



PATIENT PRESENTING CLINICAL SIGNS

Aradia Santiago History: *DVM pet. Not acting right at home. Intermittent episodes of mild ataxia and pain involving the front legs that would resolve. PU/PD (chronic) and has an appetite but seems to be mildly decreasing. Chronically increased liver enzymes.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Multiple SQ masses throughout. 03/26/22 - ALT 257.0, ALKP 995.0 07/09/22- ALT 391.0, ALKP 1746.0 LDDST 02/05/22 pre sample - 2.9 ug/dL 4hr post - 0.5 ug/dL 8hr post - 0.5 ug/dL Bile acids 7/11/22 pre 10.4 umol/L post 97.6 umol/L Previous abdominal ultrasound and IM consult attached.

BREED

Schnauzer

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

SEX

COMPUTED TOMOGRAPHIC FINDINGS

Spayed Female

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

AGE

12 Years 7 Months

Both kidneys present within normal limits for size and have mild irregular surface. A mild amount of mineral attenuating material is associated with the renal pelvis bilaterally. After contrast administration multiple variable sized parenchymal filling defects are seen throughout the renal cortex bilaterally, partially causing mild focal convex distortion of the renal capsule.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Originating from the right adrenal gland, an ovoid shaped mass measuring 12 x 13 x 20 mm in size. The right adrenal mass is in contact with the caudal vena cava at the same level. Level with the right adrenal mass, an irregular filling defect is seen in the caudal vena cava, occupying approximately up to 70% of the cross-sectional area of the cauda vena cava at the same level.

HOSPITAL NAME

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

REFERRING VET

Dr. Meaux

The hepatic volume is moderately increased the liver is protruding beyond the costal arch; the gastric axis is deviated caudally. The hepatic margins are irregular with multiple nodular appearing protrusions. The hepatic parenchyma presents two roundish post contrast mild hypoattenuating regions and is otherwise uniform soft tissue attenuating and contrast enhancing.

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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.

DATE

7/15/22



PATIENT In the subcutaneous tissue along the pictured parts of the thigh bilaterally, variable sized, well-defined lipomas are seen as well as an intermuscular lipoma at the caudal aspect of the right thigh.

Aradia Santiago

An intramuscular lipoma is seen in the right epaxial musculature of the caudal thoracic spine.

SPECIES Multifocal mild spondylosis formation is seen along the lumbar spine.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Schnauzer

- Right adrenal mass with vascular invasion
- Hepatomegaly with mild heterogeneous contrast enhancing parenchyma
- Intramuscular – possibly infiltrative – lipoma right epaxial musculature caudal thoracic spine
- Multiple lipomas along the trunk and hind limbs
- Renal cortical cysts and signs for chronic nephropathy

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

The right adrenal mass is consistent with primary adrenal neoplasia – such as adenocarcinoma, pheochromocytoma – with evidence of vascular invasion of the caudal vena cava and large tumor thrombus formation.

AGE

12 Years 7 Months

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, chronic 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.

INTERPRETED BY

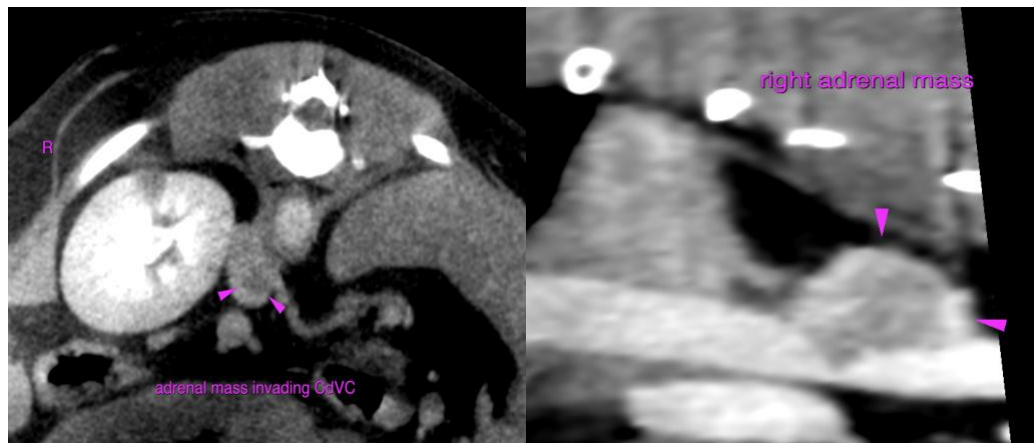
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PATIENT

Aradia Santiago

SPECIES

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Spayed Female

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12 Years 7 Months

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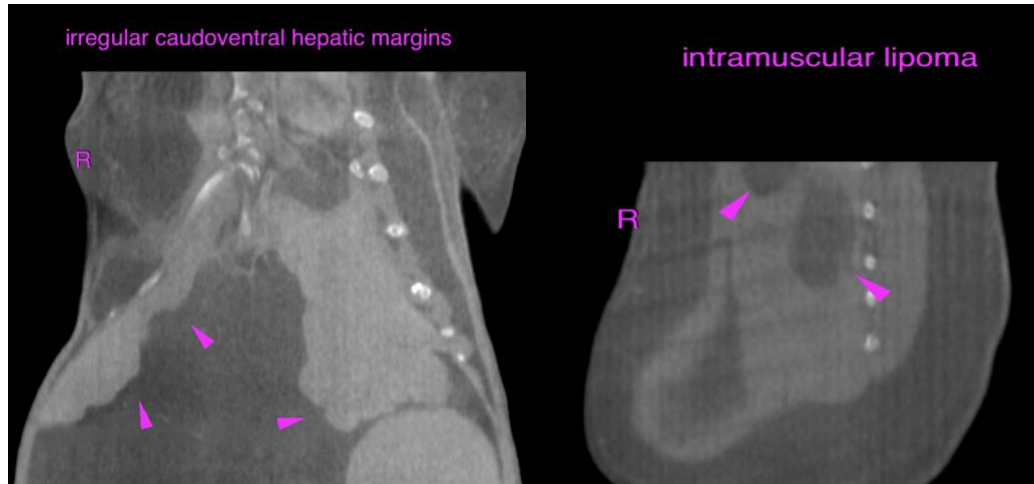
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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