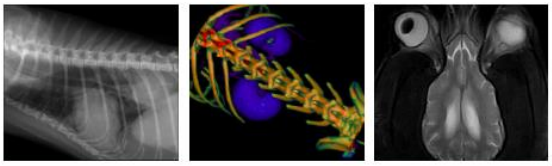


PATIENT

Sophie Moya

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

15 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

52042

DATE

5-10-22

PRESENTING CLINICAL SIGNS

Cushings, adrenal masses on ultrasound.

COMPUTED TOMOGRAPHY OF THE SKULL AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The distal root of triadan 108 presents a mild to moderate periapical widening of the periodontal space with lysis of the root. Triadan 304 is absent. At the buccal aspect of the alveolar crest of triadan 207 solid smooth new bone formation is seen.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

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

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.

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 pituitary gland is confined within the pituitary fossa and presents homogeneous contrast enhancement patter. The ventricular system is non-dilated and symmetric.

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.

Abdomen

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

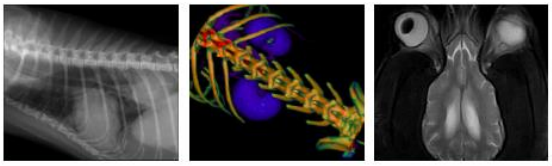
Both kidneys present irregular margins. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Originating from the right adrenal gland, a well-defined, ovoid shaped, soft tissue attenuating mass with interspersed heterogeneous mineralization is visible, measuring 2.6 x 3.6 x 3.8 cm in size. The right adrenal mass is in contact with the caudal vena cava at the same level, that is mildly distorted.

Nodular enlargement of the caudal pole of the left adrenal gland is seen, measuring 1.1 cm in diameter and presenting mild irregular mineralization. The cranial pole of the left adrenal gland is small and has a homogeneous contrast enhancement pattern, measuring 2.6 mm in diameter.

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

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The caudoventral hepatic margins are rounded.



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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.

Multifocal mild spondylosis formation is seen along the lumbar spine.

Moderate mineralization of the pulmonary arteries is seen. In the caudal aspect of the left caudal lung lobe, a soft tissue attenuating, and heterogeneous mineralized mass is present, measuring 2.8 cm in size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right adrenal mass with dystrophic mineralization, no evidence of vascular invasion
- Adrenal mass caudal pole left adrenal gland with dystrophic mineralization
- Dystrophic mineralization pulmonary arteries
- Soft tissue mass left caudal lung lobe with dystrophic mineralization
- Hepatomegaly
- Bilateral chronic nephropathy
- Periodontal abscess 108
- Suspect small osteoma level triadan 207 versus mineralizing epulis
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal changes are consistent with bilateral adrenal neoplastic transformation, given the history of hyperadrenocorticism, functional adenoma or adrenal adenocarcinoma are the differentials here. There is no evidence of a pituitary mass.

The hepatomegaly is most consistent with steroid induced hepatopathy. Other 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 mineralizations of the pulmonary arteries can be caused by preceding or ongoing parasitic infection, such as Angiostrongylus or Dirofilaria. Testing for potential infection following the guidelines of the "American Heartworm Society" https://www.heartwormsociety.org is recommended. The mass in the left caudal lung lobe can present (parasitic) granuloma or neoplastic disease such as bronchogenic carcinoma. FNA sampling by the 8th intercostal space can be used as advanced minimally invasive diagnostic tool.

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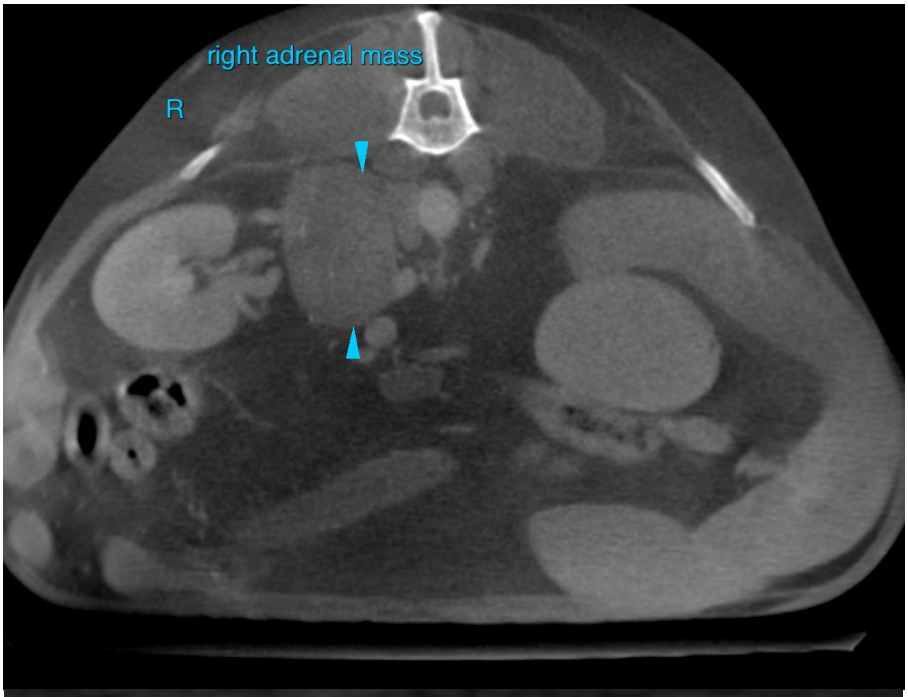

