



PATIENT PRESENTING CLINICAL SIGNS

Sasha Maddalena Splenic mass and adrenal mass, suspect left retroperitoneal bleed. *cardiac disease*
Abnormal PE/Chem/CBC/UA Results: Heart murmur

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 3 series, abdomen pre contrast, and thorax and abdomen post-contrast series are evaluated.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Dachshund **Abdomen**

SEX

Bilateral adrenal masses are seen, and they show similar tomographic characteristics. The masses are rounded in shape, have regular borders, heterogeneous enhancing, predominantly hypoattenuating, and without rim enhancement adjacently on the post-contrast series.

Spayed Female

AGE

The right adrenal mass measures approximately 2.3cm x 2.3cm x 2.2cm. The mass is contiguous to the pre-hepatic segment of the caudal vena cava, compressing externally and partially reducing the diameter size—however, no clear evidence of contrast filling defect. In addition, the mass is contiguous to the cranial pole of the right kidney, mildly distorting the kidney contour.

13 Years

The left adrenal mass measures approximately 2.4cm x 2.3cm x 2.2cm. The mass is contiguous to the left renal vein and left renal artery. The mass compresses the left renal vein externally, partially reducing and distorting the diameter—however, no clear evidence of contrast filling defect. In addition, the mass is contiguous to the cranial pole of the left kidney, mildly distorting the kidney contour.

INTERPRETED BY

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

The renal silhouettes are normal in size with mild abnormal contour correlated to contiguous adrenal masses. At least two tiny cysts are seen in the left kidney cortex, measuring approximately 0.2cm. Otherwise, normal attenuation pre- and post-contrast. The renal length is 3.9cm in the right kidney and 3.8cm in the left kidney.

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The ureters are unremarkable.

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The liver is markedly enlarged with elongated bulbous margins. In addition, there are variably sized hypoattenuating liver nodules; the nodules are more distinguished in the arterial/portal phases and predominantly within well-defined borders. The largest measures approximately 1.9cm x 1.4cm, and the smaller measures between 0.3cm to 0.9cm.

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The gallbladder is moderately filled with hypoattenuating fluid with mixed, more dense, material. Mild dilatation is seen at the cystic duct, which measures 0.6cm. The common bile duct is unremarkable.

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The spleen is moderately enlarged, has mildly irregular borders, and is diffusely and mildly heterogeneously enhanced. Also, a peripheral mixed hypoattenuating nodule with peripheral enhanced border measuring 1.9cm x 2.2cm in diameter is seen at the mesenteric surface of the spleen's body. Another more ill-defined hypoattenuating area is seen at the periphery of the tail.

The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque.



PATIENT

Sasha Maddalena

The lumbar aortic/peri-renal lymph nodes are mildly enlarged, rounded shape with normal attenuation. The remainder of the abdominal lymph nodes are normal.

No evidence of fat-stranding in retroperitoneal fat.

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The stomach is caudally displaced, because of the enlarged liver, containing a minimal amount of gas and hypoattenuating fluid material.

BREED

Dachshund

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

The colon contains gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

SEX

Thorax

Spayed Female

The trachea and main bronchus are normal.

AGE

13 Years

Minor patchy interstitial to alveolar peripheral and ventral pulmonary attenuation is noted in the caudodorsal lung lobes; passive atelectasis. There are a few multifocal hyperattenuating foci in the pulmonary parenchyma. However, no soft tissue pulmonary nodules are seen.

The left atrium is mildly enlarged. Normal pulmonary veins.

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The pleural space and mediastinum are normal.

No evidence of enlarged mediastinal lymph nodes.

The diaphragm and thoracic wall are normal.

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On the edge of the exam, mild periarticular ossification is seen at the caudal aspect of both shoulders and in both elbow joints.

L5-L6 spondylosis deformans is seen.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral adrenal masses, no evidence of regional retroperitoneal effusion. Differential diagnosis includes neoplasm, for example, adrenocortical carcinoma, adenoma, or pheochromocytoma. Although definitive vascular invasion in the caudal vena cava and renal veins are not seen, adhesion or early invasion cannot be completely rule out.

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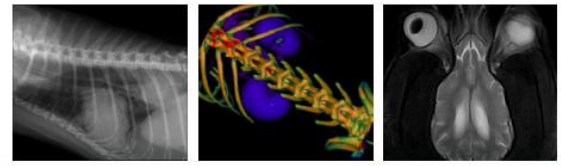
- Lumbar aortic/peri-renal lymphadenitis, reactive or metastatic.
- Hepatomegaly and hepatic nodules. Differential diagnosis includes nodular hyperplasia or metastatic lesions. However, the smaller nodules are likely cysts.

