



PATIENT PRESENTING CLINICAL SIGNS

CC Erard Pet has a bladder mass that is suspected to be TCC. In December, pet developed a firm mass/swelling on the ventral abdomen. FNA showed concern for a carcinoma, but cells were poorly preserved. A biopsy was recommended. The surgeon recommended a CT prior to any surgical biopsy or attempt at removal due to concern for possible communication with the urinary bladder, or possible abdominal wall carcinomatosis.

Canine Abnormal PE/Chem/CBC/UA Results: Mildly increased BUN and ALP. Otherwise WNL.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

BREED Plain and post contrast studies available for review.

Sheltie

COMPUTED TOMOGRAPHIC FINDINGS

SEX Patient has a history of suspect urinary bladder transitional cell carcinoma.

FS An extensive ventral urinary bladder wall mass is seen. The mass measures approximately 6 cm in length, 1 cm in height, and up to 5mm in width and extends from the cranial to the caudal pole of the urinary bladder. No direct involvement of the urinary bladder neck and sphincter and no ureteral papillae involvement is seen. The surface of the mass is irregular with cauliflower shaped appearance. Occasional mineralization and strong nonuniform contrast enhancement are seen. There is transmural loss of the wall layering of the urinary bladder.

AGE 13 Years, 7 Months

A large spindle shaped expansile mass of the ventrocaudal abdominal wall is seen directly cranial to the urinary bladder. The mass is slightly to the left of the midline and measures approximately 6 cm in length, 5 cm in width, and 3.5 cm in height. Lesion margins are ill-defined with peripheral finger like extensions. The contrast enhancement is nonuniform with multifocal intralesional cavitation and mineralization. The mass presents intraabdominal extension and contact with the cranial pole of the urinary bladder. No direct infiltration of the urinary bladder wall is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
Hospital

The left medial iliac lymph nodes are enlarged with heterogeneous contrast enhancement and peripheral fat stranding. Maximum length and width of the lymph nodes is 3 x 1 cm.

One sublumbar aortic lymph node dorsal to the left renal artery and vein is mildly enlarged and measuring 6mm in diameter.

REFERRING VET

Dr. John Wilson

Moderate generalized enlargement of the liver is noted with slightly rounded lobar margins. Multiple faintly hypo- and hyper-enhancing nodules are seen within the liver parenchyma.

The gallbladder presents within normal limits.

INVOICE

The pancreas presents within normal limits.

56351 The kidneys present occasional cortical renal cysts.

A small splenic myelolipoma is seen.

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1-24-23 The adrenal glands are borderline in size with caudal pole diameters of 7.5mm.

A small gastric wall nodule of 12mm diameter is seen in the gastric fundus.



PATIENT

CC Erard

Extensive atelectasis of the right caudal lung lobe is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Extensive ventral urinary bladder wall mass meeting neoplastic criteria.
- Expansile mineralizing ventral abdominal wall mass meeting neoplastic criteria.
- Left medial iliac lymphadenomegaly meeting neoplastic criteria.
- Mild subaortic lymphadenomegaly.
- Gastric wall nodule.
- Hepatomegaly with hepatic nodules.
- Splenic myelolipomas.
- Borderline bilateral adrenomegaly.

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The CT study reveals an extensive urinary bladder wall mass. Transitional cell carcinoma or other carcinoma is a primary differential diagnosis. Other neoplasia cannot be ruled out entirely but is thought by far less likely. The odds of polypoid cystitis are considered very very low.

AGE

13 Years, 7 Months

The mass within the ventral urinary bladder wall does not appear to be infiltrating or connected with the urinary bladder wall directly. However, it is directly adjacent to the urinary bladder and tumor seeding such as after direct transabdominal sampling of the mass is a primary differential diagnosis. Metastases or separate primary neoplasia cannot be ruled out entirely.

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The findings of the left medial iliac lymph node are highly suggestive for metastatic disease. Reactive hyperplasia cannot be ruled out entirely but is thought less likely.

The subaortic lymphadenomegaly is mild and may represent reactive hyperplasia as an incidental finding or metastatic disease as well.

