



**PATIENT PRESENTING CLINICAL SIGNS**

Magnus Ward Patient presented to NVH for vomiting and acting lethargic on 9/22/22. On 9/23/22 an abd. u/s was performed and two retroperitoneal masses were seen. Abdominal CT to assess organ involvement. Thorax included for met check.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: 9/22/22 WBC 17.55 K/uL Neutrophils 15.37 K/uL Lymphocytes 1.01 K/uL Eosinophils 0.02 K/uL

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

**BREED**

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

Bull Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

**SEX**

Multifocal mild spondylosis formation is seen along the thoracic spine. Mild solid, smooth periosteal new bone formation is seen in the region of the insertion of the right infraspinatus muscle at the humerus.

Neutered Male

**AGE**

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.

8 Years, 6 Months

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**INTERPRETED BY**

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.

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior, with randomly distributed interspersed punctuate mineralization.

**HOSPITAL NAME**

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

Neel Veterinary Hospital

Abdomen

**REFERRING VET**

In the left retroperitoneal space, a moderate soft tissue swelling is appreciated and the retroperitoneal fat presents

Dr. Doolittle

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.

**INVOICE**

Originating from the left adrenal gland, an ill-defined ovoid shaped, uniform contrast enhancing mass is appreciated, measuring approximately 3.6 x 3.2 x 5.6 cm in size. Level with the orifice of the left phrenicoabdominal vein in the caudal vena cava, a small mushroom shaped filling defect is appreciated in the pre-hepatic segment of the caudal vena cava, occupying approximately 25% of the cross-sectional area of the caudal vena cava at the same level.

54242

**DATE**

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

9-23-22

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



**PATIENT**

Magnus Ward

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.

**SPECIES**

Canine

Multifocal spondylosis formation is seen along the lumbar spine.

**BREED**

Bull Terrier

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left adrenal soft tissue mass with left sided retroperitoneal effusion and signs of vascular invasion of the caudal vena cava
- Suspect insertional desmopathy right infraspinatus muscle
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is consistent with ruptured left adrenal primary neoplasm and secondary retroperitoneal hemorrhage – suspect the second mass appreciated on ultrasound is the hematoma. The left adrenal presents evidence of invasion of the caudal vena cava by the left phrenicoabdominal vein. Differentials include pheochromocytoma or adenocarcinoma. Surgical management is considered as the therapy of choice.

**AGE**

8 Years, 6 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
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Dr. Doolittle

**INVOICE**

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9-23-22



**PATIENT**

Magnus Ward

**SPECIES**

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**SEX**

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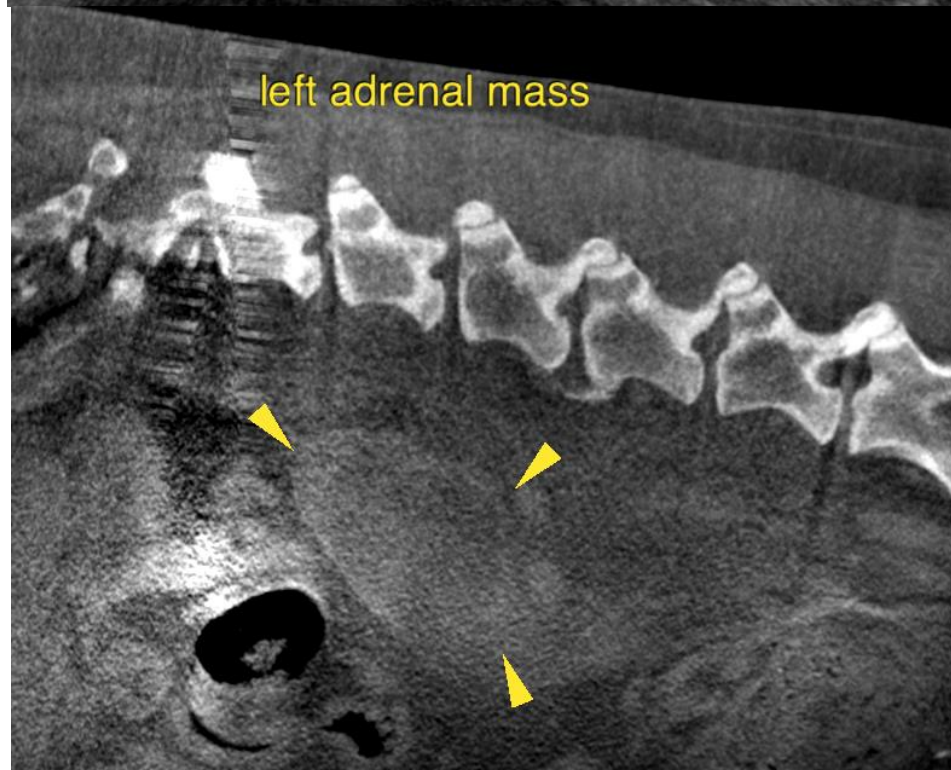
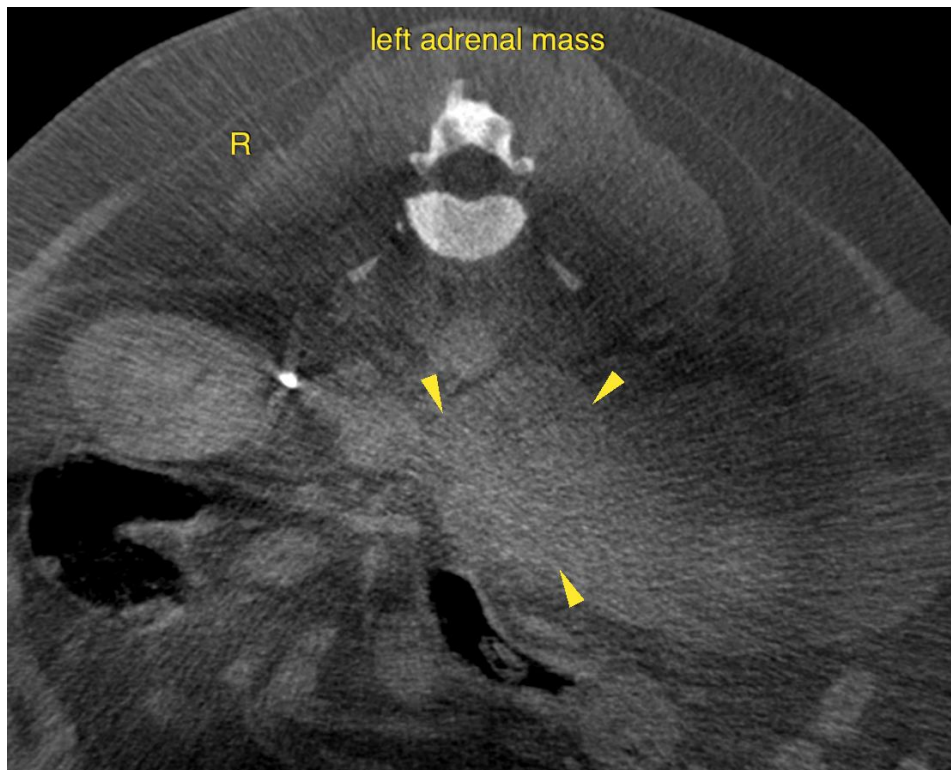
Dr. Doolittle

