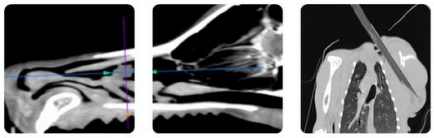


PATIENT

Fleur Budding

SPECIES

Feline

BREED

DSH

SEX

FN

AGE

13

WEIGHT

3.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

75186

DATE

5-27-26

PRESENTING CLINICAL SIGNS

recent weight loss
suspect adrenal tumour R adrenal on ultrasound
- marked enlargement within 1 wk
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX & ABDOMEN

A pre- and post-contrast CT study of thorax are provided for review totaling 6 series. One pre-contrast series of the whole-body, soft tissue algorithm. One pre-contrast series of the thorax, lung algorithm. One pre-contrast series of the whole-body, bone algorithm. One post-contrast series of the whole-body, soft tissue algorithm. One post-contrast of the head soft tissue algorithm. One post-contrast of the head bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large right adrenal mass is identified, measuring approximately 2.6 x 2.0 cm. The lesion is rounded with mildly regular margins, characterized by marked peripheral contrast enhancement and a centrally hypoattenuating cavitary component consistent with necrosis and/or cystic degeneration.
The mass is in broad contact with the dorsal hepatic parenchyma and the cranial pole of the right kidney.

The mass causes marked extrinsic compression and luminal narrowing of the prehepatic caudal vena cava. No definitive intraluminal filling defect is identified; however, focal vascular adherence and early vascular wall invasion cannot be excluded. Mild enlargement of the adjacent aberrant vein is present.

The left adrenal gland is within normal limits, measuring approximately 0.9 x 0.28 cm

The liver is within normal limits in size, shape, contour, attenuation, and enhancement.

The gallbladder, cystic duct and common bile duct are within normal limits.

No abdominal lymphadenopathy is identified.

The spleen is within normal limits in size, shape, attenuation, and enhancement.

The pancreas is within normal limits.

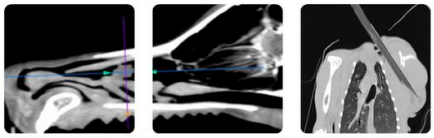
The serosal fat and retroperitoneal fat show normal attenuation.

The gastrointestinal tract demonstrates normal diffuse gaseous and fluid distension without abnormal mural thickening or mass effect.

The colon and rectum contain moderate amounts of fecal and gaseous material.

The kidneys and ureters are within normal limits. The urinary bladder is moderately distended with fluid attenuation content and has a normal wall thickness.

THORAX



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The trachea is normal in position, diameter, and contour.

The esophagus contains a small volume of gas and is mildly distended.

A focal mild ground-glass pulmonary opacity associated with a thin parenchymal band is present within the right cranial lung lobe, likely pulmonary atelectasis. The remaining pulmonary parenchyma is unremarkable. No pulmonary nodules or masses are identified.

The mediastinal, sternal, and tracheobronchial lymph nodes are within normal limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

Moderate periarticular ossification within the elbow joints.

HEAD

The nasal cavities, paranasal sinuses, frontal sinuses, globes, retrobulbar spaces, nasopharynx, oropharynx, and soft palate are within normal limits.

The tympanic cavities and external ear canals are within normal limits.

No evidence of intracranial mass effect, the Sella turcica region is unremarkable.

The right thyroid gland is mildly enlarged and more rounded than expected, measuring approximately 1.1 × 0.4 cm. The contralateral thyroid gland is poorly visualized.

The salivary glands are within normal limits.

Missing teeth include 106, 206, 307, and 407.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large right adrenal mass with marked peripheral enhancement and central cavitary/necrotic degeneration causing severe compression of the prehepatic caudal vena cava. Findings are most consistent with a primary adrenal neoplasm. Differential diagnoses include adrenocortical carcinoma, functional adrenocortical adenoma (including aldosterone-producing tumor), and pheochromocytoma.
- No definitive CT evidence of intraluminal caval tumor thrombus. However, focal vascular wall adherence or early vascular invasion cannot be excluded.
- Mild enlargement of the right thyroid gland. Differential considerations include nodular hyperplasia, adenoma, or less likely thyroid neoplasia.
- Mild focal atelectatic change within the right cranial lung lobe.
- Mild degenerative skeletal changes, including bilateral elbow osteoarthrosis.
- No CT evidence of regional lymphadenopathy or distant metastatic disease.
- Missing teeth: 106, 206, 307, and 407.
- Otherwise, unremarkable CT examination of the head.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The principal abnormality is a large right adrenal mass demonstrating peripheral contrast enhancement and central necrotic/cystic degeneration, supporting a diagnosis of primary adrenal neoplasia.

