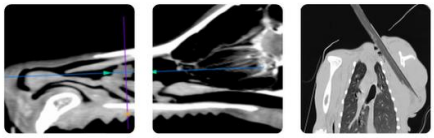

PATIENT

Trudy Spear

SPECIES

Canine

BREED

Pitbull Terrier

SEX

FS

AGE

13

WEIGHT

24.6

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

74524

DATE

4-8-26

PRESENTING CLINICAL SIGNS

ultrasound showed the mass inside the abdomen originating from adrenal gland

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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 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, but zones with dystelectasis.

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.

Originating from the left adrenal gland, an irregular shaped soft tissue attenuating mass is seen; measuring 3.0 x 4.3 x 5.8 cm. Level with the orifice of the left phrenicoabdominal vein, irregular mineral attenuating material is protruding into the caudal vena cava and post contrast an irregular shaped intraluminal filling defect is appreciated in the pre-hepatic segment of the caudal vena cava. The retroperitoneal fat surrounding the left adrenal gland presents moderate soft tissue striation.

The right adrenal gland is measuring up to 10 mm in diameter.

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.

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

The vertebral endplates of the lumbosacral junction present moderate spondylosis deformans.

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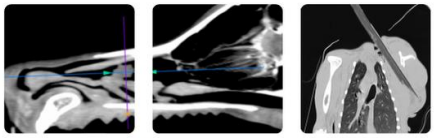

Teleradiology
Educational Teleconsultation Services™

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left adrenal soft tissue mass with dystrophic mineralization and vascular invasion
- Mild retroperitoneal effusion surrounding left adrenal gland
- Right sided adrenomegaly
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is supporting the diagnosis of primary left adrenal soft tissue neoplasia – such as adenocarcinoma or pheochromocytoma – invading the caudal vena cava. The effusion surrounding the left adrenal is suggestive for secondary retroperitoneal hemorrhage. The vascular invasion may make surgical management impossible here.

The right sided adrenomegaly can be caused by (non)functional adrenal hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma).

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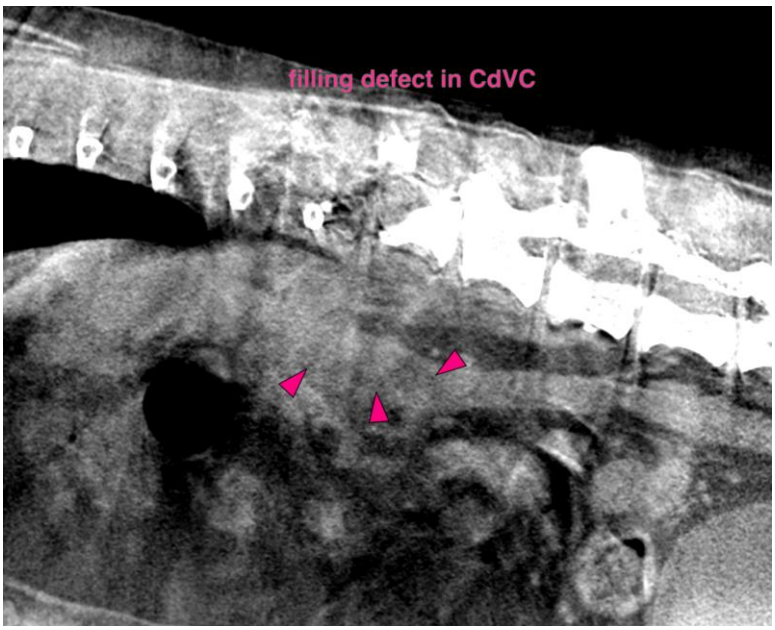

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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