



PATIENT

Harley Roy

SPECIES

Canine

BREED

Havanese X

SEX

MN

AGE

11Y, 7M

WEIGHT

5.2kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. M. Sra

INVOICE

73170

DATE

1-5-26

PRESENTING CLINICAL SIGNS

Lethargy, Anorexia, V/D. Mets check. CT to determine if surgery is an option.

Abnormal PE/Chem/CBC/UA Results: Increased ALT, US revealed an irregular mass medial to the left kidney

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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 pattern is uniform.

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.

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, an ill-defined, soft tissue attenuating mass with interspersed irregular mineralization and a heterogeneous contrast enhancement pattern is seen. The mass is merging with the local vasculature - including the phrenicoabdominal vein and its lateral branches and the caudal vena cava. The respective vessels are obliterated by mild contrast enhancing material and are significantly dilated. Contrast media is appreciated along the periphery of the obliterated segment of the caudal vena cava.

The right adrenal gland is normal in size, shape and organ architecture.

The left renal lymph node is prominent.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both kidneys present the expected sized, shape and attenuation behavior. Throughout the renal cortex of both kidneys, small (<1 mm), well-defined, roundish parenchymal filling defects are seen.

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.



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

The bony and surrounding soft tissue structures reveal no abnormalities.

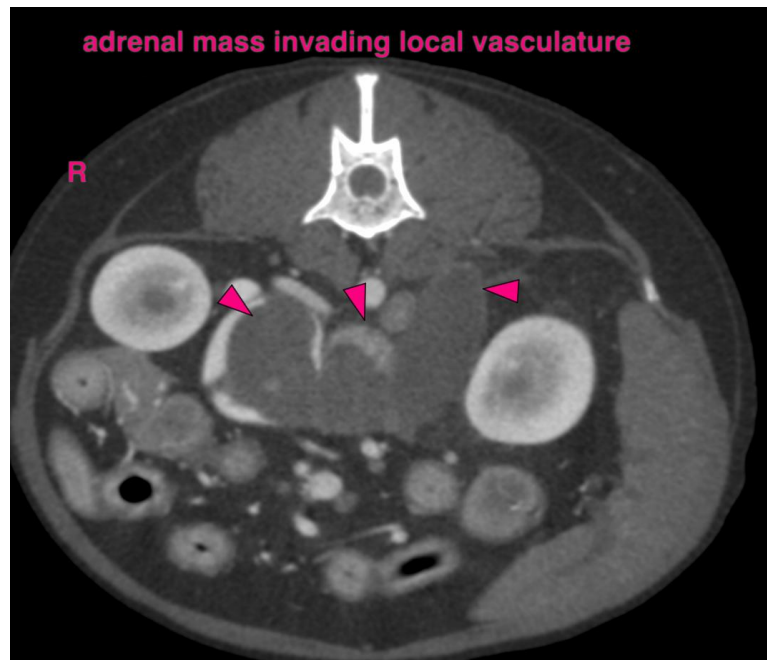
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left adrenal soft tissue mass with dystrophic mineralization and vascular invasion – phrenicoabdominal vein and its lateral branches and pre-hepatic segment of the caudal vena cava
- Lymphadenopathy left renal lymph node
- Multiple small simple renal cortical cysts
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary neoplastic transformation of the left adrenal gland – such as adenocarcinoma or pheochromocytoma – invading the local vasculature. The extent of vascular invasion will make complete surgical resection of the adrenal mass impossible.

The odds for metastatic spread to the left renal lymph node are increased.





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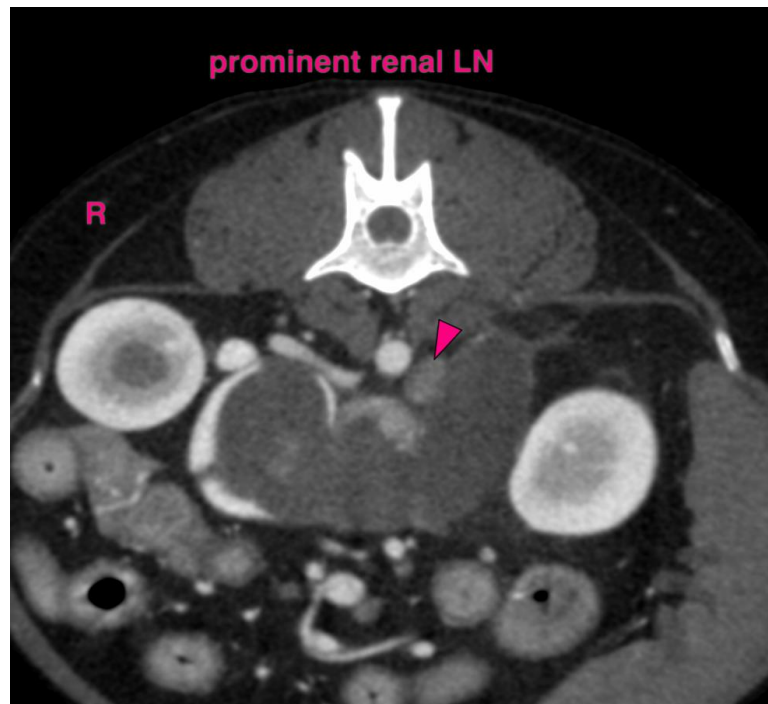
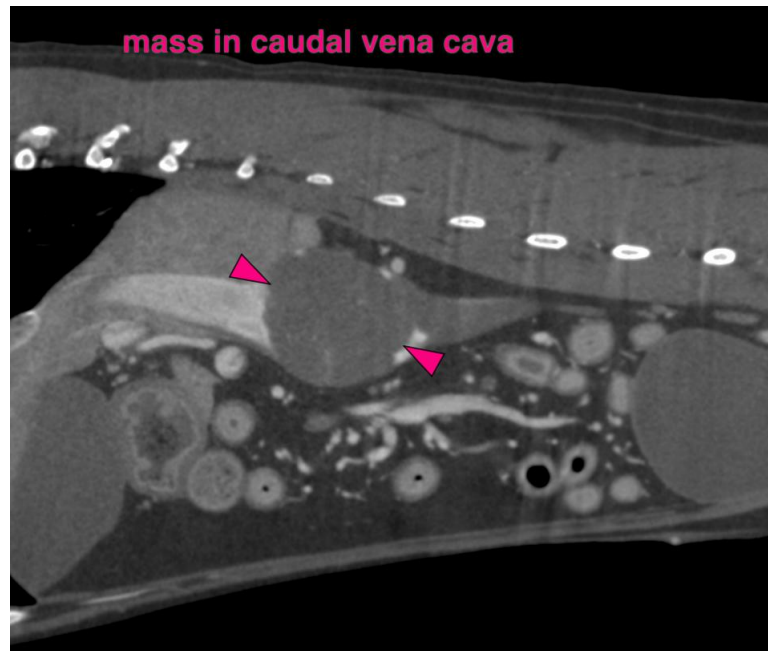
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com