



PATIENT

Princess Ortega

SPECIES

Canine

BREED

Maltese

SEX

SF

AGE

10Y

WEIGHT

14.9lbs

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Carlos Mongil, DVM,
DACVS

INVOICE

75060

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Princess is an 11-year-old, sterilized female Maltese referred by Dr. Rohena for evaluation of an abdominal mass. She has a history of Cushing's disease diagnosed several years ago, which has been treated with Trilostane 30 mg. Routine examinations have shown persistently high liver enzymes, and a subsequent ultrasound identified a mass in the left adrenal gland. The owner reports the patient is stable, with only occasional sporadic vomiting treated with famotidine.

On physical examination, Princess was found to be slightly overweight with a potbelly appearance and periodontal disease. No heart murmurs were auscultated, and the cardiovascular system appears intact.

A mass was identified in the left adrenal gland with an enlarged right adrenal gland. It is suspected that she had pituitary-dependent Cushing's disease prior to the development of the adrenal mass, which may or may not be functional. The recommendation is to perform a CT scan of the abdomen. If the mass appears removable, the plan is to proceed with an adrenalectomy.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Survey and post contrast CT series are available.

COMPUTED TOMOGRAPHIC FINDINGS

Both kidneys are normally positioned, regular contours and normal volume, with multiple small cortical cysts. No stones seen.

Urinary bladder is normally distended, no stones seen. No urethral abnormalities detected.

Mild hepatomegaly is present with a small hypoattenuating nodule on the right lateral lobe with irregular margins measuring 1.6 cm size.

Few small, rounded, uniformly enhancing splenic nodules are seen, 10 mm size the largest.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The right adrenal gland is enlarged with abnormal shape, irregular contour, and heterogeneous enhancement more evident in the caudal pole measuring 2.0 cm wide and causing compression of the caudal vena cava. No vascular invasion is seen. The left adrenal gland is severely enlarged with mass formation causing severe compression of the left renal vein measuring 3.7 cm wide.

The delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Lumbar spine appears normal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral adrenomegaly: hyperplastic most likely.
- Hepatic nodule: vacuolar hepatopathy, cystic degeneration, cystic adenoma most likely.



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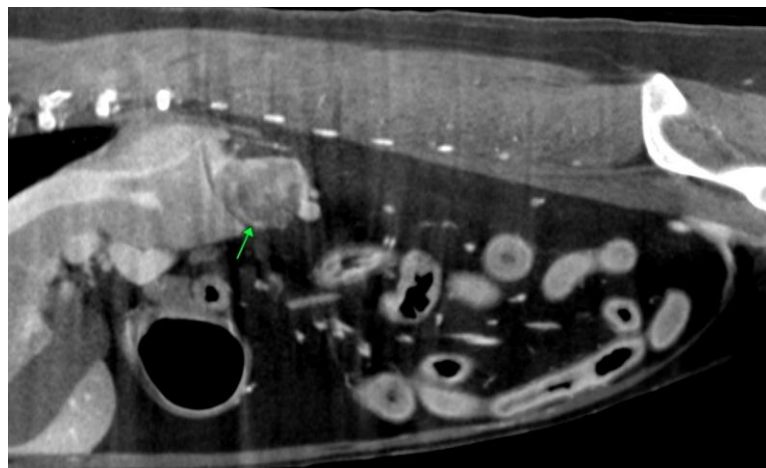
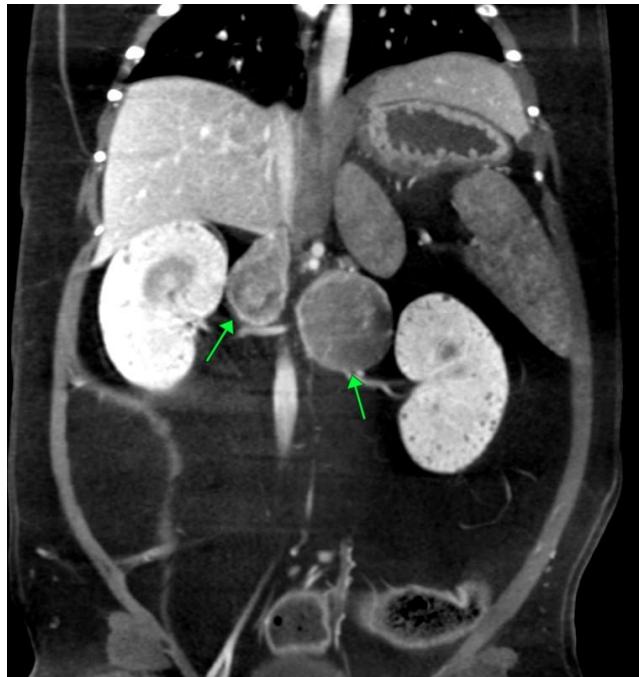
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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Bilateral adrenomegaly, L>R, is present with mass formation on the left side. Hyperplasia is most likely. Adenomas cannot be ruled out. Carcinoma and pheochromocytoma are less likely on bilateral pathology. The absence of vascular invasion is usually associated with better prognosis on mass resection.

The small hepatic nodule on the right lateral lobe is hypovascular on a Cushing's disease patient. Consider vacuolar as most likely diagnosis. Histopathology is mandatory.





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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.

Dr. Tais Guimarães, MV
info@sonopath.com