



PATIENT PRESENTING CLINICAL SIGNS

Ziva Hicks Known diabetic, on insulin. Presented for lethargy, anorexia and V+. Pet was found to be very hyperglycemic, but not ketotic. Pet was hospitalized for supportive care and BG regulation. An abdominal US was performed and a R adrenal mass was found. CT was recommend to evaluate for surgical feasibility as well as to evaluate for any other pathology to explain the GI signs.
SPECIES Abnormal PE/Chem/CBC/UA Results: Hyperglycemia. Increased fructosamine 376 (177-314), increased ALP 423 (24-212)
 Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Shih Tzu x Poodle

COMPUTED TOMOGRAPHIC FINDINGS

SEX

The body condition score is 9/9.

FS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. Small granular mineralization are seen level with the uterine stump and the region of the absent ovaries.

AGE

9 Years, 9 Months

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.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Originating from the right adrenal gland, a roundish, well-defined, heterogeneous soft tissue attenuating and heterogeneous contrast enhancing mass is visible; measuring 3.1 x 2.9 x 3.1 cm in size. The right adrenal mass presents small hypoattenuating intraparenchymal regions. The right adrenal mass is in contact with the caudal vena cava which is mildly depressed by the mass effect. There is a small tubular extension at the caudomedial aspect of the right adrenal mass – suspect right phrenicoabdominal vein – distended by heterogeneous contrast enhancing material. The left adrenal gland is within normal limits for size, shape and organ architecture.

HOSPITAL NAME

Wilson Veterinary Hospital

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

REFERRING VET

Dr. Nick Vitale

The hepatic volume is generalized mildly increased. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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

INVOICE

51355

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

The intervertebral disc sL5/L6 and L7/S1 are mineralized and mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. Both coxofemoral joints present mild osteophyte new bone formation. The pictured parts of the stifle joints present moderate osteophyte new bone formation.

DATE

4-5-22



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COMPUTED TOMOGRAPHIC DIAGNOSIS

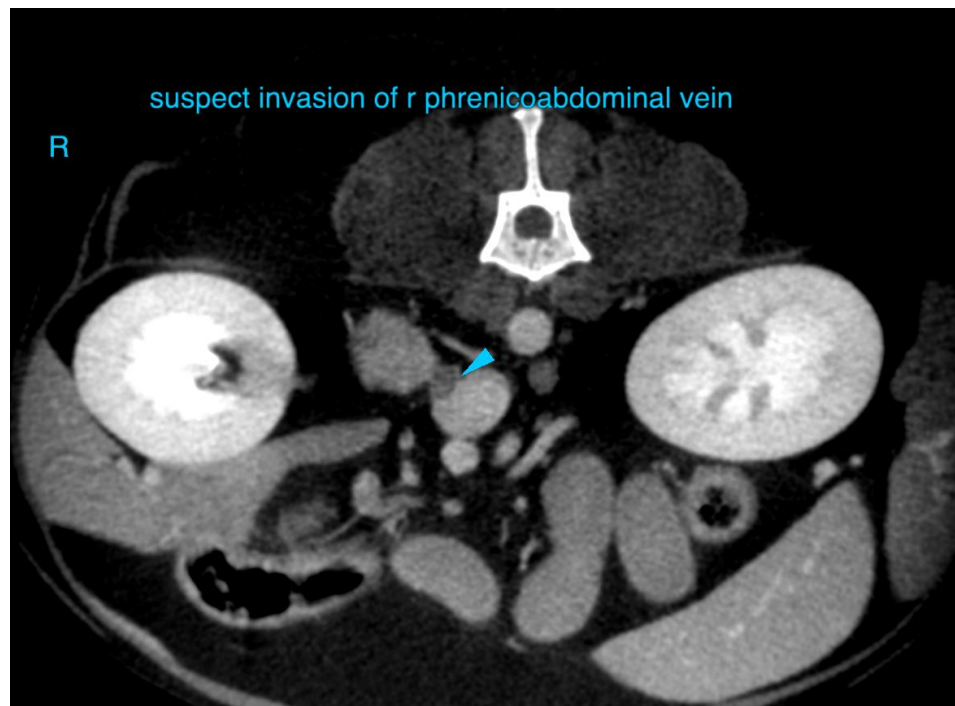
- Right adrenal mass with signs for vascular invasion of the right phrenicoabdominal vein
- Mild hepatomegaly
- Mild intervertebral disc protrusion L5/L6 and L7/S1 without compressive myelopathy
- Moderate degenerative osteoarthritis stifle joints bilaterally
- Mild degenerative osteoarthritis coxofemoral joints bilaterally
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with the (non)functional right adrenal neoplasia with evidence of invasion of the right phrenicoabdominal vein. Differentials include adenoma, adenocarcinoma, pheochromocytoma. Complete surgical excision of the right adrenal mass appears feasible.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

The gastrointestinal tract presents without abnormalities, explaining the presenting gastrointestinal clinical signs.





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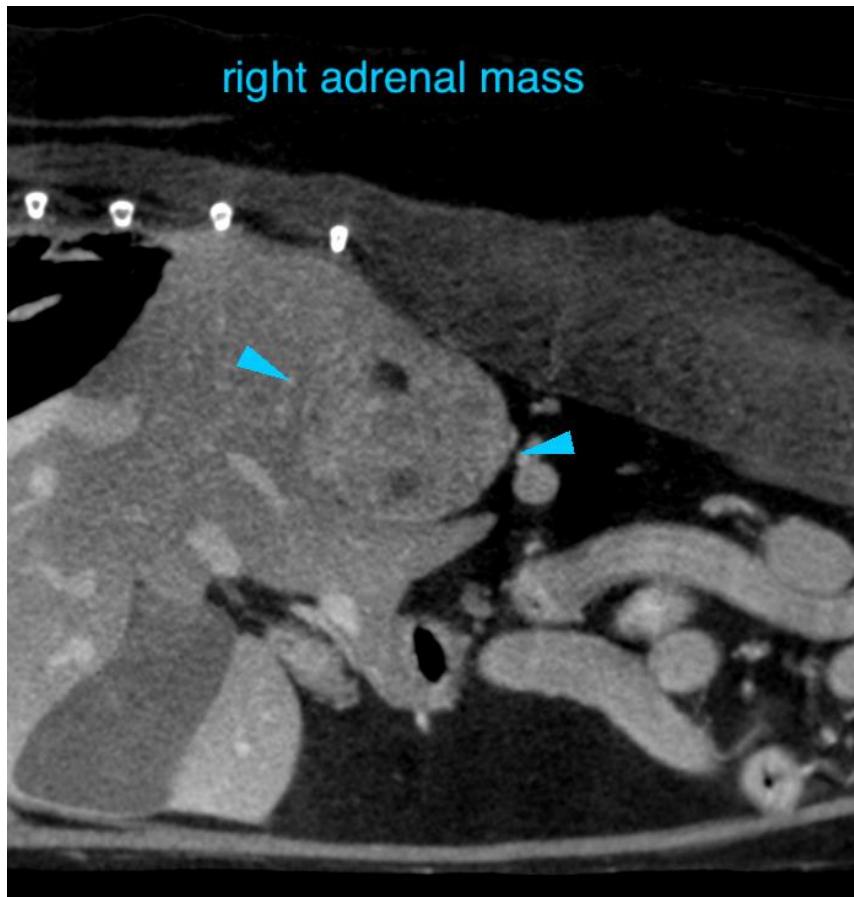
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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