



PATIENT PRESENTING CLINICAL SIGNS

Pebbles Faust Diagnosed with cushing's disease since 2017 currently on Vetoryl 10mg by mouth every 12 hours. Blood pressure 249/139 (167). bun 38, glob 4.8, alt 137, alp 693, proteinuria. Abdominal mass seen on ultrasound. Mixed echogenicity 5.1 x 3.6 cm

SPECIES COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN AND THORAX

Canine A pre- and post-contrast CT study of the abdomen and thorax are provided for review. A total of 4 series. Thorax and abdomen pre contrast series, and two post-contrast abdominal series.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Mixed ABDOMEN

SEX A large, multilobulated mass with irregular borders, heterogenous enhancement, with central hypoattenuating and irregular rim enhancement, is seen in the right retroperitoneal space on the topographic region of the right adrenal gland. The mass measures approximately 5.7cm x 5.2cm x 4.6cm and is contiguous to the pre-hepatic segment of the cauda vena cava and right kidney vein, compressing externally these veins and partially reducing diameter size—however, there is no clear evidence of a contrast filling defect. In addition, the mass is contiguous with the hilar region of the right kidney, mildly distorting the kidney contour. The left adrenal gland, is mildly enlarged and rounded, measuring 0.8cm thick and 2.1cm length. No evidence of fat-stranding in retroperitonea fat.

Spayed Female

AGE

15 Years, 5 Months

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

Both kidneys contain few multifocal non-enhancing rounded and some wedge-shaped areas, correlated to infarcts and cysts. Also, the irregular contours and small in size. A mild subcapsular hypoattenuating fluid material is seen in the right kidney. The left length is 4.5cm in the right kidney and 4.5cm in the left kidney. Both pelvises are mildly dilated; there is no evidence of a proximal megaureter. The ureters are unremarkable.

The liver is moderately enlarged with convex margins, normal pre and post-contrast attenuation.

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The gallbladder is moderately filled with homogeneous hypoattenuating fluid. The common bile duct is unremarkable.

The spleen is moderately enlarged, has mildly irregular borders, and homogeneous enhanced.

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The urinary bladder is mildly filled, with the apex in the plane of L6-7 and is homogeneously soft tissue opaque. The bladder wall is diffusely thickened and mildly irregular; it measures 0.6cm thick.

The abdominal lymph nodes are normal.

The stomach contains a small amount of gas and hypoattenuating fluid material.

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The duodenum and small intestine are nondilated and contain a small amount of fluid attenuating material and gas.

The colon contains gas admixed with a minimal amount of heterogeneously soft tissue attenuating fecal material.

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3-30-23



PATIENT The pancreas and mesentery are normal.

Pebbles Faust

THORAX

The trachea and main bronchus are normal.

SPECIES

Canine

Minor alveolar opacification is seen on the gravity dependent lung, more evident at the right hemithorax, atelectasis. The remainder of the pulmonary parenchyma is normal in attenuation. No pulmonary nodules are seen.

BREED

Mixed

The pleural space and mediastinum are normal. No evidence of enlarged mediastinal lymph nodes.

The diaphragm and thoracic wall are normal.

SEX

Spayed Female

Multifocal thoracic and lumbar complete bridged and incomplete bridged spondylosis deformans are noted.

Abundant fat stores are seen in the subcutaneous tissues and throughout the abdomen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large, irregular, and heterogeneously enhancing right adrenal mass. The differential diagnosis includes neoplasm, for example, adrenocortical carcinoma or pheochromocytoma.
- Although definitive vascular invasion in the caudal vena cava and right renal vein are not seen, adhesion and external compression are probably occurring, early invasion cannot be completely ruled out.

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- Enlarged left adrenal gland. The differential diagnosis includes adenoma, adrenal hyperplasia.
- Bilateral chronic degenerative renal disease, few multifocal cyst and cortical infarcts.
- Mild renal pelvic distention, the differential diagnosis includes pyelectasis, or pyelonephritis.
- Mild subcapsular effusion on the right kidney.
- Diffuse thickening of the bladder wall, the differential diagnosis is correlated empty bladder, however, chronic cystitis is considered.

