



PATIENT

PRESENTING CLINICAL SIGNS

Hawkeye Bellentine

History of seizures - under adequate control with Keppra ALP elevation - currently on hepagen severe muscle/weight loss over past 6 months progressive weakness circling to left, dragging/knuckling LH, sl CP deficits LF r/o neoplasia vs FCE vs infectious vs other splenic mass - r/o benign vs malignant vs other

SPECIES

Canine

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.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Australian Shepherd

Thorax

SEX

The vertebral endplates T4/T5 and L1/L2 present mild spondylosis formation.

FS

Mild mineralization of the tracheobronchial lymph nodes is appreciated.

AGE

The cardiovascular structures is within normal limits. Multifocal mild to moderate mineralization of the pulmonary arteries of the caudal lung lobes is appreciated.

11 Years

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

The lung parenchyma presents the expected architecture and attenuation behavior.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Abdomen

Scottsdale Veterinary
Clinic

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 a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Dr. Langhofer

Nodular enlargement of the cranial pole of the left adrenal gland is seen, measuring 17 mm in diameter. The enlarged cranial pole of the cranial pole of the left adrenal gland presents a heterogeneous contrast enhancement pattern.

INVOICE

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

52442

The splenic volume is prominent, the margins are smooth. The splenic parenchyma is uniform soft tissue attenuating, post contrast administration the splenic parenchyma presents a mild heterogeneous pattern with mild hyperattenuating intraparenchymal nodular lesions. At the lateral aspect of the caudal extremity of the spleen, a roundish heterogeneous contrast enhancing nodule is visible, measuring 1.6 cm in diameter.

DATE

6-13-22

The gallbladder contains a moderate amount of mild hyperattenuating biliary sludge.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents



PATIENT uniform contrast enhancement.

Hawkeye Bellentine

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

SPECIES

Canine

The bony and surrounding soft tissue structures reveal no abnormalities.

BREED

Australian Shepherd

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Nodular enlargement cranial pole left adrenal gland without evidence of vascular invasion
- Splenomegaly with mild heterogeneous contrast enhancement pattern and nodular lesion caudal extremity of the spleen
- Dystrophic mineralization pulmonary arteries caudal lung lobes
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular enlargement of the left adrenal gland is compatible with (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis can be used as advanced diagnostic test.

AGE

11 Years

The splenomegaly can be accentuated by general anesthesia with pooling of blood within the spleen. The heterogeneous contrast enhancement pattern with the mild hyperattenuating roundish lesions and the nodular lesion in the periphery of the caudal extremity of the spleen are most consistent with benign nodular hyperplasia. FNA sampling of the spleen can be used to rule out diffuse malignant infiltrative disease.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The mineralization 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.

HOSPITAL NAME

Scottsdale Veterinary
Clinic

No clinically relevant abnormalities of the spine are appreciated, there is no evidence of compressive myelopathy.

