



PATIENT

Raven Carver

SPECIES

Canine

BREED

Great Dane

SEX

Female Spayed

AGE

6Y

WEIGHT

70lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73279

DATE

1-12-26

PRESENTING CLINICAL SIGNS

Presenting complaint or concern (brief) Blood in urine, constantly straining to urinate Please list any current medications Yunan Baiyao- 2 capsules orally every 12 hours. Vit B12 inj- 2mls twice a month
Abnormal PE/Chem/CBC/UA Results: CBC / chem- withing normal limits

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

Plain and multiple post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

Both kidneys present within normal limits for size, shape and organ architecture.

A large ill-defined mass is seen obstructing and expanding the urethra measuring approximately 8 x 4 x 3 cm. The mass invades the urinary bladder neck and area of the vesical trigone. The lesion exhibits irregular surface, loss of wall layering, and heterogeneous contrast enhancement. No ureteral dilation or pyelectasis is identified at this point.

Mild bilateral medial iliac lymphadenopathy is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Urethral mass meeting neoplastic criteria with urinary bladder and vesical trigone extension.
- Regional lymphadenopathy of the bilateral medial iliac lymph nodes.
- Evidence of lower urinary tract obstruction.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging features are most compatible with a locally invasive urethral neoplasm with extension into the bladder neck and vesical trigone. Differential diagnosis includes transitional cell carcinoma most likely. Lymphoma and other soft tissue neoplasia are considered less likely. Evidence of lower urinary tract obstruction is present. No evidence of secondary hydroureter or hydronephrosis is seen yet, however, the mass appears to extend into the region of the vesical trigone, especially on the right hand side already.

The mild bilateral medial lymphadenopathy may represent reactive change or early metastatic involvement.



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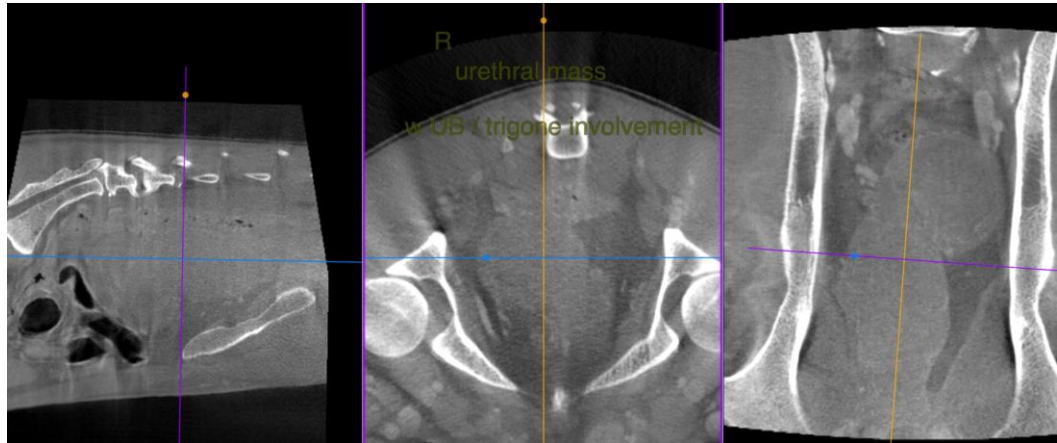
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Consider surgical consultation for potential management of obstruction and tissue diagnosis. Tissue sampling can be considered for definitive diagnosis. Medical management such as NSAIDs, chemotherapy, and targeted therapy may be considered depending on histopathology/cytology results and surgical feasibility.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
info@sonopath.com