



PATIENT

Sheba Brown

PRESENTING CLINICAL SIGNS

Shallow, quick breathing & threw up some clear with white foam. Previously on Temaril-P & Doxycycline for some fluid build up in lungs.
Abnormal PE/Chem/CBC/UA Results: Mildly elevated liver values Radiology report attached

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Corgi Mix

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

FS

The intervertebral disc space C6/C7 is collapsed. The subchondral bone of the caudal vertebral endplate of T10 presents a crescent shaped defect.

AGE

12 Years

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 mediastinum is moderately wide by fat.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

The volume of the lung is generalized moderately decreased and multiple regions of atelectasis are present, R>L. Multifocal punctuate mineralization of the lung parenchyma is noted.

HOSPITAL NAME

Animal Emergency
Hospital Volusia

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

Abdomen

REFERRING VET

Alyssa Carver

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The hypogastric lymph nodes and sublumbar lymph nodes are prominent.

Both kidneys present with irregular margins, and the volume is mildly decreased. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

INVOICE

50966

The cranial pole of the left adrenal gland presents with mild punctuate mineralization.

DATE

3-17-22

Originating from the right adrenal gland a roundish soft tissue attenuating mass is visible presenting multifocal moderate mineralization. The right adrenal mass is measuring approximately 1.9 centimeter in diameter and is in direct contact with the caudal vena cava at the same level. Postcontrast administration the right adrenal mass presents with a heterogeneous contrast enhancement pattern. Post contrast administration, level with the right phrenicoabdominal vein a small filling defect is seen in the caudal vena cava.

Both liver and spleen present with normal shape, even surface, uniformly attenuating



PATIENT parenchyma and homogeneous contrast enhancement, unremarkable.

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

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

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Multifocal moderate Spondylosis formation is seen along the lumbar spine. Multiple intervertebral discs of the lumbar spine are mildly protruding into the vertebral canal compressing the ventral epidural space. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal end is in contact with their cauda equina fibers at the same level, occupying approximately 60% of the cross sectional area of the vertebral canal at the same level.

SEX

FS

Both coxofemoral joints present mild osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

12 Years

- Right adrenal mass with dystrophic mineralization with signs of vascular invasion
- Mild dystrophic mineralization left adrenal gland
- Lymphadenopathy of the hypogastric & sublumbar lymph nodes
- Alveolar lung pattern right middle lung lobe and caudodorsal aspects
- Chronic nephropathy
- Degenerative lumbosacral stenosis with potential dynamic compression of Cauda equina fibers
- Multifocal intervertebral disc protrusions along the lumbar spine without compressive myelopathy
- Pulmonary osteomas
- Chronic discopathy C6/C7
- Suspect Schmorl's nodule caudal vertebral endplate T10
- Mild degenerative osteoarthritis coxofemoral joints bilaterally
- Spondylosis deformans
- No signs of mediastinal mass or lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Alyssa Carver

The right adrenal mass is highly suggestive for underlying your plastic transformation, potentials include (non)functional adenoma, adenocarcinoma or pheochromocytoma. There is evidence of vascular invasion level with the right phrenicoabdominal vein with a small thrombus protruding into the caudal vena cava. Potential surgical options can be discussed with surgeon. Consider testing of the pituitary adrenal axis.

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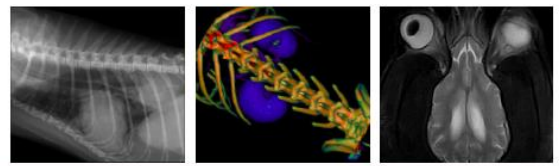
The mild dystrophic mineralization of the left adrenal gland can be an incidental finding. However, reevaluating the left adrenal by ultrasound appears beneficial.

DATE

3-17-22

The lymphadenopathy of the hypogastric lymph nodes is not specific and reactive hyperplasia is considered likely. FNA sampling can be used to rule out neoplastic infiltration.

The alveolar lung pattern it's very likely accentuated by the general anesthesia with compression atelectasis and hypoinflation of the lung, although pneumonia is a potential. If not done so yet, complete blood work can be used to screen for inflammatory changes.



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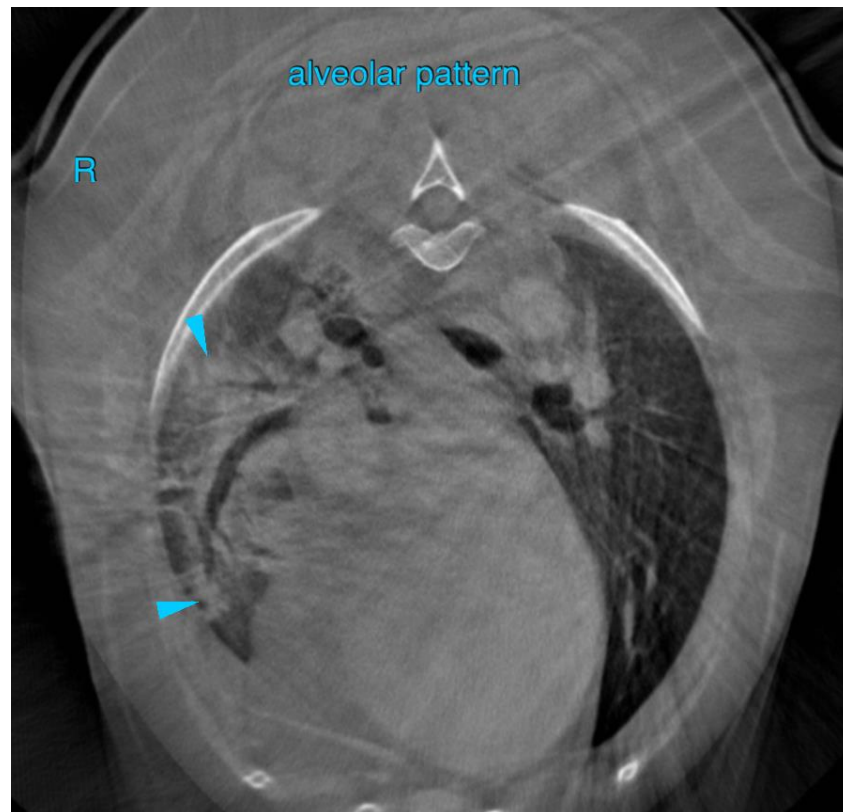
Alyssa Carver

