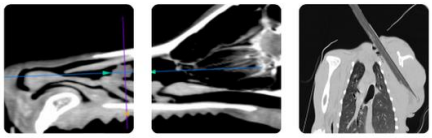

PATIENT

Hemi Ownby

SPECIES

Canine

BREED

Border Collie

SEX

MC

AGE

11Y

WEIGHT

27kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

72677

DATE

11-19-25

PRESENTING CLINICAL SIGNS

Hx of mild liver enzymopathy Alkaline Phosphatase (ALKP) 577.0 U/L ALT/SGPT (ALT) 240.0 On ultrasound: 1. Left adrenal mass. -This may be functional or nonfunctional, benign or malignant. Functional adrenal testing could be useful. -CT could be useful to evaluate for surgical resectability. 2. Mild nodular hepatopathy. 3. The splenic nodules are benign, such as EMH
Abnormal PE/Chem/CBC/UA Results: PE- wnl

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 is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multiple variable sized small lipomas are seen along the thoracic wall.

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.

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

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.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal cortex bilaterally, well-defined, roundish parenchymal filling defects are seen; measuring <2 mm in diameter.

Nodular enlargement of the caudal pole of the left adrenal gland is appreciated, measuring 2.6 cm in diameter and presents a mild irregular contrast enhancement pattern.

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

In the gallbladder, a small amount of gravity dependent, hyperattenuating sludge is appreciated.

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.

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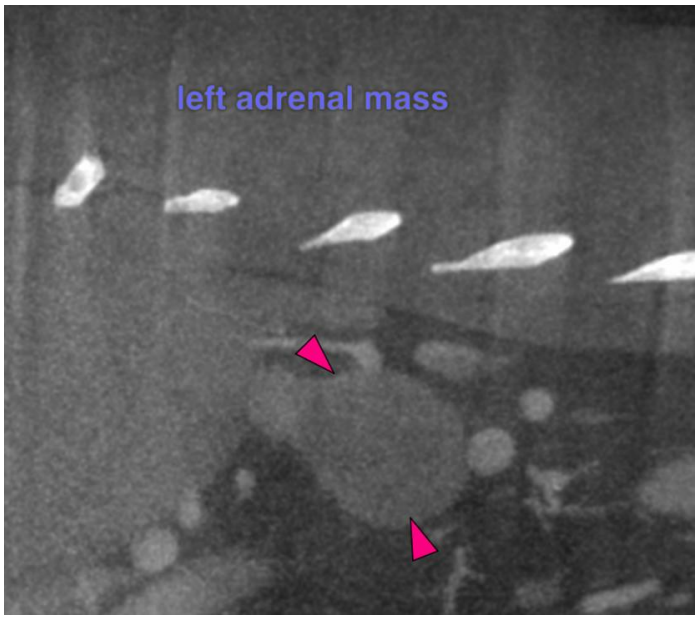
Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nodular enlargement left adrenal gland without vascular invasion
- Osteoarthrosis coxofemoral joints due to hip dysplasia
- Pulmonary osteomas
- Mild biliary sludge without mechanical obstruction
- Multiple small lipomas along thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of a left adrenal soft tissue mass – both (non)functional nodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma) are potentials. Surgical management of the left adrenal nodule is considered feasible.



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