

PATIENT PRESENTING CLINICAL SIGNS

Willy Dockray Adrenal mass, splenic and hepatic lesions (noted on ultrasound) Current meds: Novox, gabapentin and trazodone given last night for CT procedure

SPECIES Abnormal PE/Chem/CBC/UA Results: ALBUMIN 5.6, A/G RATIO 3.1, ALT (SGPT) 292, Alk Phosphatase 477.

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN AND THORAX

BREED A pre- and post-contrast CT study of the abdomen and thorax are provided for review totaling 2 series. One pre-contrast series, soft tissue, algorithm. One post-contrast series soft tissue algorithm.

Hound x

COMPUTED TOMOGRAPHIC FINDINGS

SEX ABDOMEN

Neutered Male

The liver is asymmetrically enlarged, with rounded, lobular and irregular contour appearance of the left lateral hepatic lobe, mass-like, and this part of the parenchyma measures approximately 10.0cm by 12.0cm in length, however the attenuation and enhancing is mildly heterogeneous, no evidence of hypoattenuating nodules. The remainder of the hepatic parenchyma has normal shape, contour and attenuation. The hepatic lymph nodes are mildly enlarged, and measure approximately 1.8cm by 1.5cm and 1.6cm by 1.1cm.

AGE

9 Years

The gallbladder is unremarkable.

INTERPRETED BY

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

The right adrenal gland is enlarged, rounded and mass-like in appearance, hypoattenuating and homogeneously enhancing, and measures approximately 3.9cm by 2.6 cm in diameter. The adrenal mass is compressing and causes mild distortion of the caudal vena cava and renal vein; however, there is no evidence of clear vessel infiltration or filling defect. The left adrenal gland is normal in size, shape and contour, it measures approximately 2.4cm by 1.1cm in length.

HOSPITAL NAME

Sova Animal Hospital

The spleen is mildly enlarged, and a hypoattenuating nodule is seen in the caudal abaxial border that measures 1.9cm by 1.7cm, causing a mild bulging in the capsule. The remaining parenchyma has is homogeneously soft tissue attenuating, and uniformly contrast enhancing.

REFERRING VET

Dr. Ammeraal

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 8.4cm in the right kidney and 8.1cm in the left kidney. No radiopaque calculi are seen.

The ureters are normal in size with correct insertion in the trigone region.

INVOICE

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The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque. No evidence of radiopaque calculi.

DATE

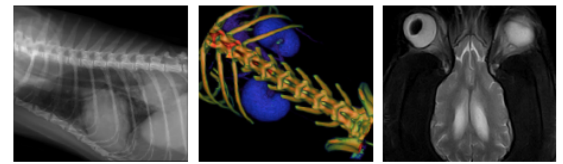
8/8/23

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

The stomach is moderately distended, containing homogeneous hypoattenuating fluid material, ingesta and gas. Normal position.



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|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PATIENT | The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material. |
| Willy Dockray | The pancreas and mesentery are normal. |
| SPECIES | The remaining abdominal lymph nodes are normal. |
| Canine | The prostate and anal sacs are not collimated. |
| BREED | The musculoskeletal structures are unremarkable. |
| Hound x | THORAX |
| SEX | The trachea and main bronchus are normal. |
| Neutered Male | Mild dorsal dependent peripheral pulmonary ground glass attenuation appearance of the lung is noted, pulmonary atelectasis. The remaining pulmonary parenchyma is normal in attenuation. No pulmonary micronodules, nodules or masses are seen. |
| AGE | The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series. |
| 9 Years | The pleural space and mediastinum are normal. No evidence of enlarged mediastinal lymph nodes. |
| INTERPRETED BY | The thoracic esophagus is mildly distended by intraluminal gas and fluid content, likely correlated to the anesthesia, or esophageal reflux. |
| Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet | The diaphragm and thoracic wall are normal. |
| HOSPITAL NAME | COMPUTED TOMOGRAPHIC DIAGNOSIS |
| Sova Animal Hospital | <ul style="list-style-type: none"> Right adrenal mass, rounded appearance. The differential diagnosis includes, adrenal adenoma, adenocarcinoma or pheochromocytoma. No clear signs of vascular invasion; however, due to the distorted border wall of the caudal vena cava and right renal vein, adhesion could not be completely excluded. |
| REFERRING VET | <ul style="list-style-type: none"> Hepatomegaly and focal nodular appearance with mildly heterogeneous appearance of the left hepatic lobes, especially the left lateral hepatic lobe. The differential diagnosis includes neoplasm, for example, benign neoplasm, hepatic adenoma, severe nodular hyperplasia, regenerative nodular change, or malignant neoplasm. |
| Dr. Ammeraal | <ul style="list-style-type: none"> Hepatic enlarged lymph nodes, mild, reactive or metastatic. |
| INVOICE | <ul style="list-style-type: none"> Small hypoattenuating nodule in the caudal spleen, the differential diagnosis includes nodular hyperplasia, focal hematoma, neoplastic nodule. |
| 44573 | <ul style="list-style-type: none"> Normal thorax, no evidence of metastatic pulmonary disease, or mediastinal lymph nodes enlargement. |
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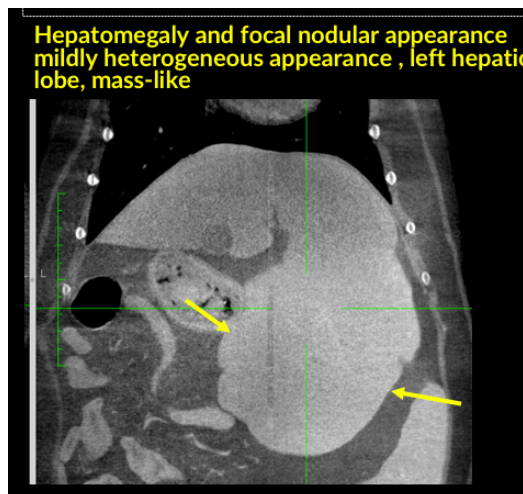
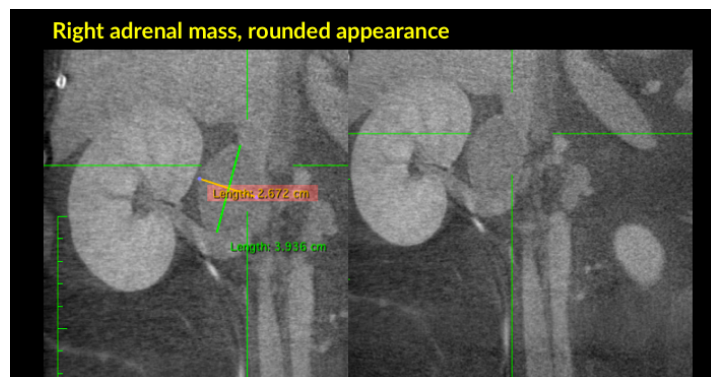
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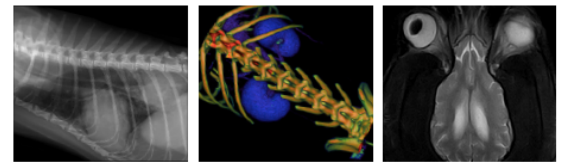
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings confirm the adrenal mass, lobular hepatic mass appearance and splenic nodule, seen on the ultrasonographic exam. The differential diagnosis is adrenal gland adenoma, adenocarcinoma, or pheochromocytoma; there is an overlap between tumor types to be distinguished by computed tomography. A biopsy is required for diagnosis; however, it is common to find an adrenal incidentaloma in geriatric patients. Laboratory analysis for a better evaluation of whether the adrenal mass (tumor) is functional or nonfunctional is suggested.