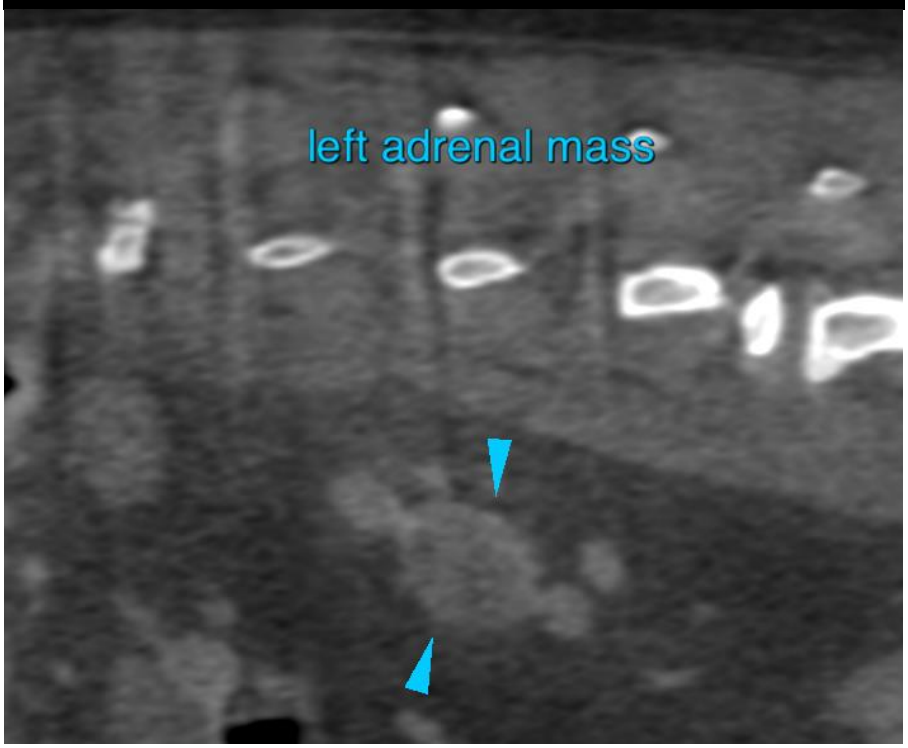

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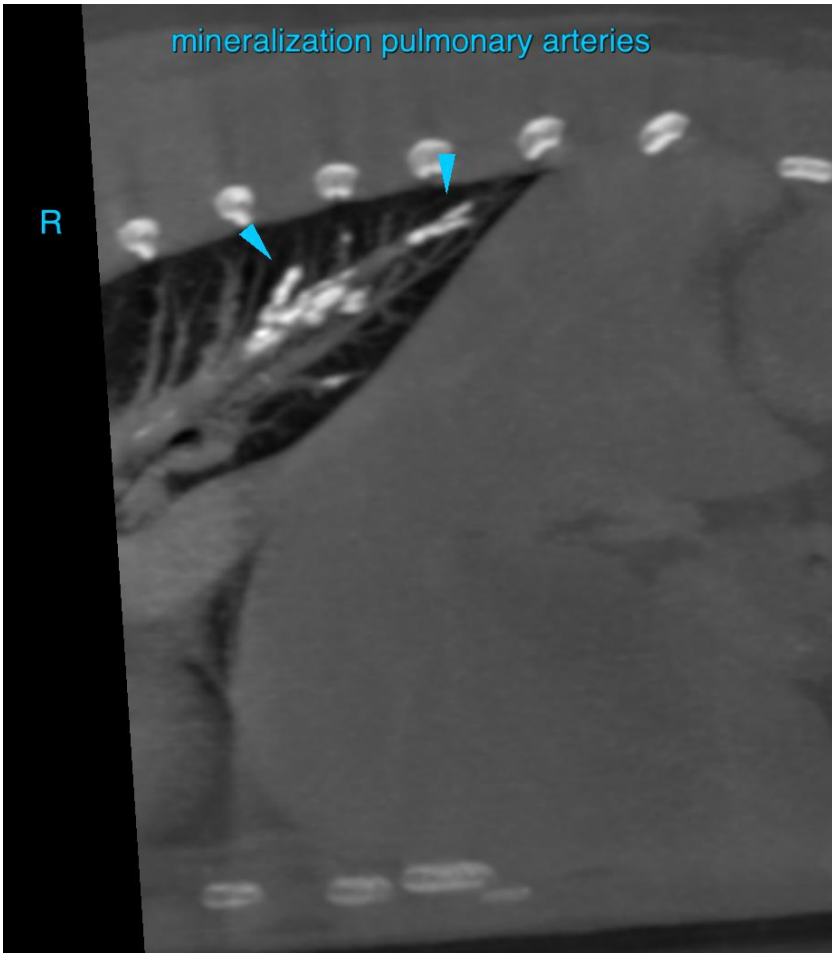

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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