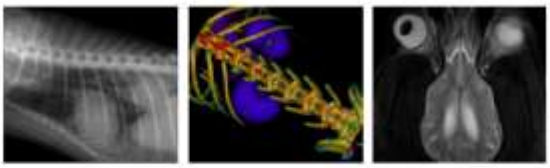

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1-800-838-4268 info@sonopath.com

PATIENT

Bentley Jonsson

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Male

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary Clinic

REFERRING VET

Dr. Langhofer

INVOICE

49325

DATE

1-3-22

PRESENTING CLINICAL SIGNS

Adrenal neoplasia with invasion into caudal vena cava.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the thorax and abdomen are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Electronic side markers are incorrect, regarding the anatomy, and R is actually the left side of the patient and vice versa.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

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.

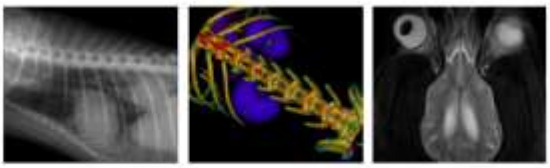
In the left caudal lung lobe, a well-defined, uniform soft tissue attenuating nodule, measuring 7 mm in diameter is visible. The lung parenchyma of the cranial lung lobes presents with interspersed punctuate mineralization. The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

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

Originating from the left adrenal gland, a roundish soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 2.3 x 2.5 x 4.3 cm in size. The left phrenicoabdominal vein crossing the left adrenal gland is significantly dilated and presents an intraluminal filling defect, extending into the caudal vena cava – occupying approximately up to 95% of the cross-sectional area of the caudal vena cava at the same level. In the lateral aspect the intraluminal filling defect within the left phrenicoabdominal vein is extending up to the level of the hypaxial musculature. The filling defect in the caudal vena cava is extending over a length of approximately 3.5 cm. Caudally the mass is in contact with the left renal vein, presenting a feathered intraluminal filling defect, occupying approximately 80% of the cross-sectional area of the left renal vein.



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The right adrenal gland is unremarkable.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

Multifocal spondylosis formation is seen along the lumbar spine. The intervertebral discs L6/L7 and L7/S1 are moderately protruding into the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left adrenal mass with invasion of the phrenicoabdominal vein and tumor thrombus formation extending into the caudal vena cava and partial obstruction of the caudal vena cava
- Thrombus formation left renal vein, level with the adrenal mass
- Solitary pulmonary nodule
- Intervertebral disc protrusion L6/L7 and L7/S1 with potential dynamic compression of the cauda equina fibers
- Spondylosis deformans
- Pulmonary osteomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of left adrenal mass, invading the caudal vena cava by the phrenicoabdominal vein and thrombus formation in the left renal vein. The top differentials are adenocarcinoma or pheochromocytoma. The chances of surgical resection should be discussed with surgeon and venotomy will be warranted; be aware of adhesions between the left adrenal mass and the left renal vein as well with thrombus formation.

The odds for pulmonary metastatic spread are high, other potentials for the solitary nodule include granuloma, fibrosis, mucus impaction/round pneumonia.

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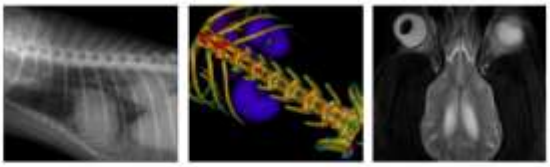

