



## PATIENT

Chico Reimers

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Neutered Male

## AGE

10Y

## WEIGHT

79

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

WS

## HOSPITAL NAME

Aloha Pet & Bird  
Hospital

## REFERRING VET

Dr. McLaughlin

## INVOICE

73822

## DATE

2-18-26

## PRESENTING CLINICAL SIGNS

- : Patient presents for lethargy, anorexia, and vomiting. There is a 4-6 month history of intermittent vomiting. The owner reports one episode of brownish-red vomitus. The patient has experienced significant weight loss of approximately 17 lbs over the last few months.
- Diet: Table foods including McDonald's, Chipotle, and Taco Bell.
- Current Medications/ supplements: none

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

Along the thoracic & lumbar spine, multifocal spondylosis formation is seen.

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 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, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

At the craniomedial aspect of the right kidney, dorsal to the pre-hepatic segment of the caudal vena cava, a roundish, ill-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring 8.1 x 8.1 x 9.5 cm. The mass is merging with the surrounding soft tissue structures. The caudal vena cava level with the mass is deviated ventrally and presents a small intraluminal filling defect. In the periphery of the mass, multiple small tortuous vessels are seen.

The splenic lymph nodes are prominent.

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.



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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.

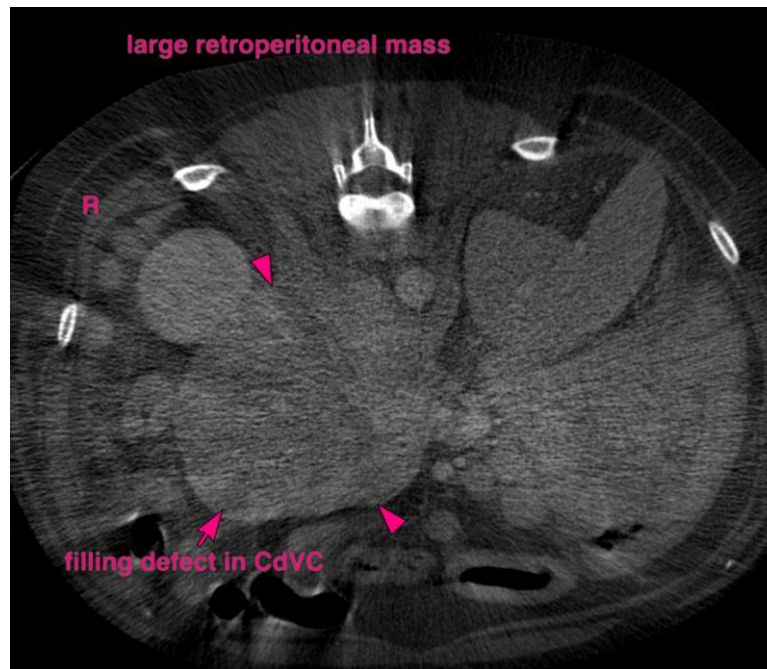
## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass region of the right adrenal gland with likely local infiltrative growth and invasion of the caudal vena cava
- Lymphadenopathy splenic lymph nodes
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated large retroperitoneal mass in the region of the right adrenal gland is highly suggestive for primary neoplastic transformation of the right adrenal – such as adenocarcinoma or pheochromocytoma. Primary soft tissue neoplasia such as sarcoma is a potential. Due to the position and contact with anatomical delicate structures and supposed infiltrative growth, complete surgical management is considered not feasible. The finding is a plausible explanation for the presenting clinical signs.

The prominent splenic lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.





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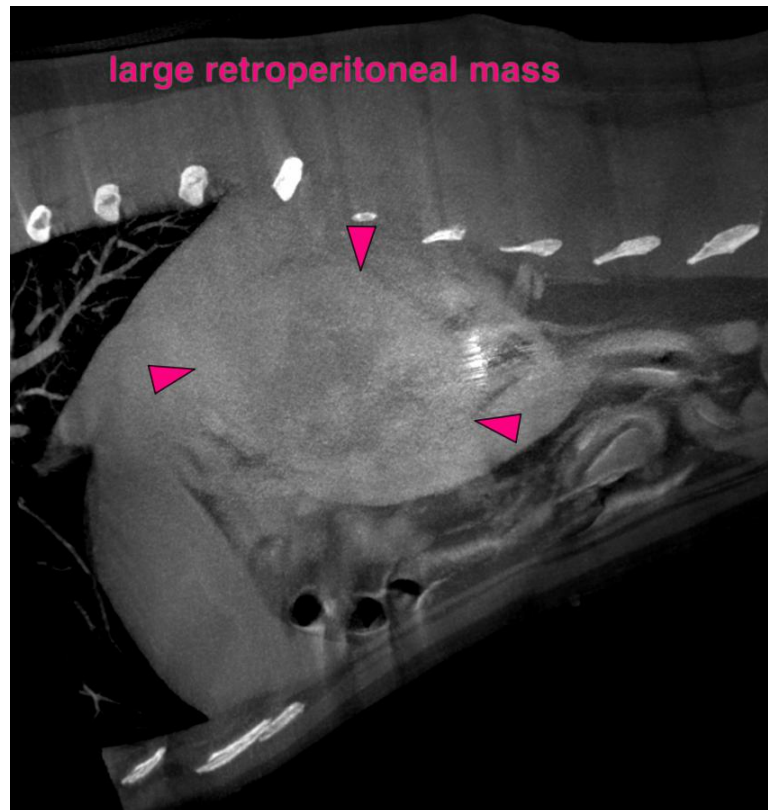
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)