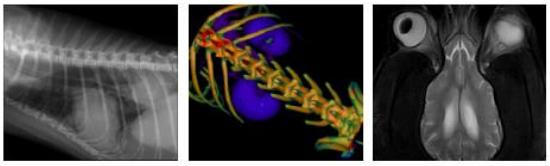

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1-800-838-4268 info@sonopath.com

PATIENT

Holly Ambrose

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

14

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Northeast Veterinary Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

53688

DATE

8-24-22

PRESENTING CLINICAL SIGNS

Presented for increased drinking/urination, elevated liver enzymes, hepatic mass noted on ultrasound and suspected HOD in all four limbs. Patient is currently on mitotane for HAC. Abnormal PE/Chem/CBC/UA Results: Alp 1350, ggt 15,

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Mineralized disc material is protruding into the vertebral canal level T11/T12, occupying approximately up to 10% of the cross-sectional area of the vertebral canal at the same level. The humerus, ulna and radius bilaterally present moderate smooth periosteal new bone formation.

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 mild compression atelectasis of the dorsal dependent aspects of the lung.

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. Mild peripheral mineralization of the cranial mesenteric artery is noted.

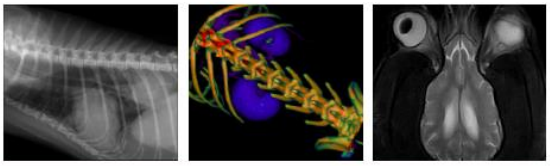
Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

Mild nodular enlargement of the cranial pole of the left adrenal gland is seen, measuring 8.3 mm in diameter.

Originating from the cranial extremity of the spleen, a fat attenuating mass, demarcated by a thin contrast enhancing capsule; measuring 2.8 cm in diameter and protruding from the splenic surface.

Originating from the left division of the liver, most likely the left medial liver lobe, a mild irregular spherical, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen measuring 8.7 x 8.3 x 9.0 cm in size. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

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



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uniform contrast enhancement.

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

The intervertebral discs T12/T13 to L6/L7 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. L7 is asymmetric, presenting a normally shaped transverse process in the left aspect and articulates with the iliosacral joint in the right aspect.

Solid to palisading periosteal new bone formation is seen along the pelvis and hind limbs – accentuated in the pictured distal parts of the hind limbs.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left divisional hepatic mass
- Splenic myelolipoma – progressive in size
- Mild nodular enlargement left adrenal gland
- Polyostotic benign osteoproliferative lesions pelvis and long bones hind limbs
- Multifocal intervertebral disc protrusion along the thoracic & lumbar spine
- Asymmetric lumbosacral transitional vertebra (type III)
- Dystrophic mineralization cranial mesenteric artery, stationary
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic mass is compatible with primary hepatic neoplasia – such as hepatocellular adenoma /carcinoma, cholangiocellular carcinoma, hemangiosarcoma, other. Complete surgical excision of the hepatic mass by (partial) lobectomy of the affected liver lobe is considered feasible.

The periosteal new bone formation seen along the long bones of the appendicular skeleton is compatible with hypertrophic osteodystrophy, secondary to the abdominal mass. The periosteal new bone formation is commonly regressive after excision of the causative mass.

As the myelolipoma is protruding beyond the splenic surface, splenectomy might be considered as well, as there is risk for laceration of the splenic mass.

As the adrenomegaly is stationary to mildly regressive in comparison to the preceding CT study, the odds for functional hyperplasia are high – already under respective therapy for hyperadrenocorticism, regarding the history.

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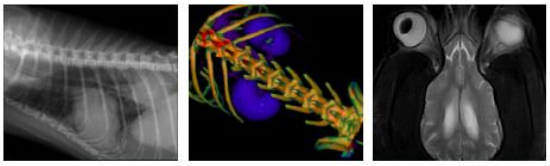