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- Splenomegaly and splenic nodule, differential diagnoses include benign splenic neoplasm (hemangioma), hematoma, or metastatic neoplasm. Concurrent splenic extramedullary hematopoiesis or lymphoid hyperplasia.

- Splenic ill-defined peripheral hypoattenuating area, differential diagnosis includes infarct area.



- PATIENT**
- Tiny incidental cortical cysts at left kidney.
 - Few pulmonary osteomas. Minor passive atelectasis.
- Sasha Maddalena
- No evidence of metastatic pulmonary disease.
 - Mild left atrium cardiomegaly, compensated status.
 - Incidental mild bilateral shoulder and elbow osteoarthritis.
- SPECIES**
- L5-L6 spondylosis deformans.

Canine **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

BREED

Dachshund

Multiple tomographic lesions were detected, including the adrenal gland masses, liver and spleen parenchyma infiltrative diseases that could be correlated or not—consider primarily adrenal neoplasm with metastatic lesions. A fine-needle or biopsy is required for diagnosis. There is an overlap between tumor types to be distinguished by computed tomography. No clear invasion is seen at the caudal vena cava and/or renal veins; however, an adhesion is suspect because of the tortuous characteristics and extramural compression. No evidence of retroperitoneal bleeding.

SEX

Spayed Female

The left-sided cardiomegaly in combination with the cardiac murmur, is likely a sequela to myxomatous mitral valve degeneration and secondary mitral valve insufficiency, compensated status.

