



**PATIENT PRESENTING CLINICAL SIGNS**

Luke Schwartzberg

Hx R TL P4+5 Interdigital Cyst/Mass Excision Aug 31/22, presented for routine ultrasound U/S Left renal mass - concern for neoplasia vs thrombosis vs other -Left lateral flank mass - rule out adrenal mass vs lymph node vs mesenteric mass vs other -Concern for tumor invasion / thrombus into left renal hilar region -Hypoechoic splenic regions - rule out benign vs malignant etiology - Small non-obstructive choleliths -Minimal diffuse coarse hepatopathy - rule out nodular hyperplasia, vacuolar / steroid hepatopathy, hepatitis, neoplasia

**SPECIES**

Canine

**BREED**

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: U/S Left renal mass - concern for neoplasia vs thrombosis vs other -Left lateral flank mass - rule out adrenal mass vs lymph node vs mesenteric mass vs other -Concern for tumor invasion / thrombus into left renal hilar region -Hypoechoic splenic regions - rule out benign vs malignant etiology -Small non-obstructive choleliths -Minimal diffuse coarse hepatopathy - rule out nodular hyperplasia, vacuolar / steroid hepatopathy, hepatitis, neoplasia

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**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A plain CT study of the thorax and abdomen in a lung and soft tissue reconstruction is provided for review.

**AGE**

14 Years

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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 is 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.

Multifocal throughout the right lung lobes, well-defined, soft tissue attenuating nodules, measuring up to 7 mm in diameter are appreciated. The left lung lobes present a generalized decreased volume and multiple zones with dystelectasis of the lung parenchyma.

**REFERRING VET**

Jeffery Biskup

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

Abdomen

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The left kidney presents focal lateral convex bulging of the renal surface due to an intraparenchymal roundish lesion, measuring 18 mm in diameter, of the lateral cortex of the left kidney.

**DATE**

1-10-23

The right adrenal gland is within normal limits for size, shape and organ architecture.

Originating from the left adrenal gland, an irregular shaped, well-defined heterogeneous soft tissue attenuating mass with multiple small mineralization is seen, measuring 4.3 x 3.7 x 5.7 cm in



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size. The mineralized material appears to be located in the left phrenicoabdominal vein just lateral to the junction with the caudal vena cava.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

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The gallbladder contains a moderate amount of heterogeneous hyperattenuating sludge.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Along the lumbar spine, multifocal moderate spondylosis formation is seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Left adrenal mass with possible vascular invasion and dystrophic mineralization
- Structured nodular interstitial lung pattern
- Suspect nodular intraparenchymal lesion left kidney
- Biliary sludge
- Multiple subcutaneous lipomas along the thoracic and abdominal wall
- Spondylosis deformans

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The left adrenal mass is consistent with primary adrenal neoplasia – adenocarcinoma, sarcoma pheochromocytoma. The mineral attenuating material in the left phrenicoabdominal vein, adjacent to the caudal vena cava is highly suggestive for vascular invasion of the left adrenal mass.

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The structured nodular interstitial lung pattern is consistent with pulmonary metastatic disease. The nodular intraparenchymal lesion of the left kidney can present metastatic lesion as well.

