



**PATIENT PRESENTING CLINICAL SIGNS**

Diesel Sentieri ADRENAL MASS

**COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN**

**SPECIES** A high resolution plain CT study of the thorax & abdomen is provided for review.

Canine **COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**BREED** The bony and surrounding soft tissue structures are within normal limits.

Shepherd Mix 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.

**SEX** At the medial aspect of the aortic arch, an irregular marginated, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible; measuring approximately 4.9 x 6.6 x 11.3 cm in size. The mass is extending caudally dorsal to the carina, which is deviated ventrally and distorted by the mass effect. The trachea level with the aortic arch is deviated to the right by the mass effect. Post contrast administration multiple tortuous feeding vessels are seen at the cranial aspect of the mass.

Neutered Male

**AGE** 12 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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior with sporadic interspersed punctuate mineralization.

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

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Abdomen

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

**REFERRING VET** Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration the cranial pole of the left kidney presents with a well-defined, spherical intraparenchymal filling defect, measuring 12 mm in diameter.

Dr. Pepen

**INVOICE** 51575 Originating from the left adrenal gland, an irregular marginated, soft tissue attenuating and mild heterogeneous contrast enhancing mass is visible, measuring 4.1 x 3.0 x 5.5 cm in size. The left adrenal mass is extending medially up to the level of the caudal vena cava and a post contrast intraluminal filling defect is seen in the caudal vena cava, occupying approximately up to 85% of the cross-sectional area – the intraluminal filling defect in the caudal vena cava is extending cranially up to the level of the caudal margins of the liver.

**DATE** 4-16-22 The right adrenal gland is within normal limits for size and organ architecture.

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



**PATIENT**

Diesel Sentieri

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

**SPECIES**

Canine

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

**BREED**

Shepherd Mix

The lumbosacral intervertebral disc is significantly protruding into the vertebral canal, occupying approximately up to 70% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The intervertebral discs L5/L6 and L6/L7 are mild to moderately protruding into the vertebral canal.

**SEX**

Neutered Male

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left adrenal mass with vascular invasion of the caudal vena cava
- Large heart base mass
- Degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Mild to moderate intervertebral disc protrusion L5/l6 and L6/L7 with possible dynamic myelocompression
- Left renal cyst
- Degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

**AGE**

12

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

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The left adrenal mass is consistent with primary adrenal neoplasia – such as adenocarcinoma, pheochromocytoma – with evidence of vascular invasion of the caudal vena cava and large tumorthrombus formation.

**REFERRING VET**

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There is evidence of a large heart base tumor, with paraganglioma (chemodectoma) being most common. The heart base mass can be a source for pericardiac hemorrhage – no evidence at this point.

