



PATIENT

Roscoe Quick

SPECIES

Canine

BREED

Shepherd/Chow Mix

SEX

MN

AGE

11Y

WEIGHT

85lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Michael O'Connor

HOSPITAL NAME

Holy Family Veterinary
Hospital

REFERRING VET

Dr. Jason Tarricone

INVOICE

75028

DATE

5-18-26

PRESENTING CLINICAL SIGNS

presented to Er for hemoabdomen on March 21st right adrenalectomy was performed, hemorrhage was coming from the vena cava thus leading to believe that this was an adrenal mass with some caval invasion. The clot was inspected and there was a large (approximately 3cm in diameter mass) that was contained within the clot that was avulsed when the clot was removed. Histopath- PHEOCHROMOCYTOMA
CT scan today, 8 weeks post op to scan for metastasis and to evaluate sx site and vena cava

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic and lumbar spine, multifocal spondylosis formation is seen.

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 left lung presents a generalized decreased volume with zones of dystelectasis of the lung parenchyma. In the ventral aspect of the accessory lung lobe, a well-defined, roundish, gas attenuating lesion, demarcated by a thin soft tissue attenuating lining is seen; measuring 13 mm in diameter.

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.

The left adrenal gland is within normal limits for size, shape and organ architecture.

In the region of the right adrenal gland, a metal attenuating surgical clip is seen along with a bilobed, uniform soft tissue attenuating and irregular contrast enhancing nodule; measuring 15 x 10 x 26 mm

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 bony and surrounding soft tissue structures reveal no abnormalities.



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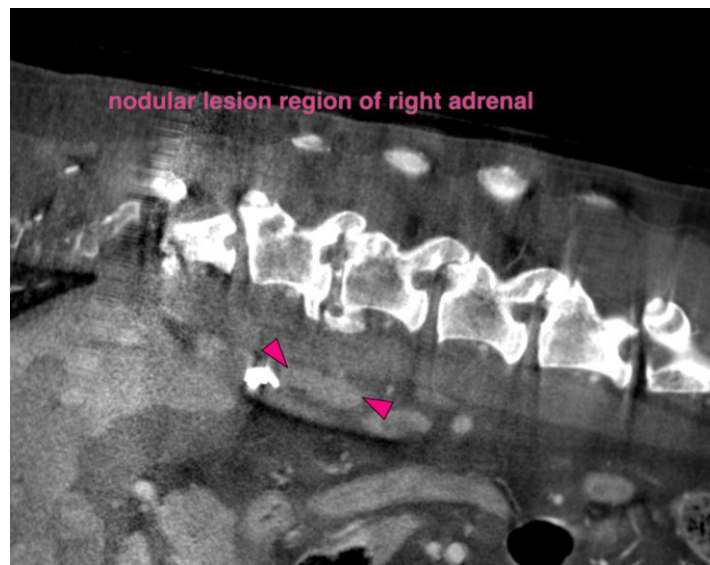
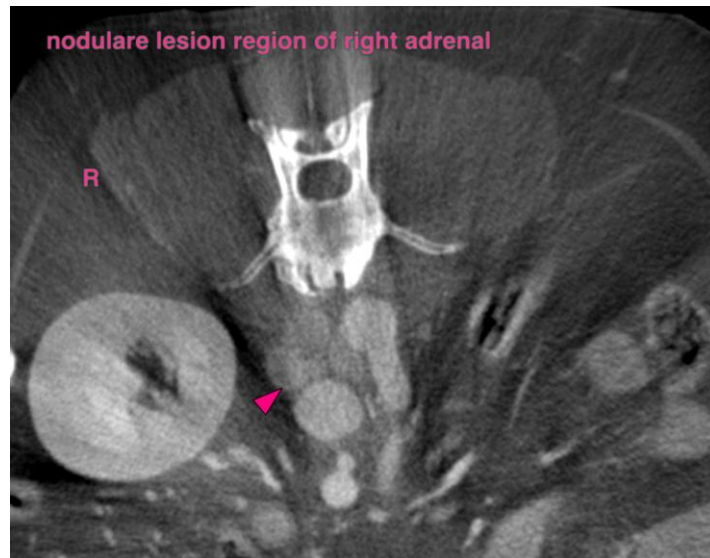
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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of right sided adrenalectomy due to pheochromocytoma with focal soft tissue nodule
- Solitary thin walled cavitory lesion accessory lung lobe – bulla
- Dystelectasis left lung
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue nodule in the region of the excised right adrenal can present granuloma, hematoma in resorption or local metastasis of the pheochromocytoma. Follow up imaging by the means of ultrasound or CT in 1-2 month may be used to screen if the lesion is increasing in size.





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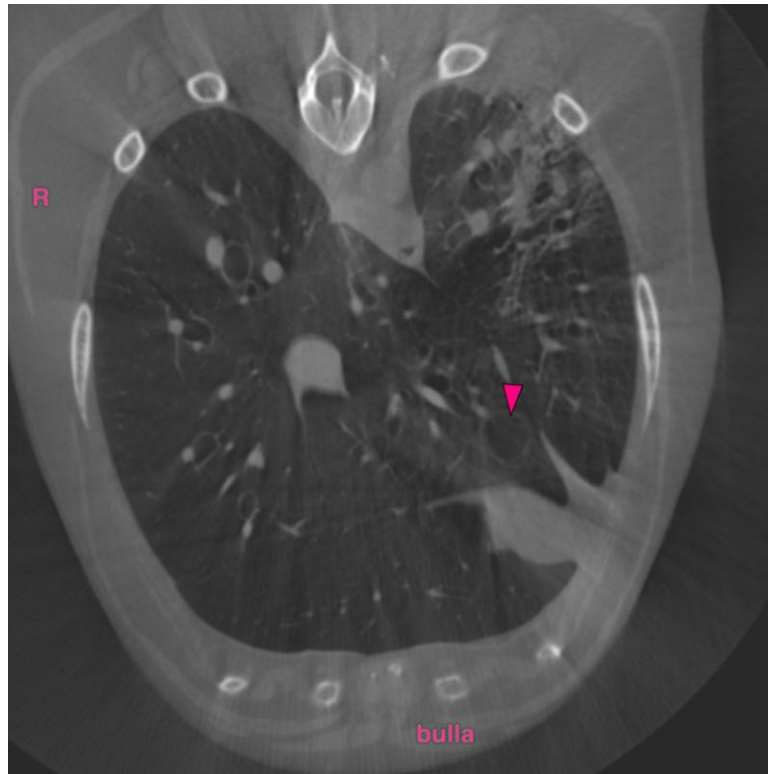
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com