



## PATIENT

Penelope Eddy

## SPECIES

Canine

## BREED

Pomeranian

## SEX

Female Spayed

## AGE

14

## WEIGHT

4.5kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Mountain West  
Veterinary Specialists

## HOSPITAL NAME

Mountain West  
Veterinary Specialists

## REFERRING VET

Melanie Thompson

## INVOICE

73039

## DATE

12-17-25

## PRESENTING CLINICAL SIGNS

Was boarding at RDVM over the weekend, Was fine on Sunday night. When staff returned Monday Morning, she was dead with no sign of why. The place we send necropsys to will not return the body after, so owner has elected to bring the body to us to perform CT scan, to see if any reason for the sudden death could be explained before deciding 100% on necropsy. Body has been kept refrigerated.

## COMPUTED TOMOGRAPHY OF THE SKULL, NECK, THORAX AND ABDOMEN

A high resolution plain CT study of the skull, neck, thorax and abdomen is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull & Neck

Multiple teeth are absent.

The ventral aspect of the left nasal cavity is partially obliterated by soft tissue attenuating material – considered as post mortal accumulation of fluid.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The right mandibular salivary gland presents mild granular mineralization of the parenchyma.

The odontoid peg has a heterogeneous density and is incompletely fused with C2.

The cervical segment of the tracheal is dorsoventrally flattened.

### Thorax

Along the thoracolumbar junction of the spine, moderate spondylosis formation is seen. The subchondral bone of multiple endplates along the thoracolumbar junction presents well-defined moth eaten defects.

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 a generalized decreased volume and has a generalized ground glass attenuation pattern – considered as a post-mortal finding.

The esophagus is generalized distended by gas – considered as post-mortal finding.

### Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. Small punctuate mineralizations are seen in the region of the absent ovaries and uterine stump.

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.

Originating from the left adrenal gland, an ovoid shaped, heterogeneous soft tissue and fat attenuating mass with interspersed granular mineralization is appreciated; measuring 2.3 x 2.1 x 3.0 cm.

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

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous.

A crescent shaped, well-defined, mineral attenuating calculus is seen in the region of the gallbladder.

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

Three hyperattenuating sutures are seen in the midline of the ventral abdominal wall.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left adrenal mass with fat and soft tissue attenuating areas and dystrophic mineralization
- Tracheal collapse
- Multiple absent teeth
- Dysplastic odontoid peg – no evidence of atlanto-axial instability
- Chronic discopathy multifocal along the thoracolumbar junction with osseous remodeling of the vertebral endplates
- Spondylosis deformans thoracolumbar junction
- Post mortal changes of the lung, esophagus and nose

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large left adrenal mass can present adrenal myelolipoma ± adrenal neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). The clinical relevance of the left adrenal mass is unclear, but in case of hyperadrenocorticism there can be an inherent increased risk of thrombus formation due to procoagulatory state.

No additional clinically relevant abnormalities are seen, but changes that are considered to be post-mortal findings.



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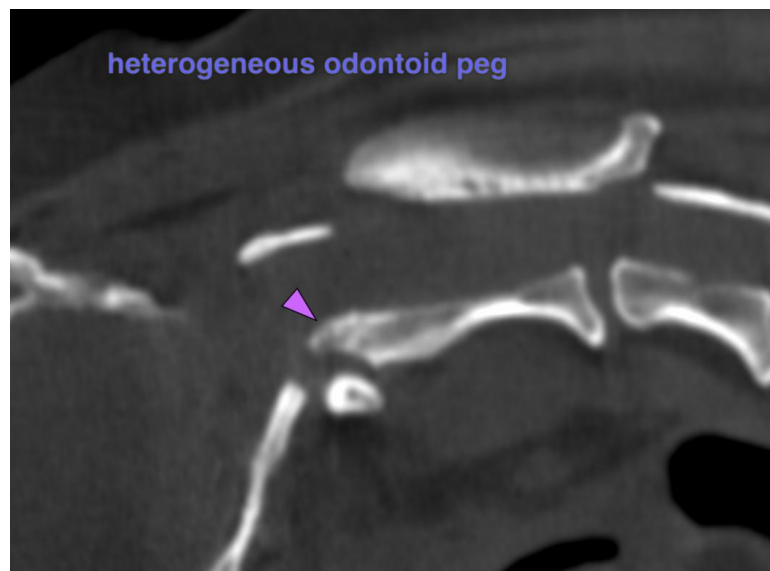
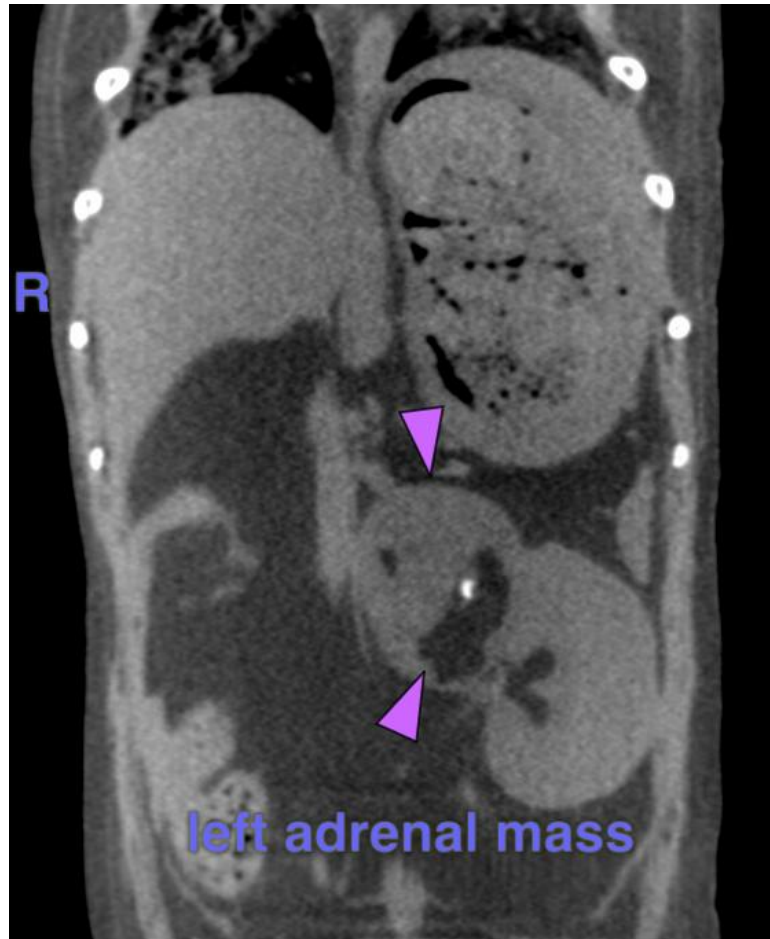
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)