Due to the tomographic characteristics of the rounded lobular shape of the left side hepatic lobes with mildly heterogeneous enhancement in post-contrast series, the major probability is that the lesion is benign, for example, a regenerative or hyperplastic nodule or hepatic adenoma. A malignant neoplastic process is possible, and the differential diagnosis includes hepatocellular carcinoma, cholangiocarcinoma, round cell neoplasm, or hemangiosarcoma. A FNA exam is suggested. In addition, correlate these findings with laboratory analysis.

TECHNICAL FACTORS: The lateral marks are shifted.





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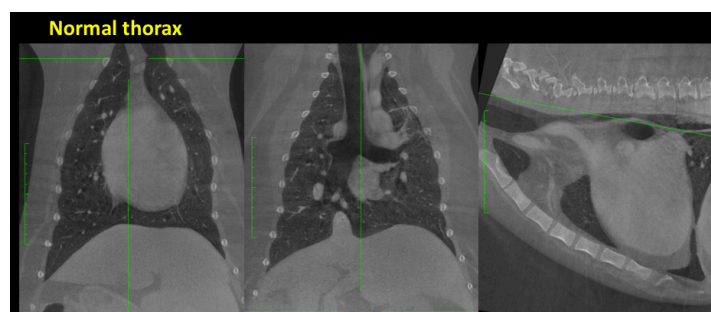
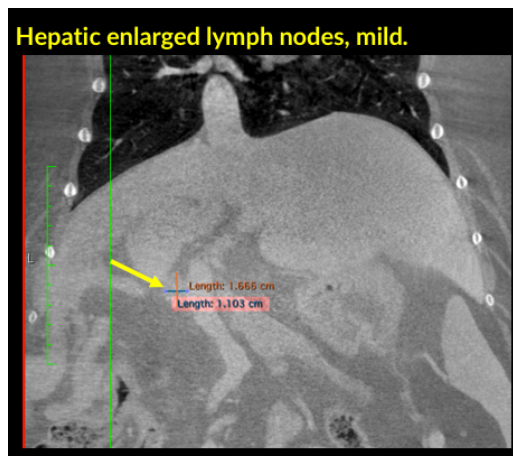
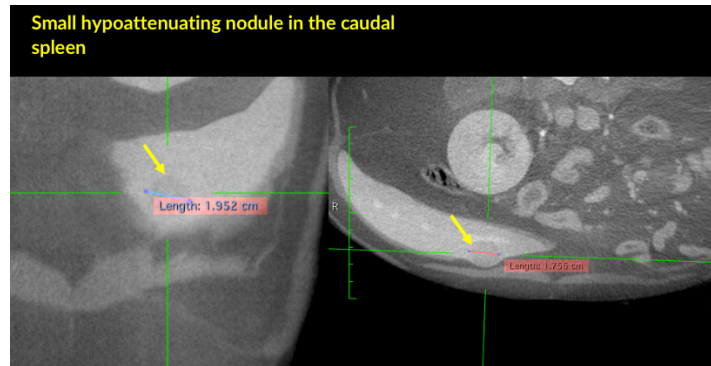
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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