



PATIENT PRESENTING CLINICAL SIGNS

Wesley Durham Patient presented for vomiting in the last 24 hours. Diagnosed with persistent megasophagus left adrenal mass or abscess mild stress leukogram thrombocytosis mild elevation of liver enzymes

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Canine 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 COMPUTED TOMOGRAPHIC FINDINGS

Golden Retriever Thorax

The subchondral bone of the vertebral endplates C6/C7, T4/T5, T5/T6 and L7/S1 present multiple crescent shaped defects and the respective intervertebral disc spaces are collapsed.

SEX

MN Both humeri present moderate exostosis formation within the intertubercular sulcus. Both shoulder joints present moderate osteophyte new bone formation.

AGE

11 Years A lipoma is extending from the caudal aspect of the left axillary region caudally along the thoracic wall up to the level of the 5th left intercostal space. In the subcutaneous tissue at the left dorsolateral aspect of T8/T9 a zone of fat-stranding is visible – suspect preceding subcutaneous injection with steatitis.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The sternal lymph nodes are prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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The left lung lobes present a moderately decreased volume and ground glass attenuating parenchyma with air-bronchograms. The remainder of the lung parenchyma are aerated and present the expected architecture.

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

REFERRING VET

Dr. Young

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.

INVOICE

48726

Originating from the left adrenal gland, an ovoid shaped, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible, measuring 5.5 cm in diameter and 5.9 cm in length. Mild central mineralization of the left adrenal mass is noted. The surrounding retroperitoneal fat presents moderate fat-stranding.

DATE

12-1-21

The right adrenal gland is small, measuring 3 mm in diameter.

**PATIENT**

Wesley Durham

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.

SPECIES

Canine

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.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left adrenal soft tissue mass with mild dystrophic mineralization, no evidence of vascular invasion
- Mild retroperitoneal hemorrhage level with the left adrenal mass
- Chronic discopathy C6/C7, T4/T5, T5/T6 and L7/S1 with chronic osseous remodeling of the respective vertebral endplates – suspect Schmorl's nodules versus sterile discospondylitis
- Lymphadenopathy sternal lymph nodes
- Lipoma left thoracic wall
- Focal subcutaneous steatitis left dorsal thoracic wall
- Dystelectasis left lung lobes
- No evidence of pulmonary metastatic disease

SEX

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings fit the history of a left adrenal mass and primary left adrenal neoplasia is the diagnosis – such as (non)functional adenoma, adenocarcinoma, pheochromocytoma. The surrounding effusion retroperitoneal effusion is concerning for hemorrhage from the left adrenal mass. Surgical excision appears feasible, there is no evidence of vascular invasion.

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The prominent sternal lymph nodes are most consistent with reactive hyperplasia, ultrasound guided FNA sampling can be tried to rule out malignant transformation.

The lung is negative for metastatic disease, however smaller lesions might be effaced in the consolidated regions of the left lung lobes.

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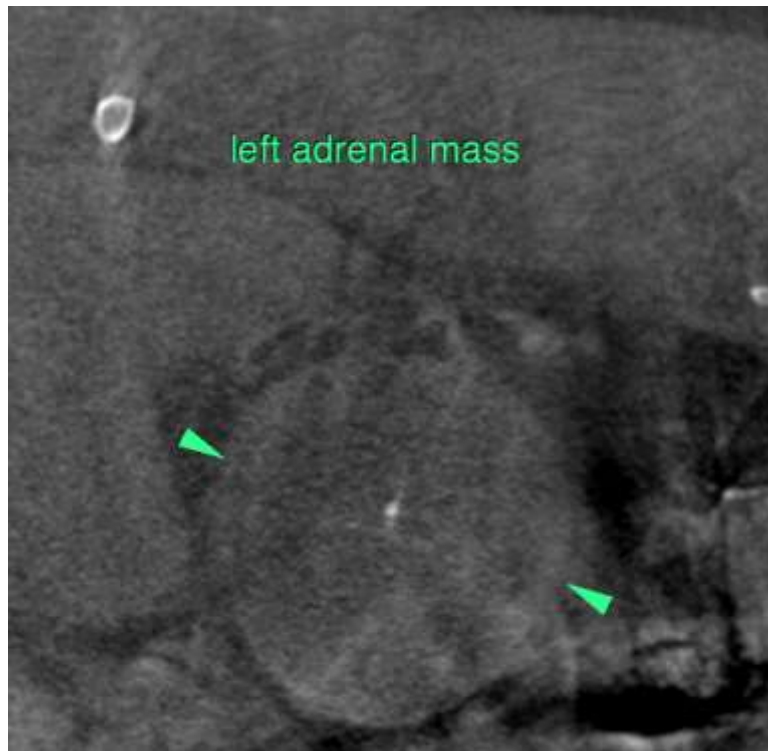
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PATIENT

Wesley Durham

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

SPECIES

Canine

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.

BREED

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