



**PATIENT PRESENTING CLINICAL SIGNS**

**Cali Moffett** 11 yo FS mixed breed dog has had history of elevated ALP/AST, progressive right adrenomegaly, and subjective hepatomegaly.

**SPECIES COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**Lab Terrier Mix** Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple well-defined, roundish parenchymal filling defects are noted throughout the renal cortex.

**SEX** The left adrenal gland is within normal limits for size, shape and organ architecture.

**FS** A mass is originating from the right adrenal gland, measuring 1.8 x 1.8 x 2.7 cm in size, presenting a uniform soft tissue attenuation and contrast enhancement pattern. Post contrast administration, level with the right adrenal mass, a filling defect is seen in the caudal vena cava occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

**AGE**

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

At the ventromedial aspect of the caudate process of the caudate liver lobe, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is bulging beyond the hepatic margins; measuring 5.6 x 4.4 x 7.4 cm in size. The remainder of the hepatic parenchyma have smooth margins and a homogeneous attenuating & contrast enhancement pattern.

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The hepatic lymph nodes are prominent and rounded, with a heterogeneous contrast enhancement pattern.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**REFERRING VET**

Seraydar

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

In the pictured caudal part of the abdomen, a well-defined nodule, measuring 4 mm in diameter is seen in the plica of the caudal vena cava.

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The periarticular bones of both coxofemoral joints present moderate osteophyte new bone formation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

2-14-23

- Right adrenal soft tissue mass with vascular invasion
- Hepatic mass caudate process of the left caudate liver lobe
- Lymphadenopathy hepatic lymph nodes
- Nodular lesion in the plica of the caudal vena cava
- Renal cortical cysts
- Degenerative osteoarthritis coxofemoral joints bilaterally



**PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Cali Moffett** The right adrenal mass is consistent with neoplastic transformation – such as adenocarcinoma, pheochromocytoma or metastasis.

**SPECIES** There is a hepatic mass bulging from the ventromedial aspect of the caudate process of the caudate liver lobe, concerning for neoplastic invasion and primary hepatic neoplasia (e.g. hepatocellular carcinoma, neuroendocrine tumor, hemangiosarcoma) or metastatic spread are potentials. FNA sampling can be performed as advanced diagnostic test.

Canine

The odds for metastatic disease of the hepatic lymph nodes are high.

**BREED** The nodular lesion in the plica ventral to the intrathoracic segment of the caudal vena cava is concerning for metastatic disease.

Lab Terrier Mix

**SEX**

FS

**AGE**

11 Years

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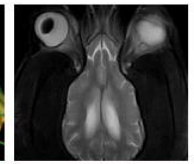
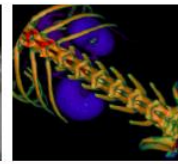
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**PATIENT**