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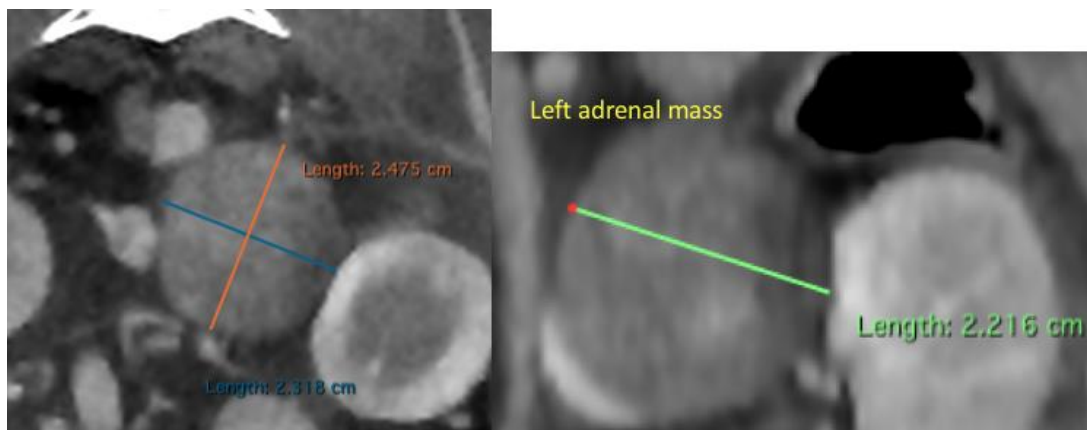
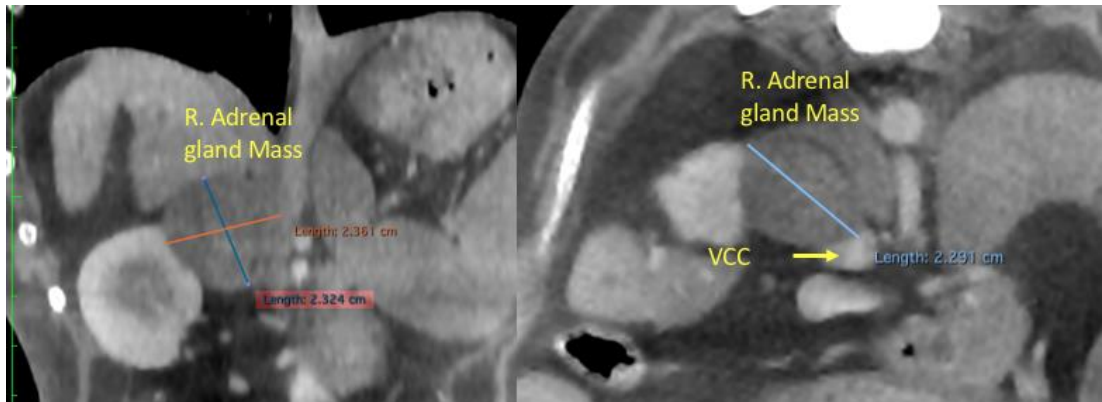
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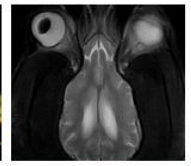
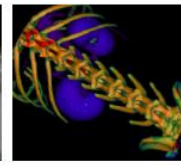
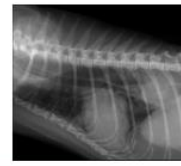
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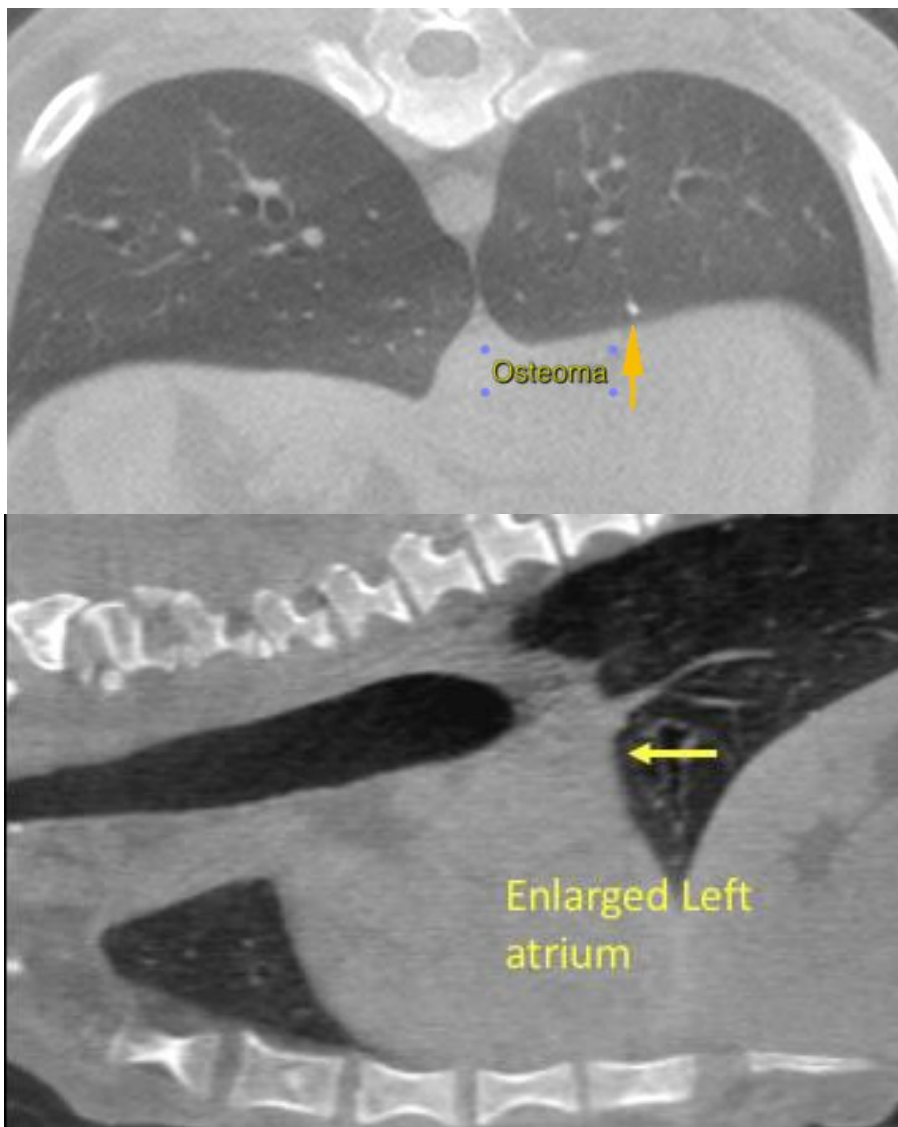
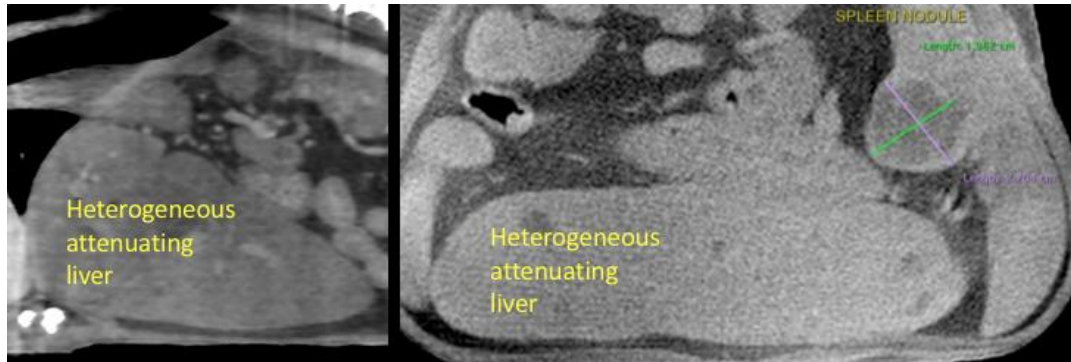
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

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