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**SPECIES**

Canine

**BREED**

Shepard Mix

**SEX**

Neutered Male

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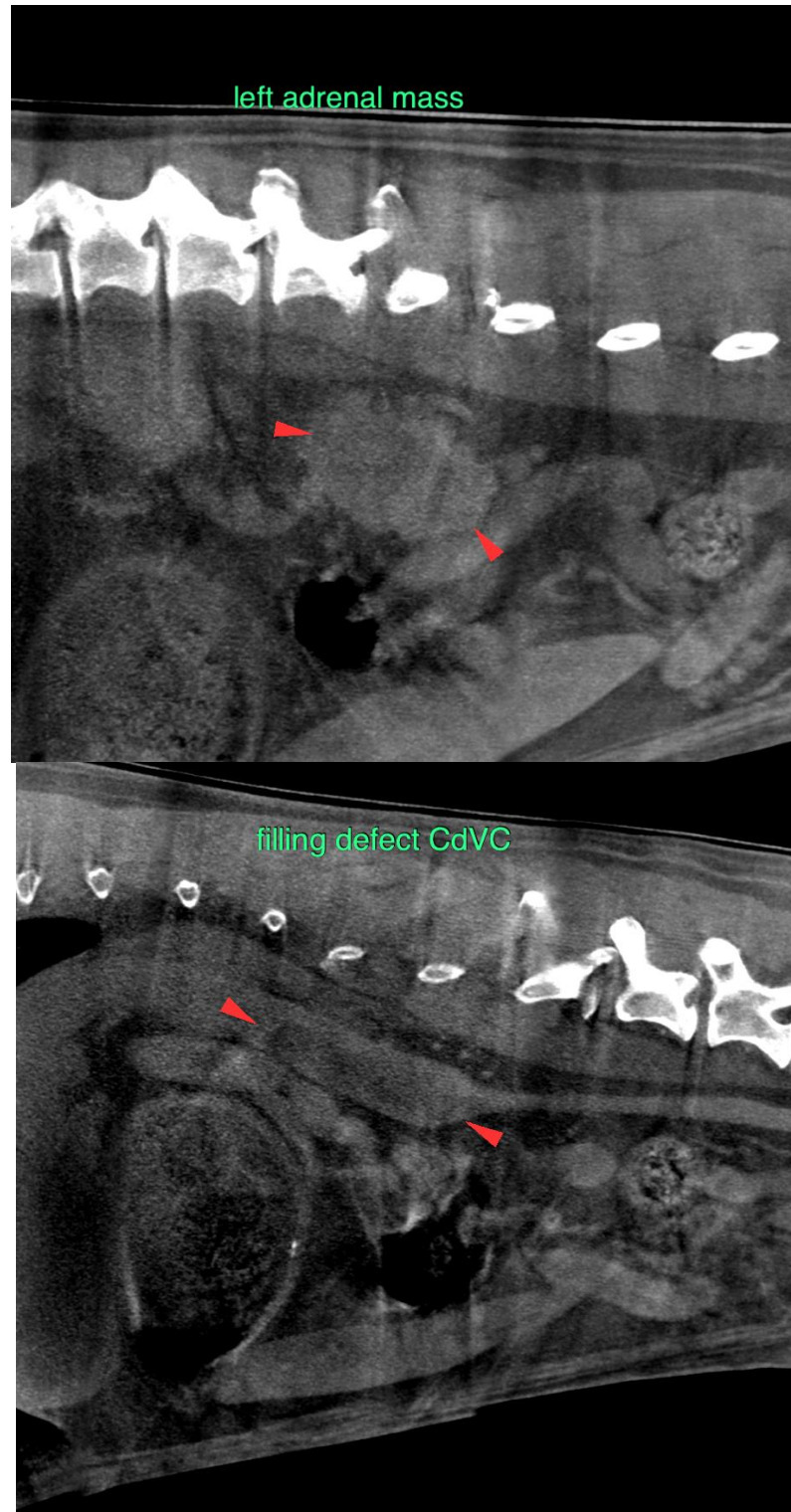
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