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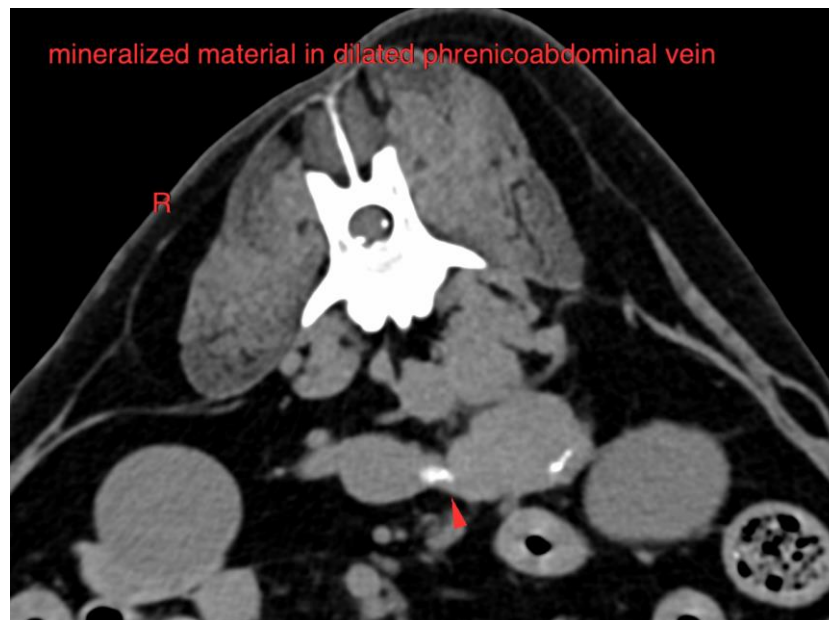
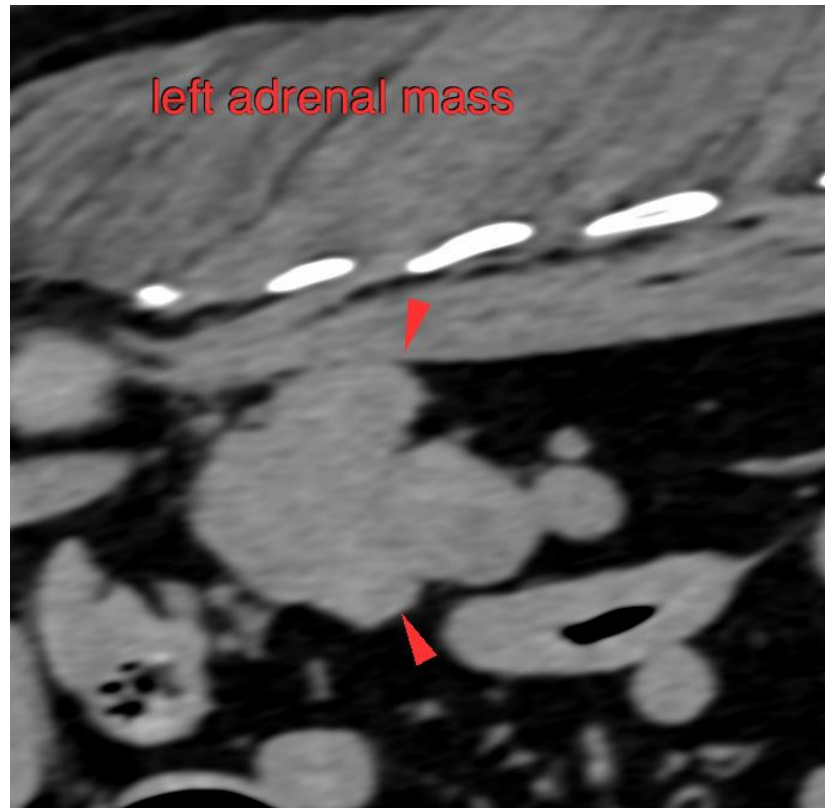
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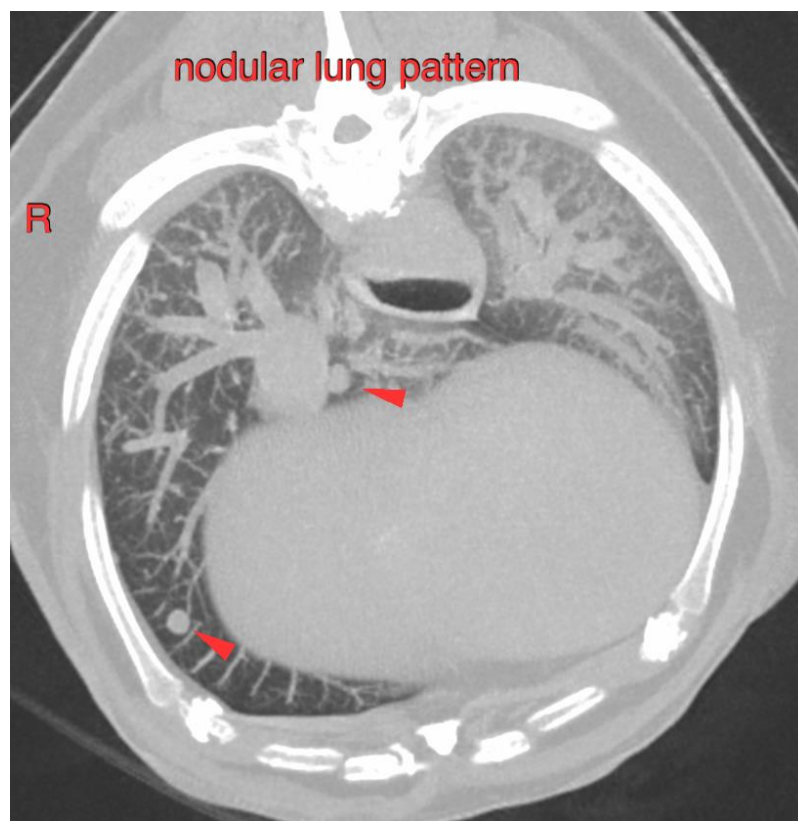
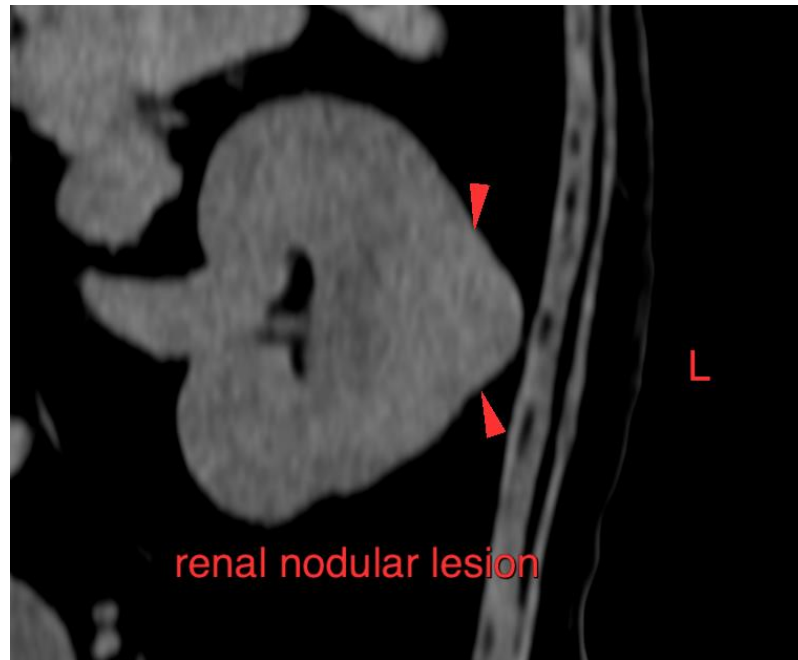
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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