Cali Moffett

**SPECIES**

Canine

**BREED**

Lab Terrier Mix

**SEX**

FS

**AGE**

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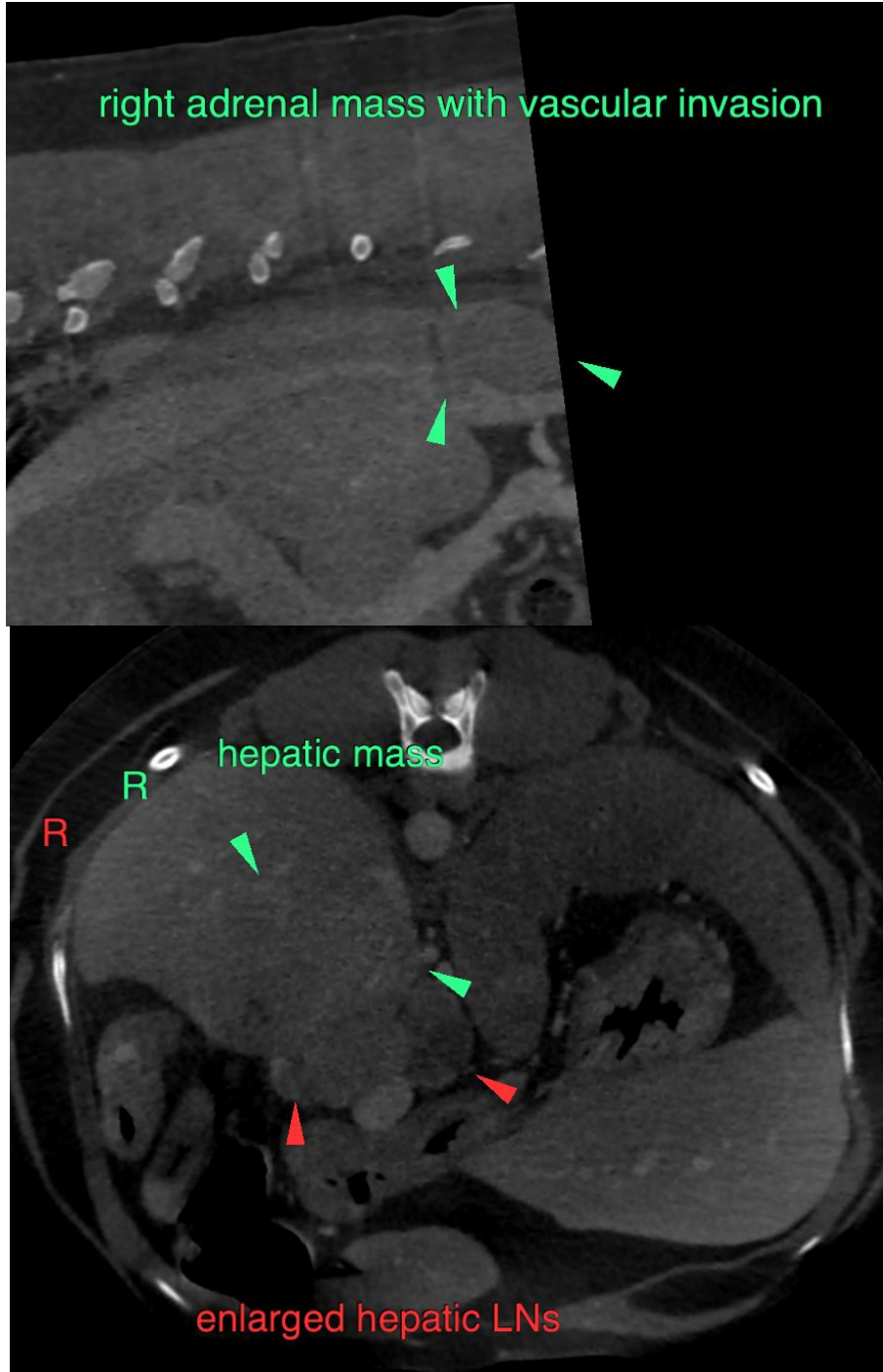
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**PATIENT**

Cali Moffett

**SPECIES**

Canine

**BREED**

Lab Terrier Mix

**SEX**

FS

**AGE**

11 Years

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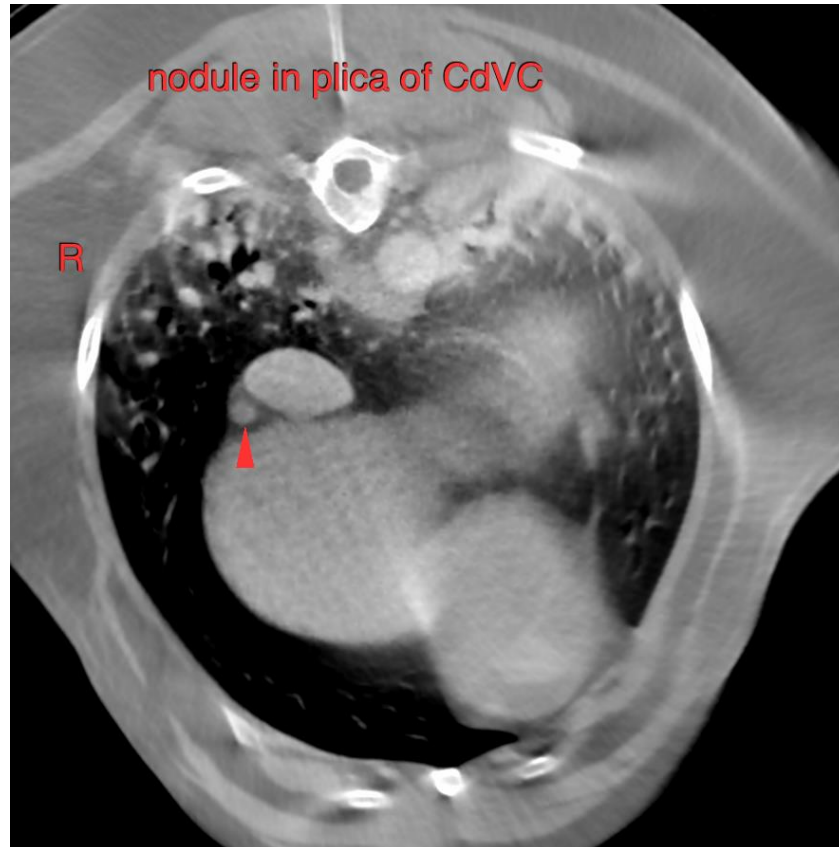
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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