



PATIENT

Maya Ortiz

SPECIES

Canine

BREED

West Highland Terrier

SEX

SF

AGE

9Y

WEIGHT

21.9lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
- CT Scan Technician
(CVT)

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. M. Carrillo, DVM

INVOICE

72853

DATE

12-3-25

PRESENTING CLINICAL SIGNS

Maya was referral for CT Scan with contrast to work up right adrenal gland mass and possible vascular invasion. Also, to evaluated for any distal metastasis.

Abnormal PE/Chem/CBC/UA Results: CBC --- HGB mild increased (20.2), LYM mild increased (0.93) CHEM --- unremarkable UA --- USG: 1.010

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 bony and surrounding soft tissue structures are within normal limits.

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.

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, multiple, well-defined roundish parenchymal filling defects are seen; measuring <3 mm in diameter. A flow artefact is seen in the caudal vena cava level with the orifice of the renal veins.

Originating from the cranial pole of the right adrenal gland, an irregular roundish, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 2.0 x 2.1 x 1.4 cm.

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

The splenic lymph nodes are prominent.

The volume of the pancreas is moderately decreased and has a fine feathered appearance with interspersed fat.

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

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately up to 45% of the cross-sectional area of the vertebral canal at the same level.



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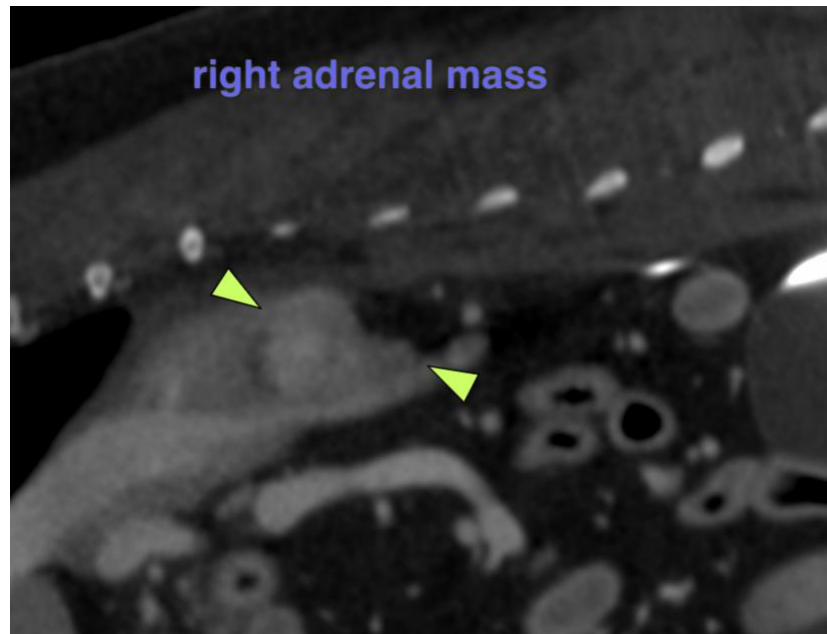
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right adrenal soft tissue mass without vascular invasion
- Lymphadenopathy splenic lymph nodes
- Pancreatic atrophy – can be a sequela to chronic pancreatitis
- Multiple simple renal cortical cysts
- Intervertebral disc herniation L7/S1 with possible dynamic compression of the cauda equina fibers
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal mass is most consistent with primary adrenal neoplasia – such as adenoma, adenocarcinoma or pheochromocytoma. The CT study reveals no evidence of vascular invasion, but adhesions of the caudal vena cava at the same level are possible.

The prominent splenic lymph nodes are suggestive for reactive lymphoid hyperplasia – FNA sampling may be performed to rule out malignant infiltration entirely.





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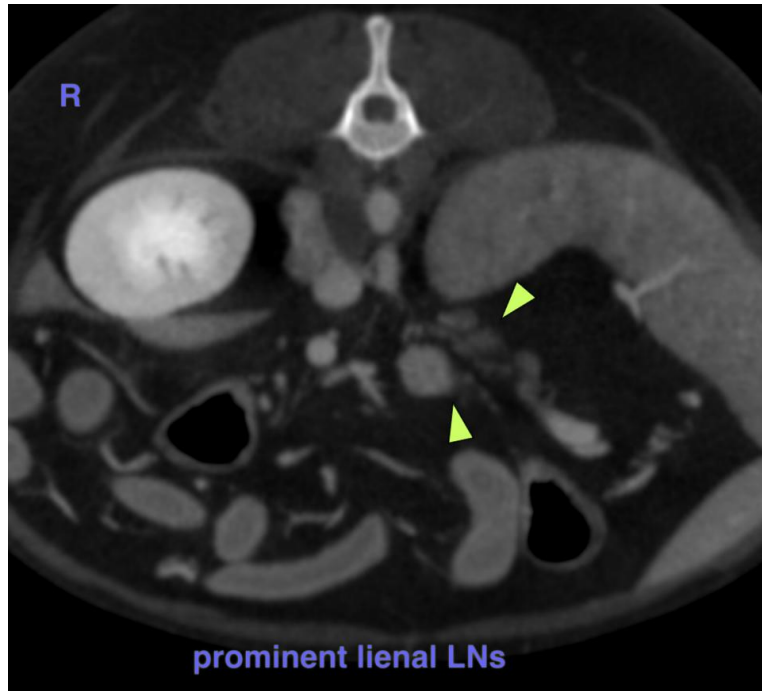
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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