



**PATIENT**

Beau Gurnari

**PRESENTING CLINICAL SIGNS**

Presented for a several week history of significant pu/pd. Ultrasound shows a suspected left adrenal mass. Acth stim pending .  
Abnormal PE/Chem/CBC/UA Results: Elevated alp/alt

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

Golden Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Mild spondylosis formation is seen at the ventral aspect of T5/T6

**SEX**

MN

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.

**AGE**

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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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization and zones of dystelectasis of the dorsal dependent aspects of the lung.

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

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Abdomen

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

**REFERRING VET**

Dr. Runde

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. In the urinary bladder, on the dorsal urinary bladder wall, a small amount of granular mineral attenuating material is appreciated.

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Originating from the left adrenal gland, an irregular shaped heterogeneous soft tissue attenuating and contrast enhancing mass with mild mineralization is seen, measuring 5.8 x 3.3 x 4.5 cm in size.

In the fat at the cranioventral aspect of the left kidney, a peripheral mild contrast enhancing and central hypoattenuating lesion is appreciated – there appears to be a thin connection to the left adrenal mass

**DATE**

1-4-23

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the medial liver lobe, a well-defined, parenchymal filling defect is seen, measuring 15 mm in

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size.

Beau Gurnari

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

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

Canine

The periarticular bones of the left coxofemoral joint present moderate osteophyte new bone formation.

**BREED****COMPUTED TOMOGRAPHIC DIAGNOSIS**

Golden Retriever

- Left adrenal mass with dystrophic mineralization, no evidence of vascular invasion
- Cavitary lesion – suspect located in the retroperitoneal mass, adjacent to the left kidney
- Bladder sand without signs of obstruction
- Solitary hepatic cyst
- Degenerative osteoarthritis left coxofemoral joint
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is confirming the diagnosis of left adrenal mass, compatible with (non)functional primary adrenal neoplasia – such as adenocarcinoma, pheochromocytoma. The appreciated cavitary lesion at the cranioventral aspect of the left kidney is suggestive for hemorrhage of the left adrenal mass. Surgical excision of the left adrenal mass is considered feasible.

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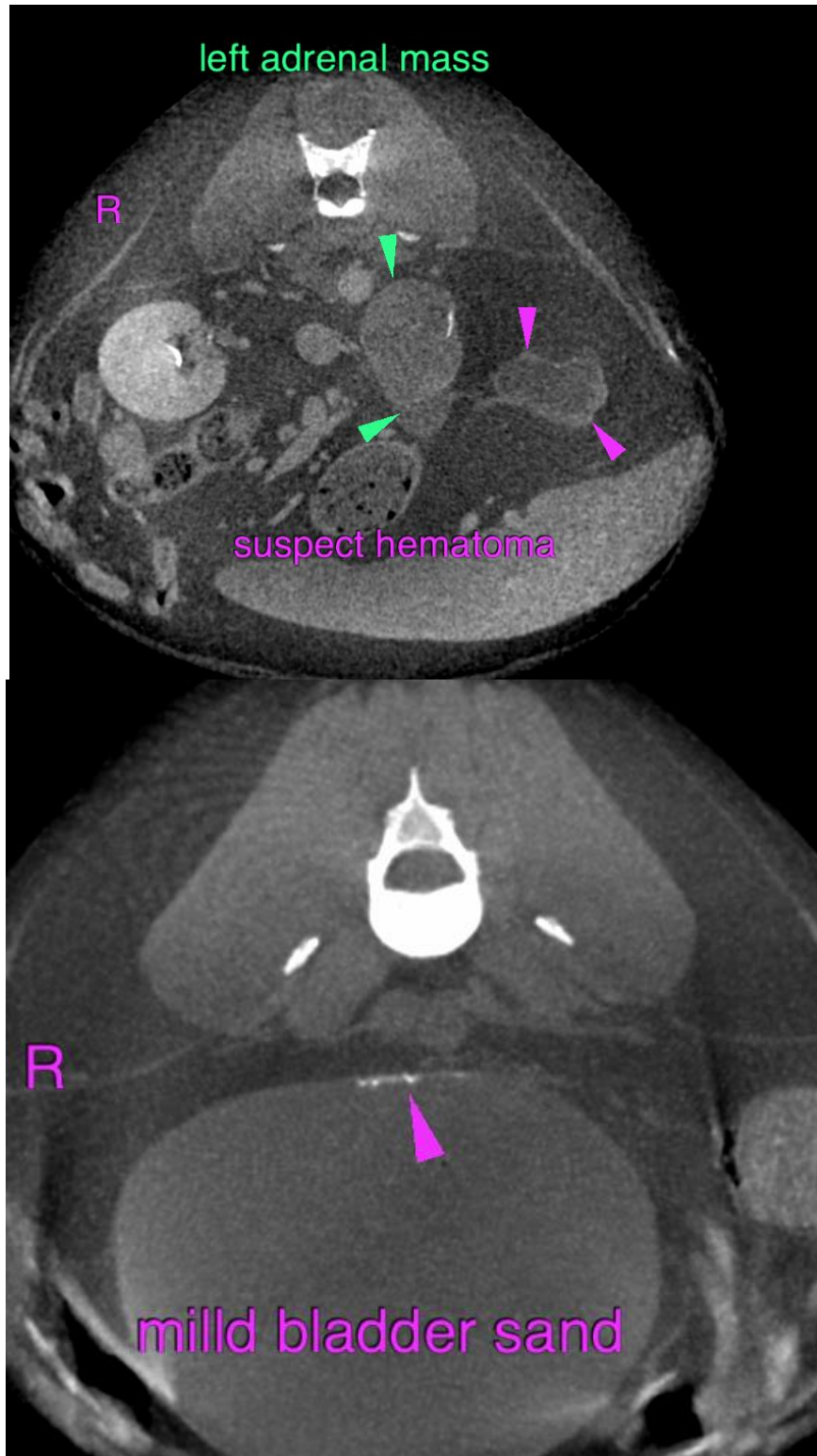
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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