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Differential diagnoses include adrenocortical adenoma producing aldosterone, adrenal pheochromocytoma or cortical carcinoma.

The mass produces marked compression of the prehepatic caudal vena cava, although no definitive intraluminal tumor thrombus is identified on the current study. Careful surgical planning is recommended, as focal vascular wall invasion cannot be excluded based on CT findings alone.

Importantly, there is no CT evidence of pulmonary metastasis, abdominal lymph node metastasis, or other distant metastatic disease at the time of imaging.

The mild right thyroid enlargement may represent nodular hyperplasia or a benign thyroid adenoma; correlation with thyroid function testing and clinical findings is recommended if clinically indicated.

Correlation with endocrine testing (including assessment for hyperaldosteronism and catecholamine excess, as clinically appropriate), blood pressure measurements, and laboratory findings is recommended to determine whether the adrenal mass is functional.

Although pheochromocytoma and adrenocortical carcinoma are rare in cats, both have been reported in the feline literature. Given the mass size, central necrosis, and vascular proximity, malignant neoplasia remains a priority differential pending histopathological confirmation.

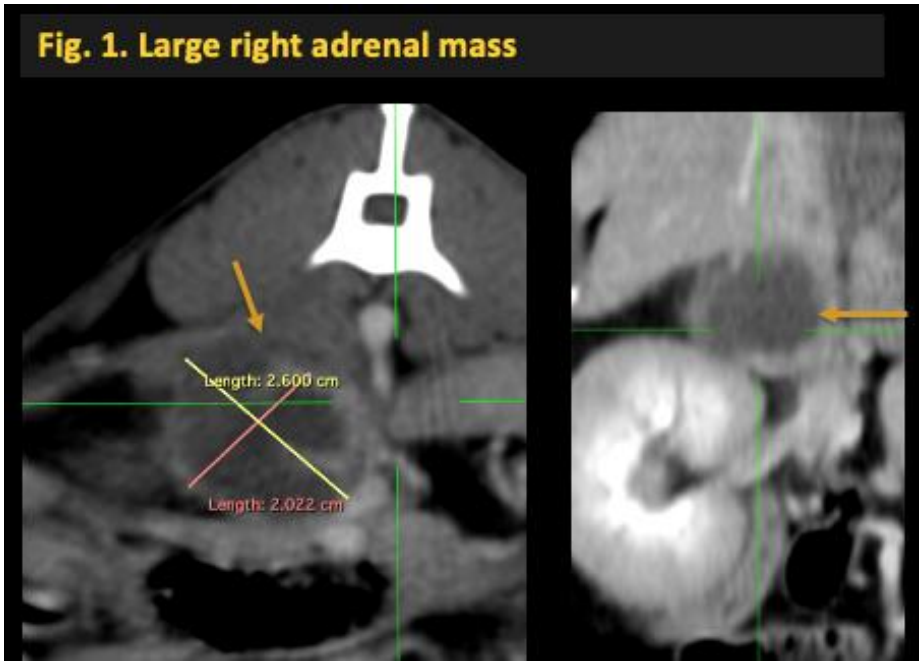

Fig. 1. Large right adrenal mass

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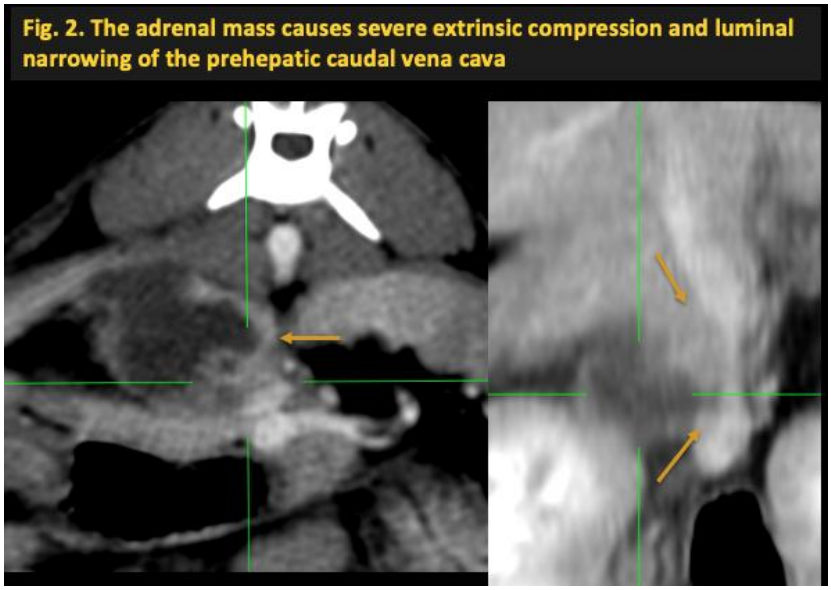