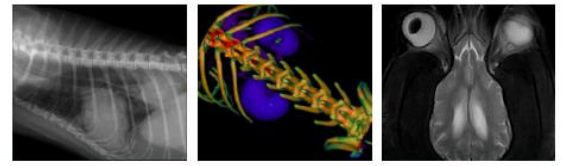
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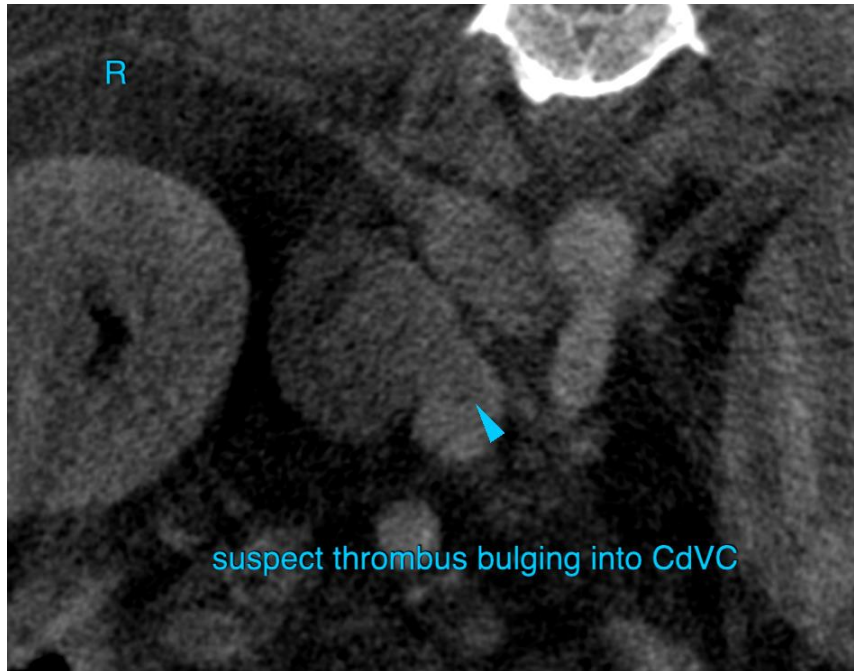
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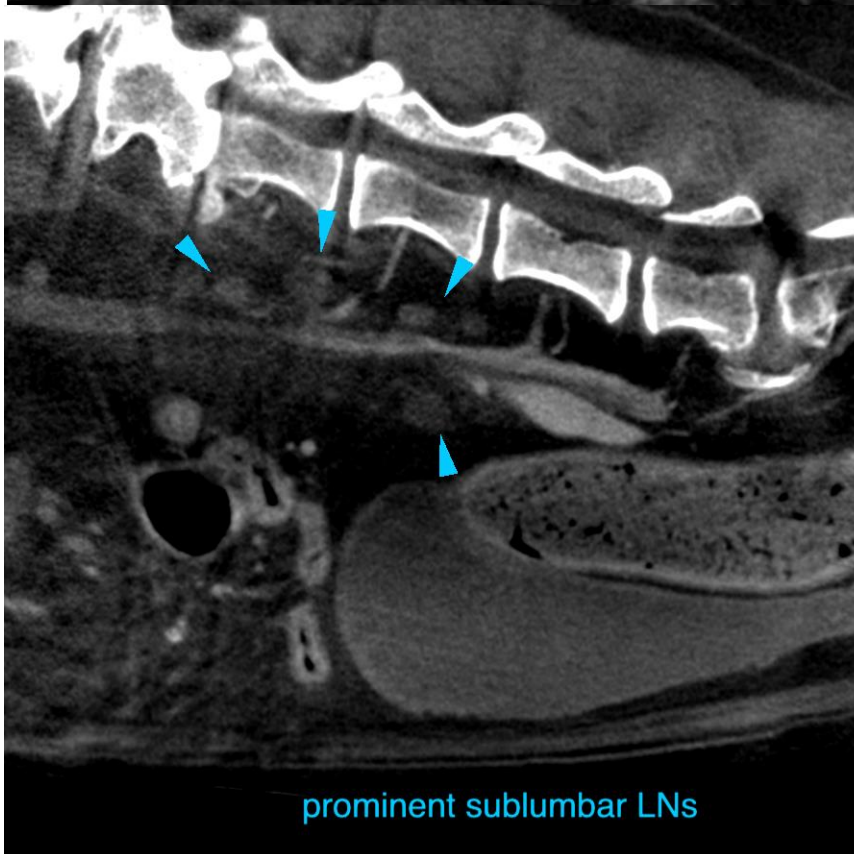
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suspect thrombus bulging into CdVC



prominent sublumbar LNs



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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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