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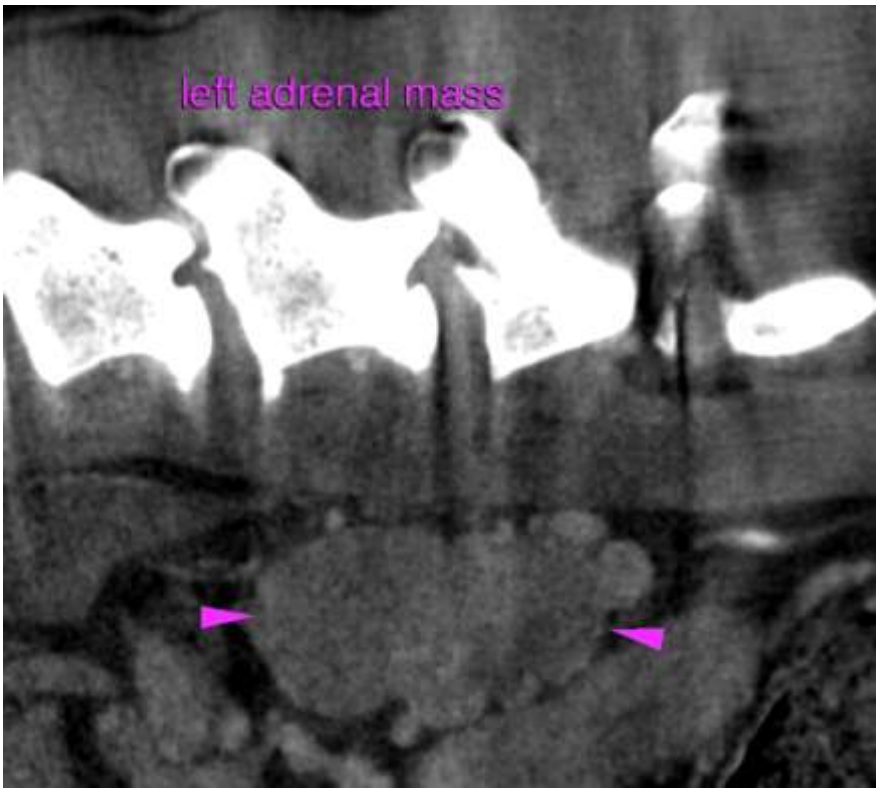

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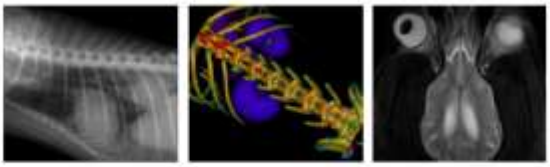

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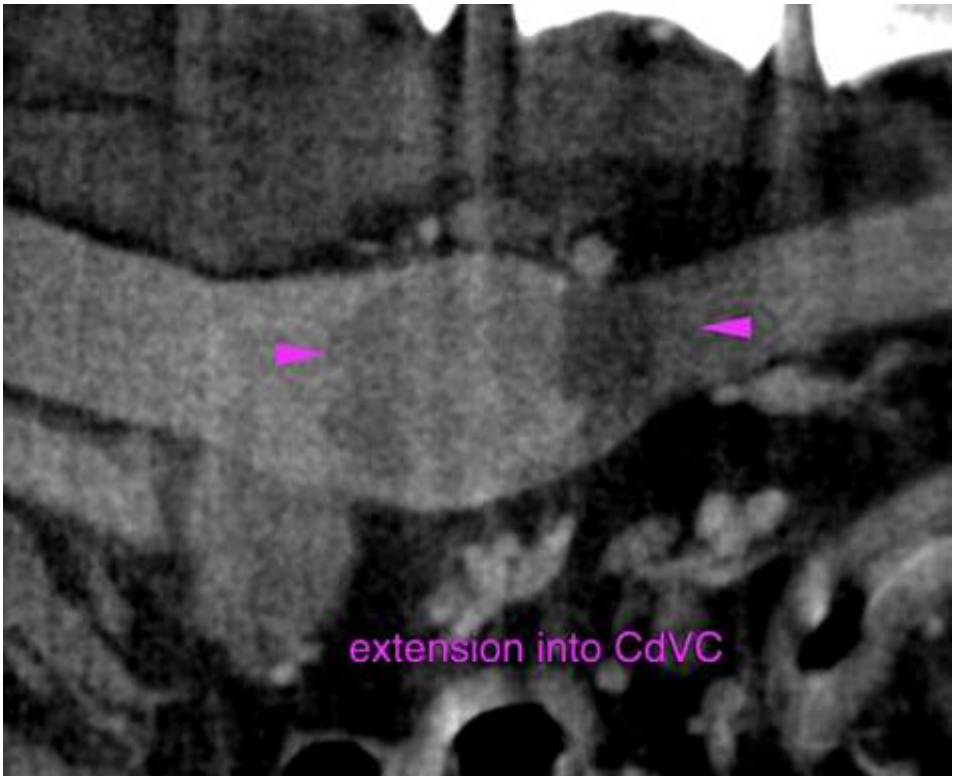