REFERRING VET

Dr. Langhofer

INVOICE

52442

DATE

6-13-22



PATIENT

Hawkeye Bellentine

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

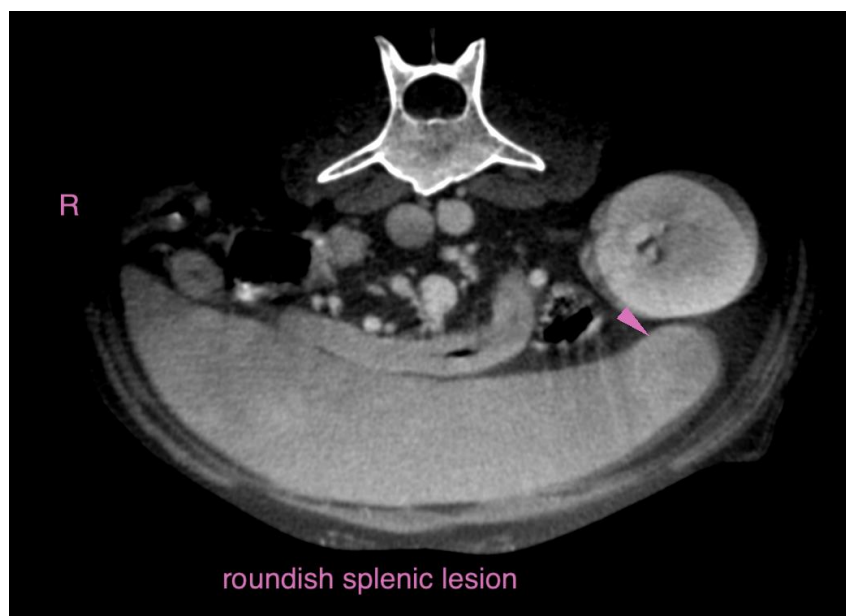
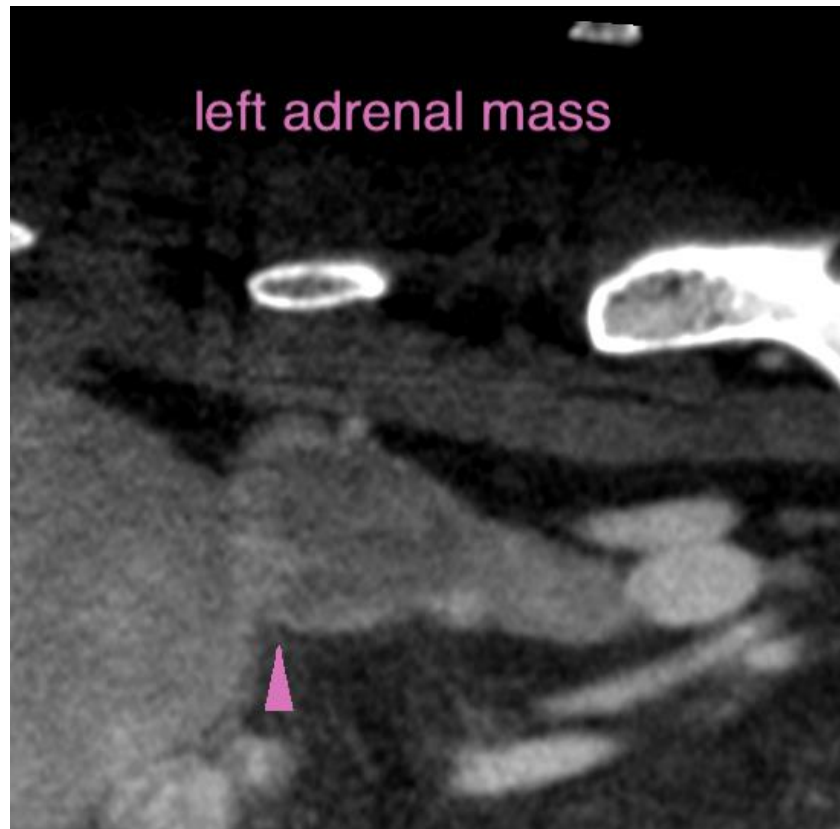
Dr. Langhofer

INVOICE

52442

DATE

6-13-22





PATIENT

Hawkeye Bellentine

SPECIES

Canine

BREED

Australian Shepherd

SEX

FS

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

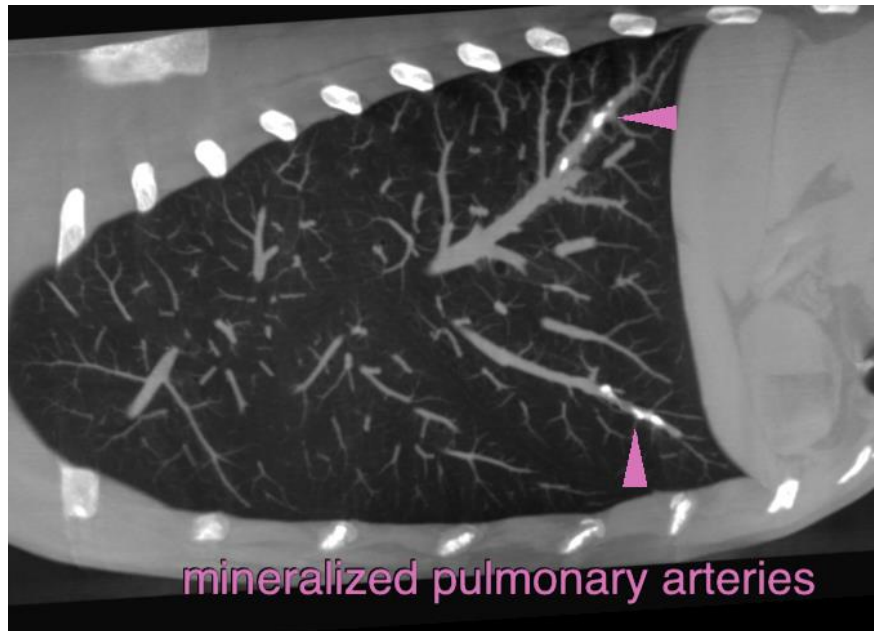
Dr. Langhofer

INVOICE

52442

DATE

6-13-22



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