
- Cystic-nodular, subcutaneous mass of unknown dignity right thoracic wall
- Bilateral axillar lipoma with suspected neoplasia on the left
- Mild hepatomegaly, suspected chronic hepatopathy
- Cholelithiasis without signs of cholestasis/cholecystitis
- Multiple, age-expected pulmonary osteomas
- Left renal cyst

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Animal Health  
Partners

**REFERRING VET**

Dr. Tindal

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are multiple CT findings. These must be correlated with the clinical presentation.

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The enlargement of the right adrenal gland likely presents neoplasia in terms of its progressive and asymmetric enlargement. This still is an unspecific finding and not compellingly malignant. Pheochromocytoma/adenocarcinoma and myelolipoma are some differentials. Infiltration of the adjacent vessels is currently not recognized with CT.

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The nodular lesion within the left axillar lipoma shows indistinct margins which is an indirect sign for an active and locally invasive lesion. Liposarcoma and other tumors are potential differentials diagnoses.

The subcutaneous lesion of the right thoracic wall presents reactive/inflammatory signs. (Exudative) Malignant neoplasia cannot be excluded.

**SPECIES**

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Mediastinal/pulmonary metastatic spread is not recognized. FNA/Biopsies are needed for further evaluation.

**BREED**

Siberian Husky

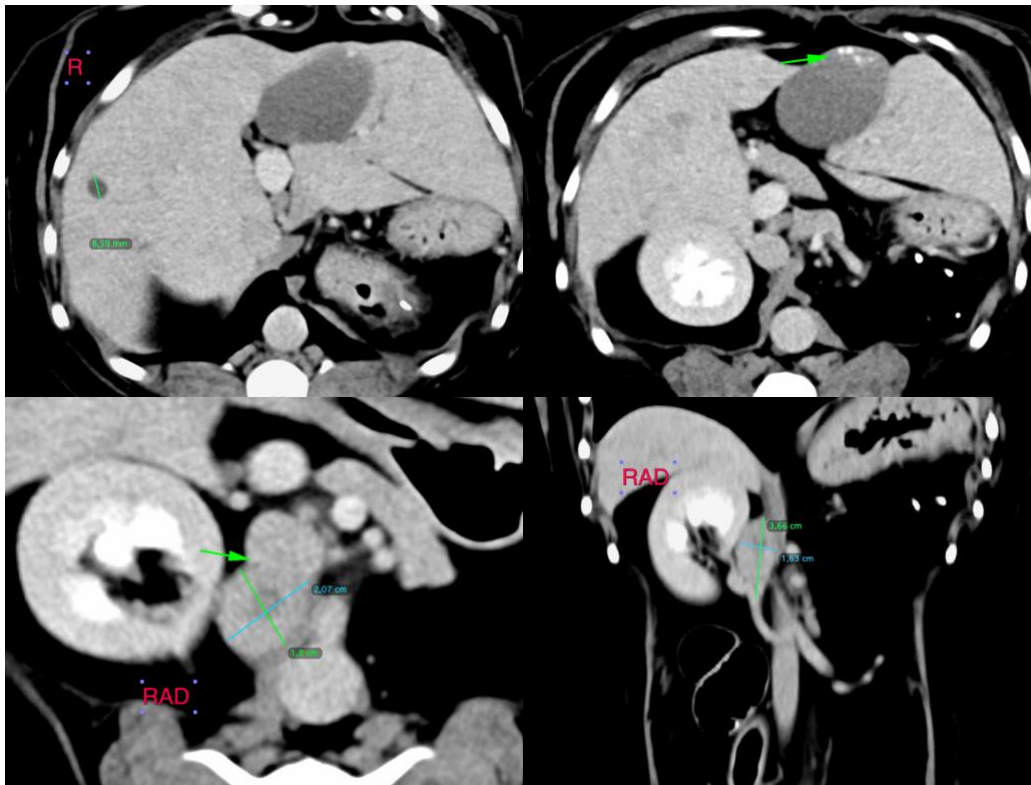
Changes of the liver, the left kidney and lungs are interpreted as age-related findings which commonly are not of clinical relevance. Sonographic follow ups are recommended (hypodense lesion liver, gallbladder, right adrenal gland/CVC and left kidney).

