



PATIENT

Lincoln Vogel

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

4Y

WEIGHT

62lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Lifetime Veterinary
Center

REFERRING VET

Dr. Dack

INVOICE

72721

DATE

11-24-25

PRESENTING CLINICAL SIGNS

Work up for PU/PD, excessive drooling.

Abnormal PE/Chem/CBC/UA Results: Ultrasound performed showed left 2 cm adrenal mass, mild liver pathology CBC/Chem - unremarkable UA - Protein 2+, usg 1.053 Urine Microalbumin Canine Reflex : Microalbuminuria 6.4 (<2.5)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral endplates T10T/11 present moderate spondylosis formation.

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, a bilaterally symmetric and uniform nephro- and pyelogram is noted. The prostate is symmetric and has a mild irregular contrast enhancement pattern.

Nodular enlargement of the left adrenal gland is appreciated; measuring 12 mm in diameter and presenting a mild irregular contrast enhancement pattern.

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.

Along the lumbar spine, multifocal spondylosis formation is seen.



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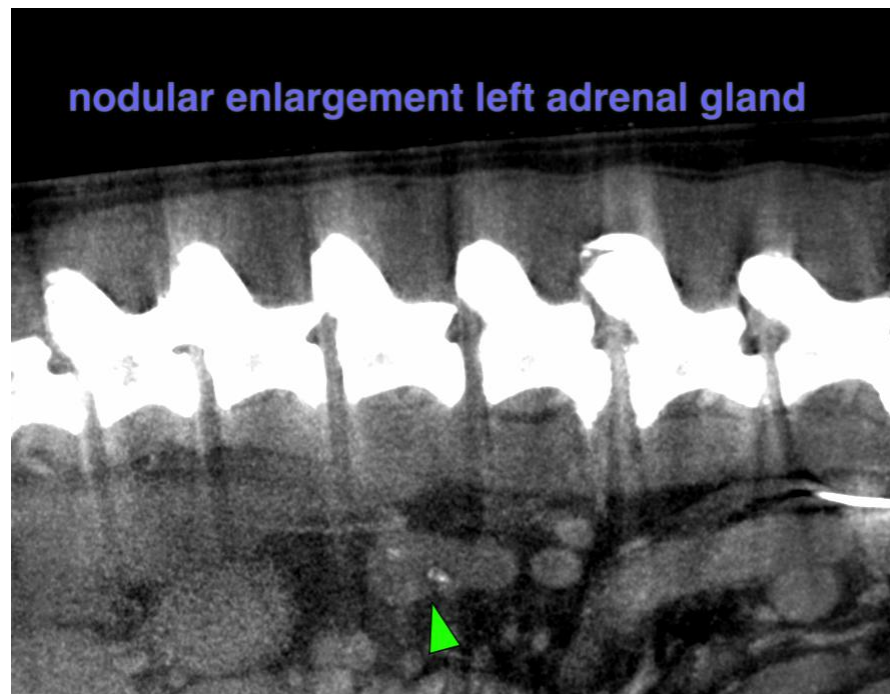
11-24-25

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nodular enlargement left adrenal gland with dystrophic mineralization, without vascular invasion
- Benign prostatic hyperplasia
- Spondylosis deformans thoracic & lumbar spine
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular enlargement of the left adrenal gland can present (non)functional nodular hyperplasia or neoplastic transformation of the adrenal gland (e.g. adenoma, adenocarcinoma, pheochromocytoma). Hyperadrenocorticism may be a cause for the polyuria and testing of the pituitary adrenal axis is beneficial.



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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