



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Gia Sofia Goldman

SPECIES
 Canine

BREED
 Small Mixed Breed

SEX
 SF

AGE
 15 Years

PRESENTING CLINICAL SIGNS
 Patient was referred for abdominal ultrasound. On Friday night, 11/18/22, patient went to Animal Emergency Clinic for abdominal breathing, panting and poor appetite. In emergency was notice Increase of respiratory effort. Pyrexia and mildly tense abdomen. ProCyte Dx and Catalyst Dx was performed and only the LIPA results were abnormal with a results of 2559U/L, everything else on range. Patient have Hx of hepatomegaly, constipation and arthritis. Started on fluids on 20ml/hr, fentanyl patch 12mg, given 1 dose rimadyl 4.4mg/kg at 1:00am, unasyn 30mg/kg IV BID, protonix 1 mg/kg IV SID. 11/20/22 Patient is QAR, urinate and defecated well. RR normal 24bpm, MM Pink. H/L auscultate wnl. Mildly tense on Abd. Palpation concerns with possible mass. Ultrasound Findings: There is an intra-abdominal mass but the origin of this mass is unclear in the submitted study. The appearance of the mass is not consistent with an abnormal part of the pancreas or lymph node, but it is possible the mass represents one of these structures. Alternatively, the mass represents a mesenteric neoplastic mass. The changes to the right kidney are supportive of a nephropathy. The stomach distention with ingesta is concerning if patent was adequately fasted prior to the exam. It may indicate a mechanical obstruction less likely based on radiographs or gastroparesis. Given the ambiguity of the origin of the intr abdominal mass. consider 1. abdominal CT 2. Repeat abdominal ultrasound by board certified radiologist 3. FNA aspirates of the lesion for submission to cytology. The hepatomegaly may be secondary to vacuolar hepatopathy, reactive hepatopathy endocrine hepatopathy, steroid hepatopathy, acute hepatitis, cholangiohepatitis, lymphoma.
 Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- LYPA mild increased

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

The peritoneal fat presents very mild fat-stranding. Between the caudal extremity of the spleen and the urinary bladder, in the caudoventral abdomen, a well-defined, ovoid shaped, structured, presenting no overt contrast enhancement, measuring 1.9 x 1.4 x 1.9 cm in size.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration both kidneys present multiple small, well-defined, roundish parenchymal filling defects throughout the renal cortex bilaterally.

Originating from the left adrenal gland, a bilobed, soft tissue attenuating and heterogeneous contrast enhancing mass is appreciated, measuring 3.1 x 3.2 x 5.6 cm in size. The surrounding retroperitoneal fat presents mild fat-stranding.

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

The hepatic volume is increased and the caudoventral margins are rounded. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

Veterinary Image
 Center

REFERRING VET

Dr. R. Perez, DVM

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PATIENT normal limits throughout.

Gia Sofia Goldman

Multifocal spondylosis formation is seen along the lumbar spine. The intervertebral discs along the lumbar spine are mildly protruding into the vertebral canal.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left adrenal soft tissue mass with mild retroperitoneal effusion
- Well-defined, possibly cavitory lesion caudoventral abdomen
- Hepatomegaly
- Renal cortical cysts
- Multifocal intervertebral disc protrusions along the lumbar spine
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

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The CT study is consistent with primary neoplasia originating from the left adrenal gland with possible mild hemorrhage – the top differentials include adenocarcinoma and pheochromocytoma as well as sarcoma. There is no evidence of vascular invasion. Complete surgical excision of the left adrenal mass is considered feasible.

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The ovoid shaped structure in the caudal abdomen, cranial to the urinary bladder can present trapped fluid/hematoma, peritoneal cystic lesion or metastasis.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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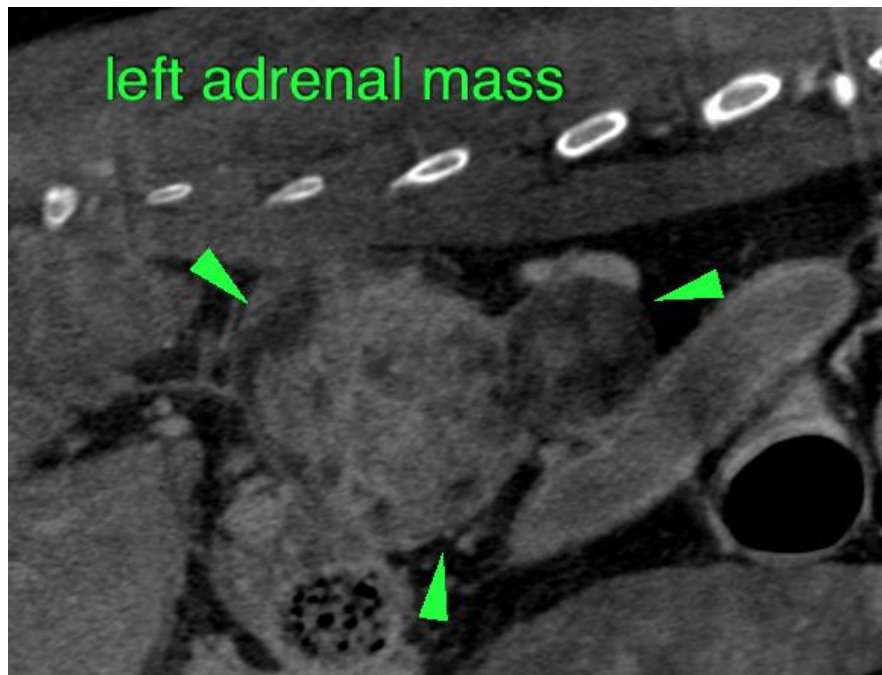
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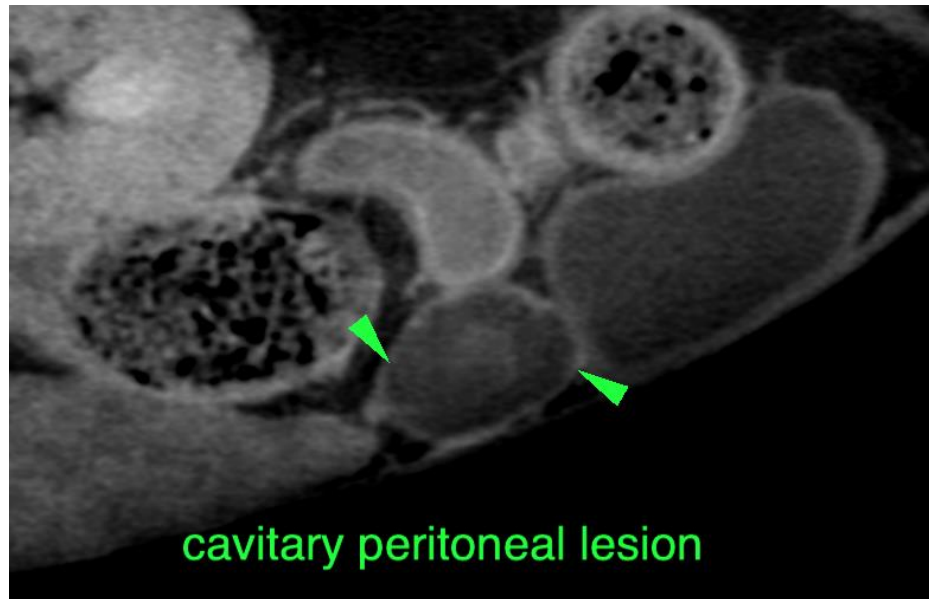
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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