HOSPITAL NAME

Aloha Pet & Bird Hospital

- Hepatomegaly and homogeneous enhancement. The differential diagnoses include underlying vacuolar or metabolic hepatopathy, less likely malignant infiltrative disease.
- Diffuse splenomegaly, the differential diagnosis includes correlation with anesthesia, splenic extramedullary hematopoiesis, lymphoid hyperplasia, less likely infiltrative neoplasm.
- Mild passive atelectasis, otherwise, normal thorax. No evidence of thoracic metastatic disease.
- Multifocal thoracic and lumbar spondylosis deformans.
- Excessive body condition score.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The computed tomographic findings confirm the abdominal mass seen on the ultrasound exam. The mass is in the retroperitoneal space, and the origin is probably the right adrenal gland. The differential diagnosis is adrenal gland adenocarcinoma or pheochromocytoma; there is an overlap between tumor types to be distinguished by computed tomography. Because of the detected high blood pressure, hormone levels such as cortisol, aldosterone, and catecholamines could be investigated; a surgical oncology consultation to determine the further approach is suggested. A biopsy is required for diagnosis.



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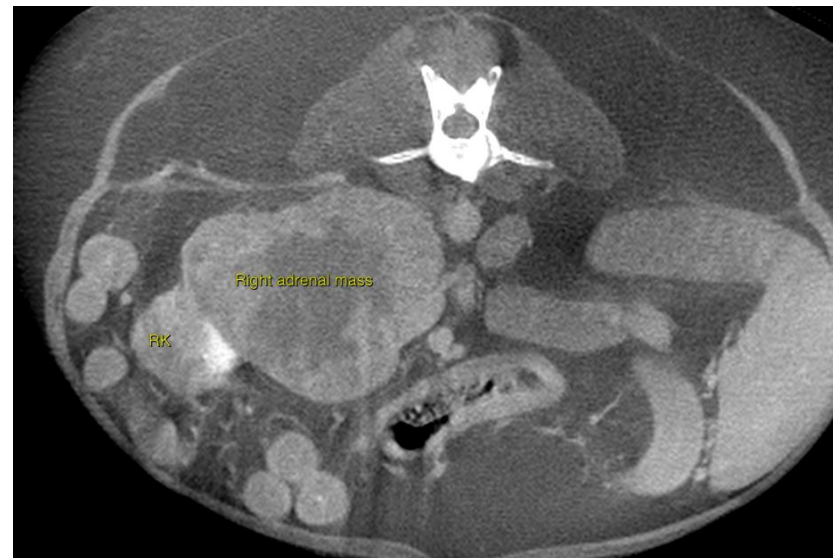
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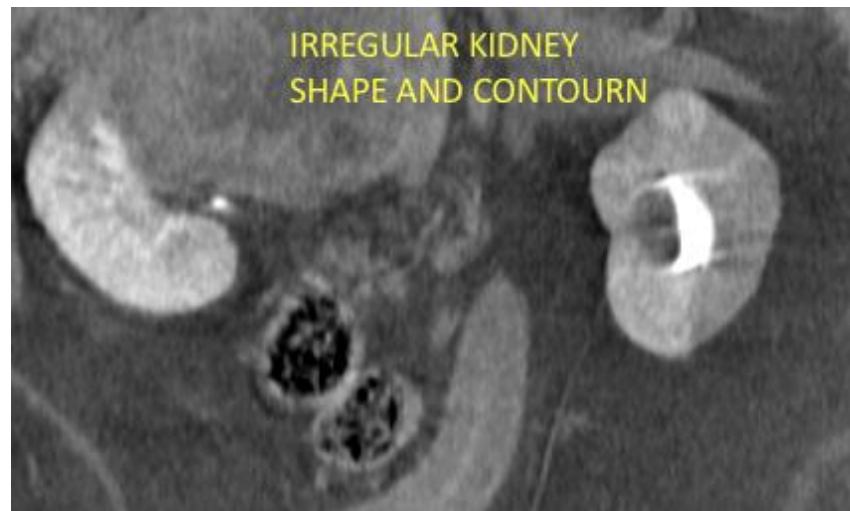
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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