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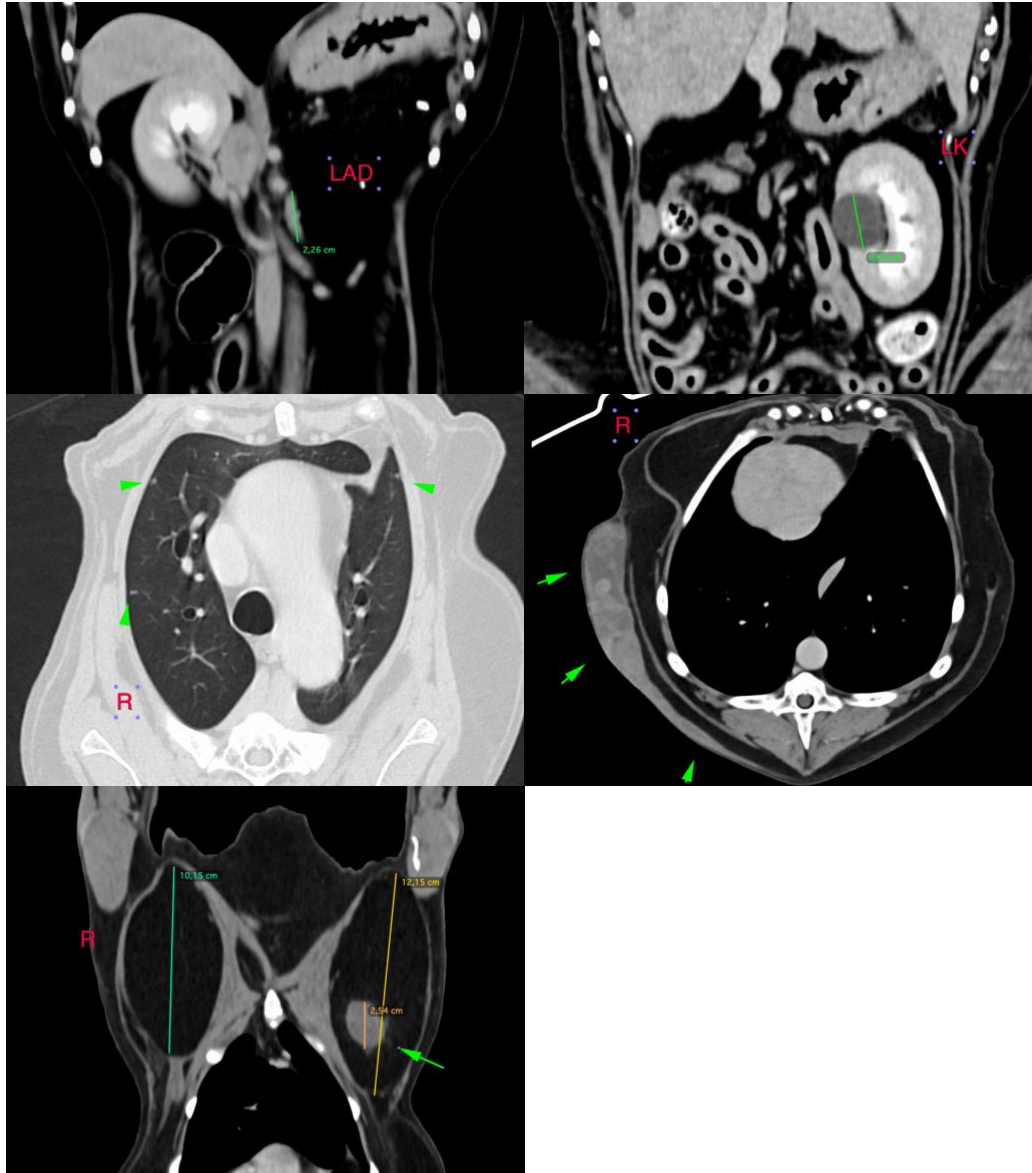
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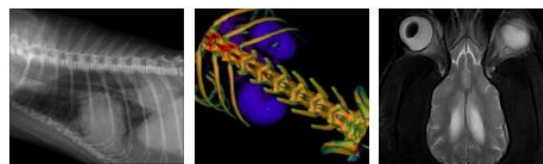
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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



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