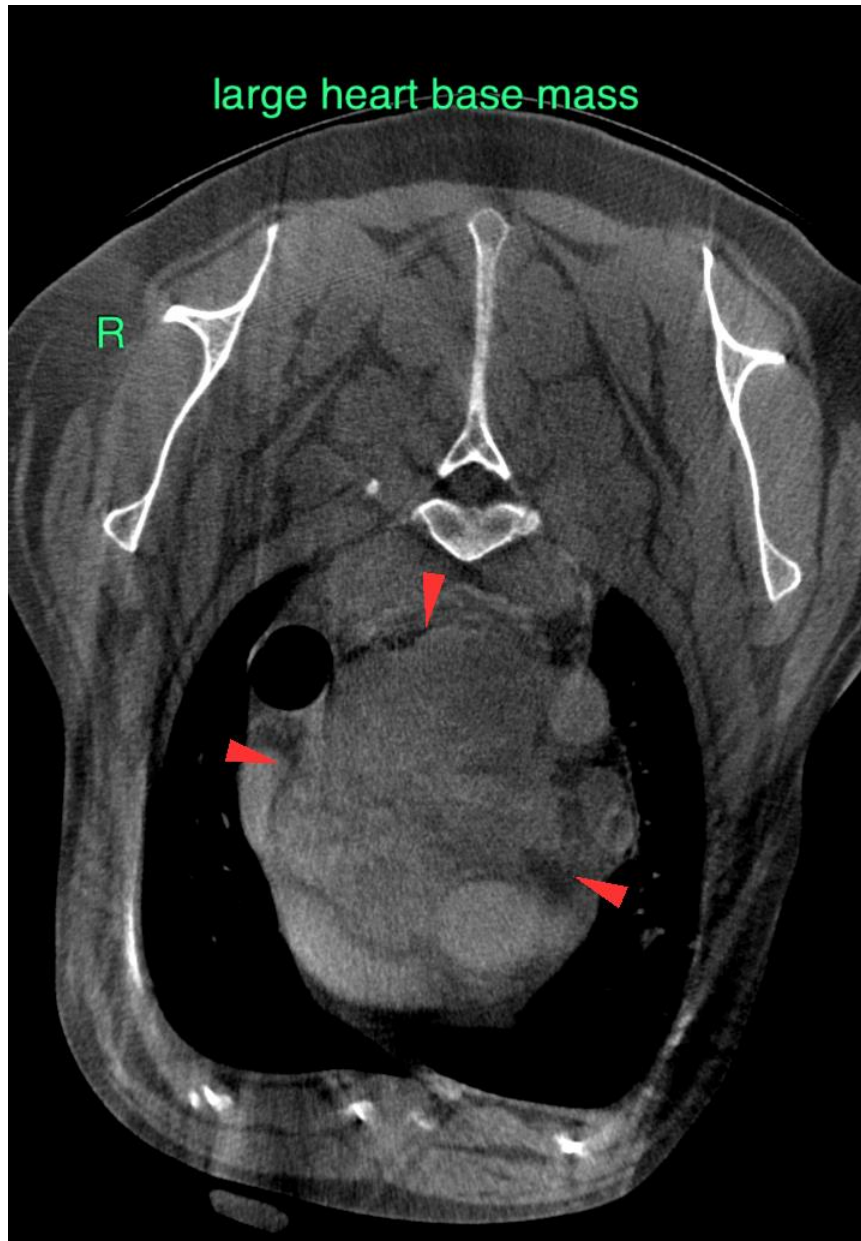
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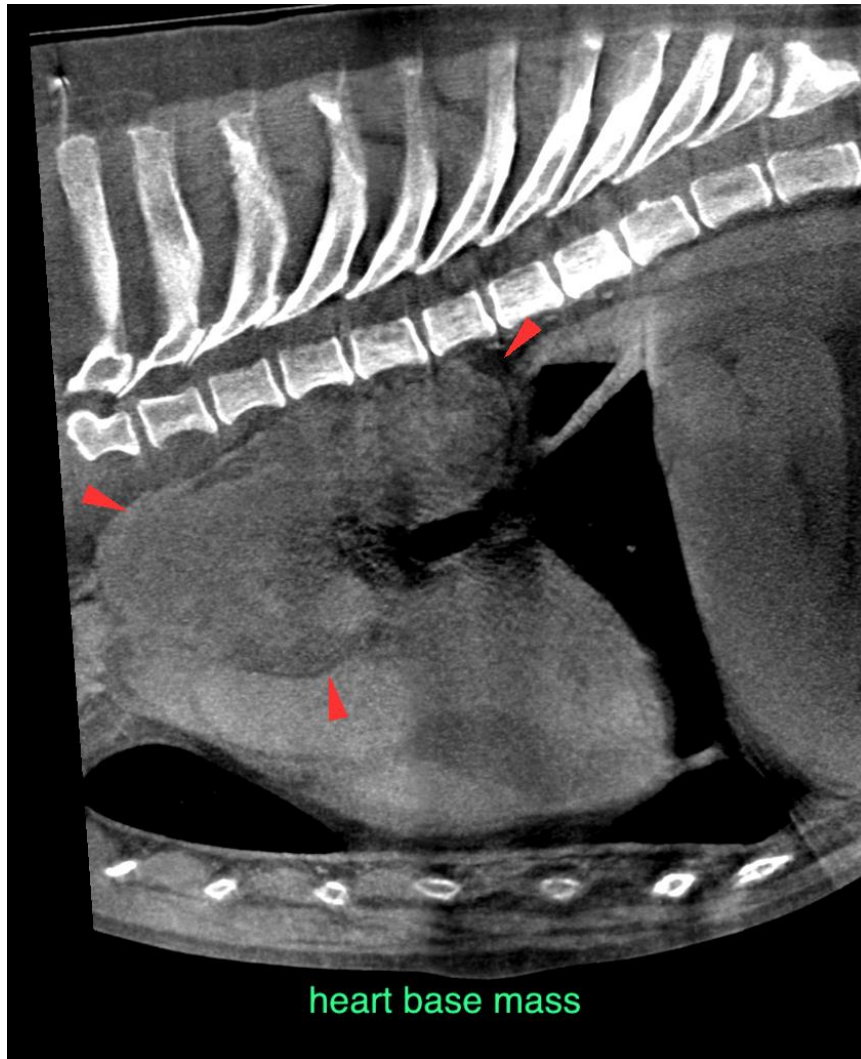
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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