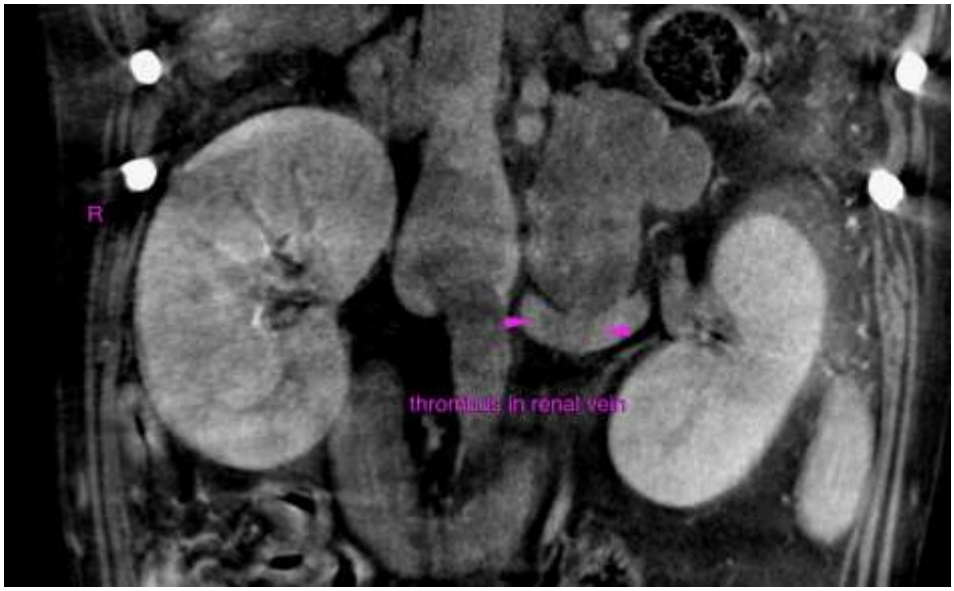

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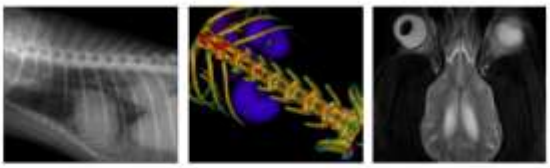

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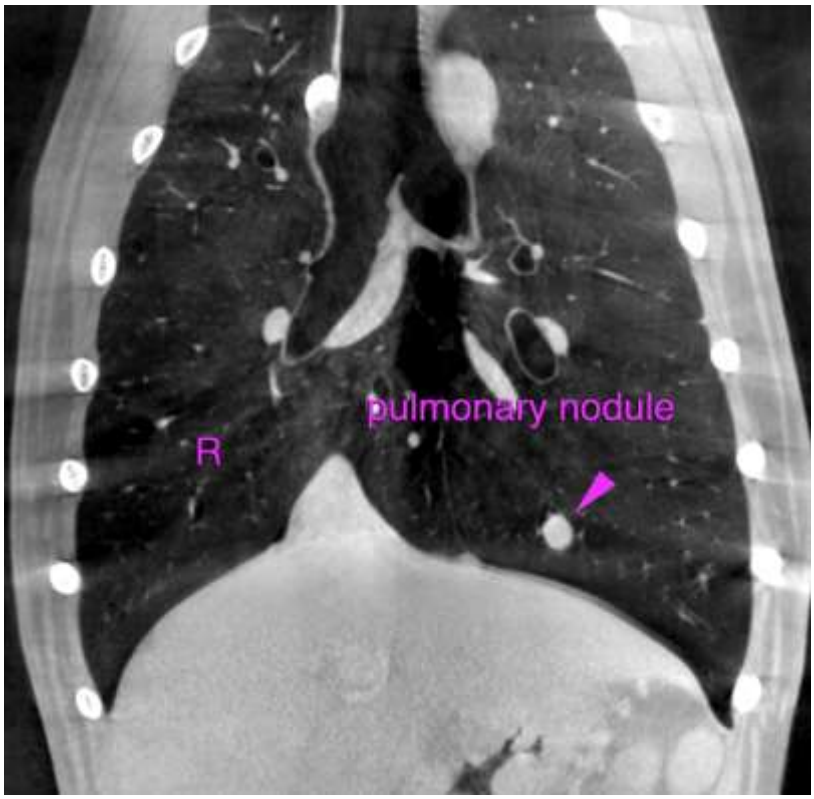

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com