



**PATIENT**

Chance Fox

**PRESENTING CLINICAL SIGNS**

Chance is a 12 Y MC mix who presented for acting lethargic, slow moving. No V+ or D+. No past medical issues. On trifixis monthly

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: NSF COMP: Low Protein, elevated ALT, mild hyperglycemia EPOC: mild hyperglycemia Radiology report: Loss of serosal detail within the retroperitoneal space and left retroperitoneal mass-effect. Differential diagnoses include neoplasia arising from the left adrenal gland and/or kidney with infiltration into the caudal vena cava and rupture, retroperitoneal hematoma or uro-retroperitoneum. Recommendations Sonography of the retroperitoneal space and/or CT or radiographic excretory urography are recommended.

**BREED**

Mixed Breed

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

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

**SEX**

MN

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

**AGE**

12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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Hospital Volusia

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**REFERRING VET**

Alyssa Carver

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

Due to the positioning the larynx and trachea are deviated to the right.

The osseous and soft tissue structures of the neck are within normal limits.

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Thorax

Ventral parts of the thorax are cropped by the field of view.

Multifocal moderate spondylosis formation is seen along the thoracic spine.

**DATE**

3-4-22

The 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.



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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.

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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.

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Abdomen

Parts of the ventral abdomen are cropped by the field of view.

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The retroperitoneal fat presents moderate to marked fat-stranding and moderately increased volume.

The right kidney presents within normal limits for size, shape and organ architecture. The left kidney is not included within the field of view.

**AGE**

12 Years

The left adrenal gland is moderately enlarged, measuring up to 1.7 cm in diameter and 2.9 cm in length. Post contrast administration the contrast enhancement pattern of the left adrenal gland is heterogeneous, and the caudal pole presents indistinct margins laterally with a large non-contrast enhancing lesion merging with the caudal pole of the left adrenal gland – ‘sentinel clot’.

**INTERPRETED BY**

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The left renal artery and left kidney are displaced caudally/laterally by the mass effect of the hypoattenuating material.

The right adrenal gland is within normal limits for size and organ architecture.

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The pictured parts of both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Alyssa Carver

- Left adrenal mass with a ‘sentinel clot’ – no signs of vascular invasion
- Marked retroperitoneal effusion, L>R
- No evidence of pulmonary metastatic disease
- Structural normal skull

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The findings are compatible with ruptured primary left adrenal neoplasia – such as adenocarcinoma, pheochromocytoma – and secondary retroperitoneal hemorrhage. There is no evidence of vascular invasion of the left adrenal mass. Surgical excision is the treatment option of choice – although surgery will likely be complicated by the massive retroperitoneal hemorrhage.

As the left kidney is not included within the field of view, ultrasound may be beneficial to confirm normal organ architecture.



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**REFERRING VET**

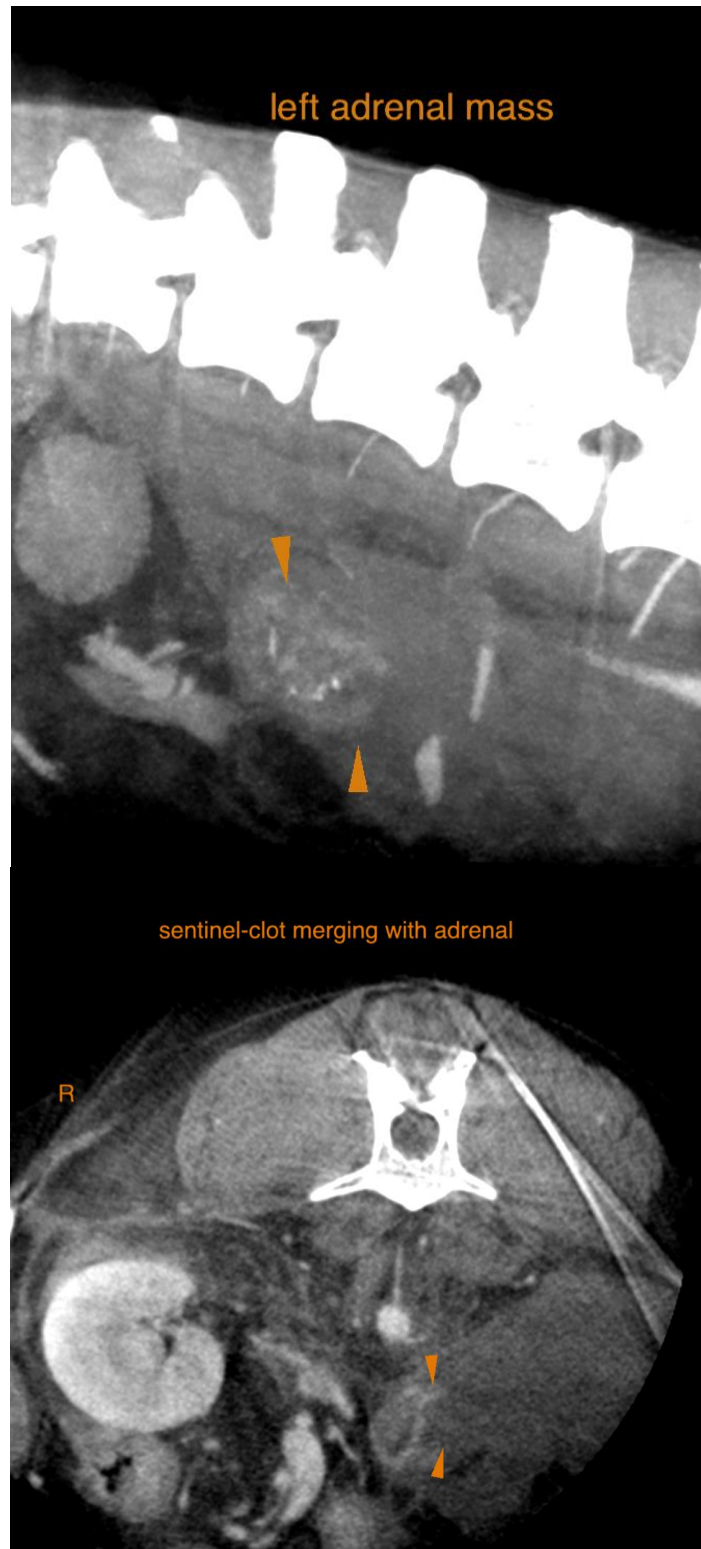
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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Mixed Breed

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

MN

**AGE**

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