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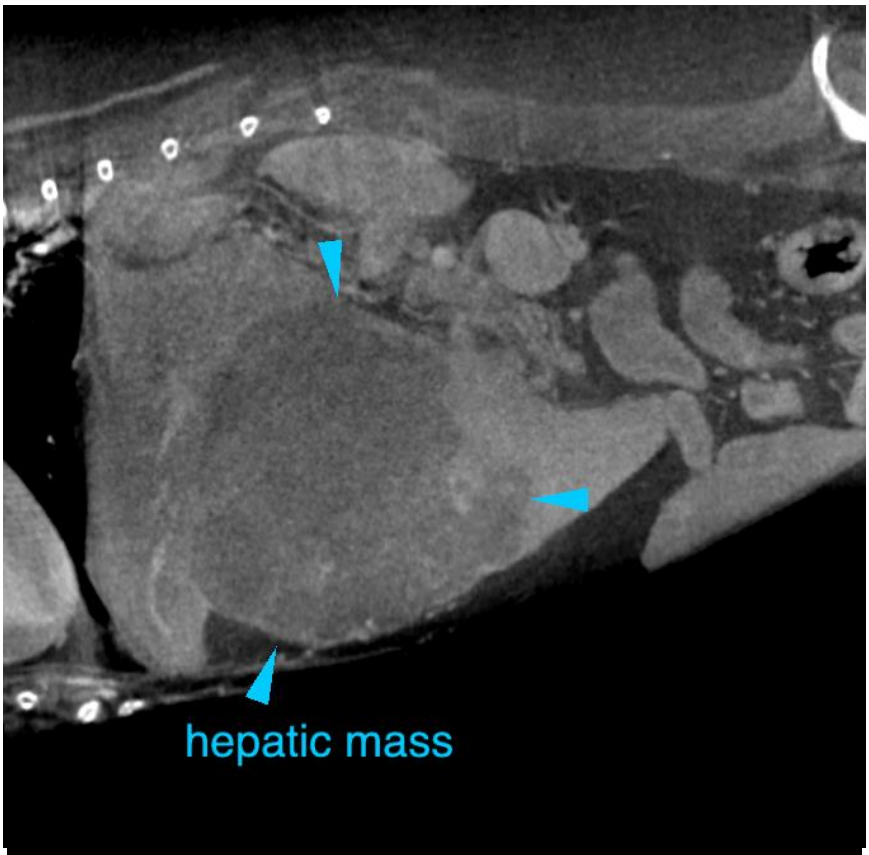

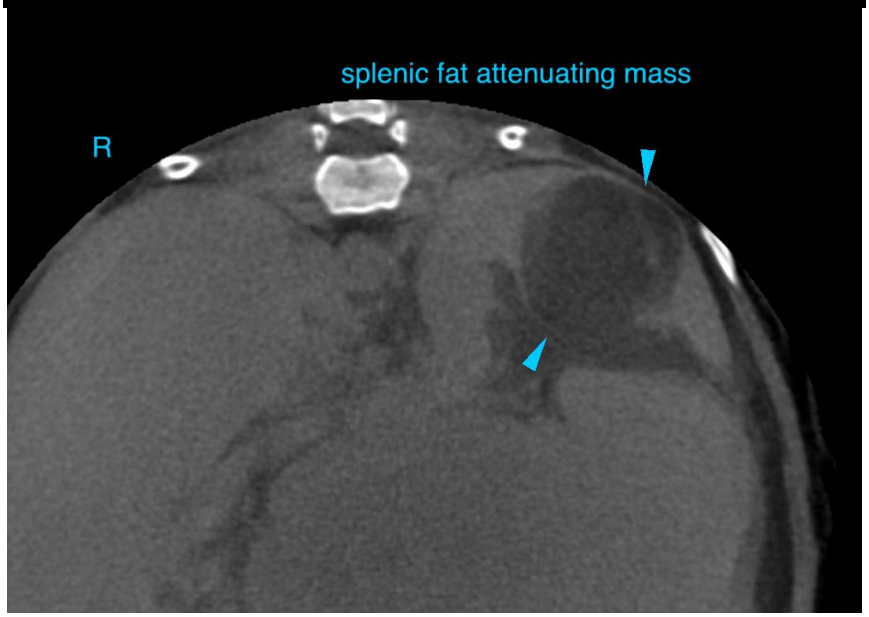

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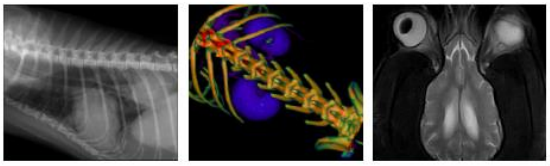

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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