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**PATIENT**

Magnus Ward

**SPECIES**

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**SEX**

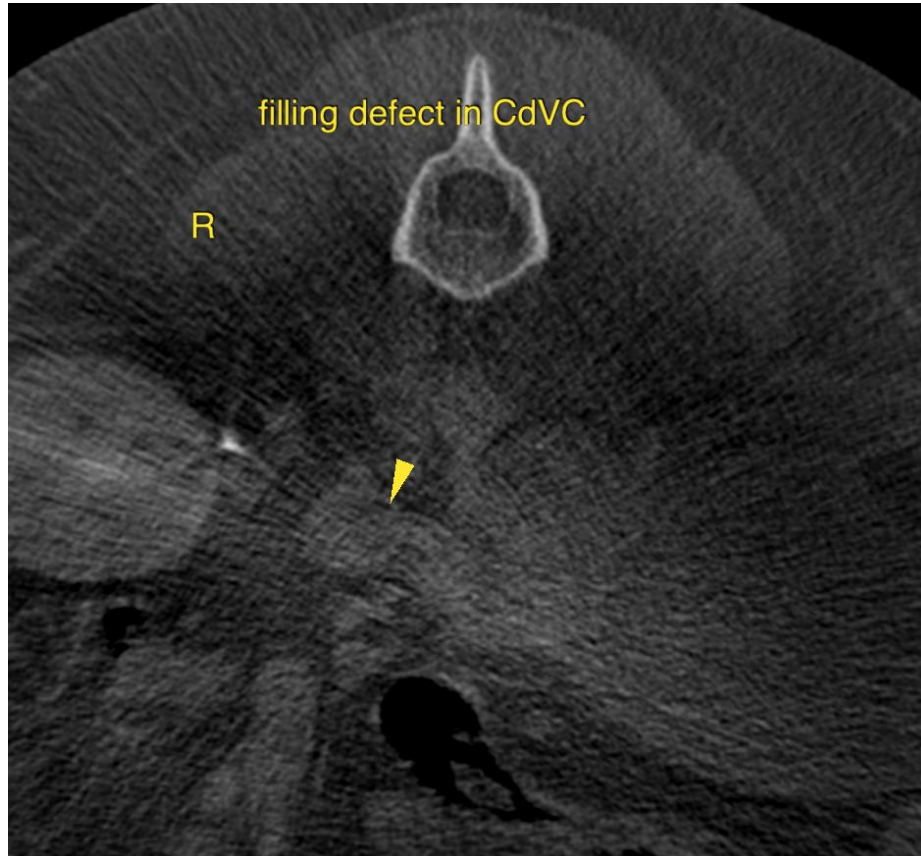
Neutered Male

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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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