Fig. 2. The adrenal mass causes severe extrinsic compression and luminal narrowing of the prehepatic caudal vena cava

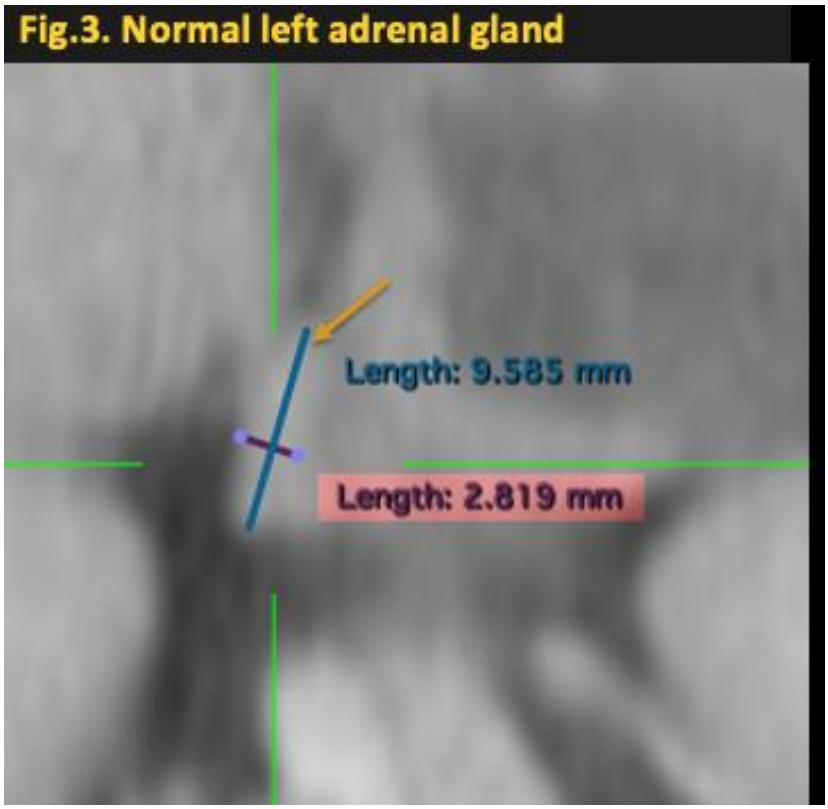

Fig.3. Normal left adrenal gland

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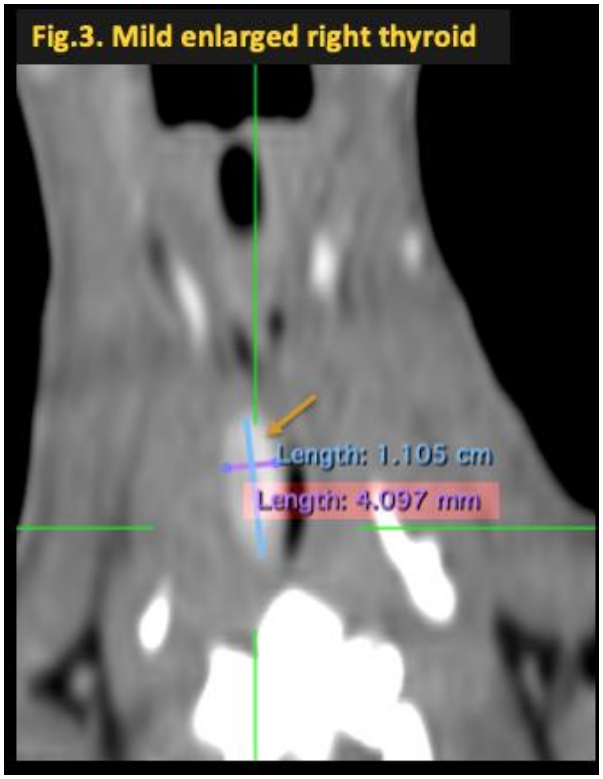

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com