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Differential diagnosis for the hepatomegaly includes endocrine, metabolic, vacuolar hepatopathy as well as hepatitis and diffuse infiltrative disease.

The gastric nodule may represent a polyp or emerging gastric wall neoplasia such as adenocarcinoma, gastrointestinal stromal tumor, leiomyoma, leiomyosarcoma, or lymphosarcoma.

REFERRING VET

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The borderline adrenomegaly may be stress induced "white coat" effect. Pituitary dependent hyperadrenocorticism with adrenal hyperplasia is a potential differential diagnosis.

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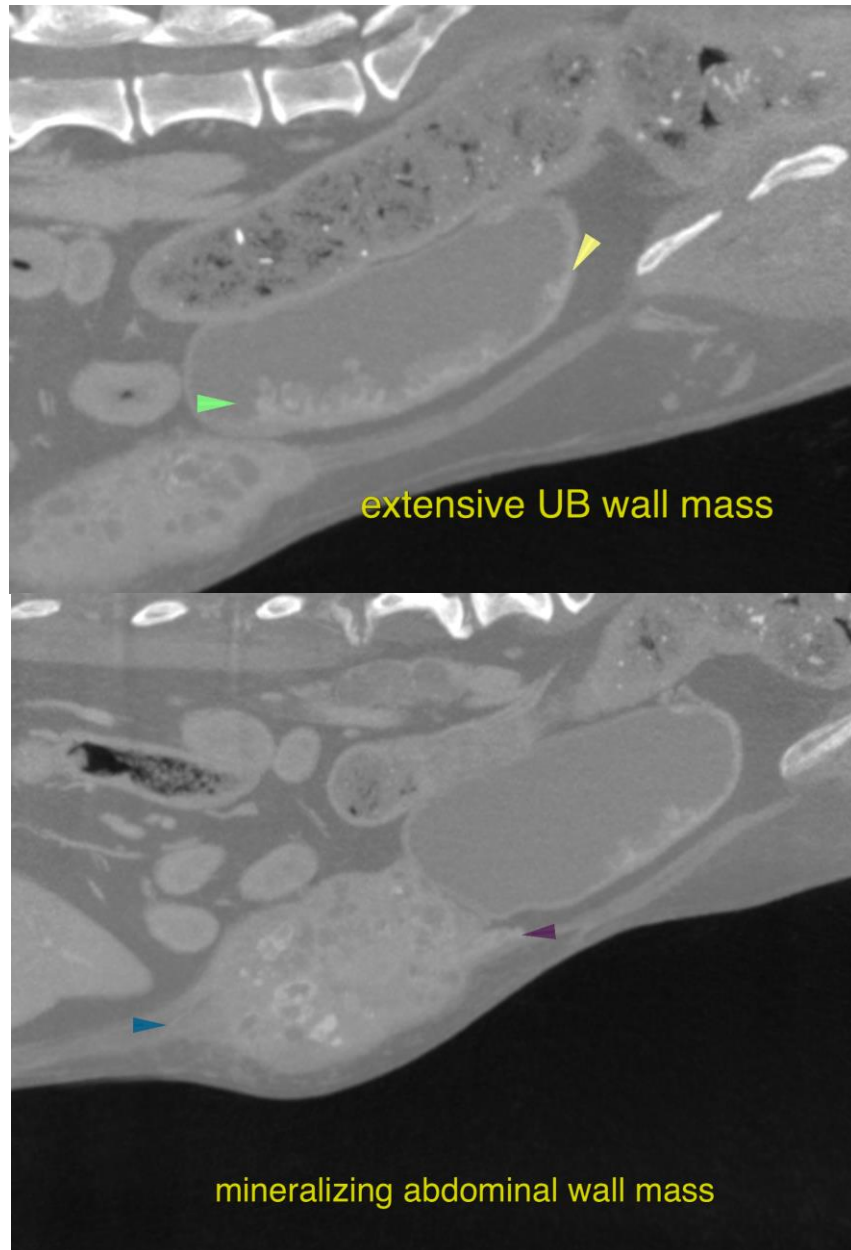
Dr. John Wilson

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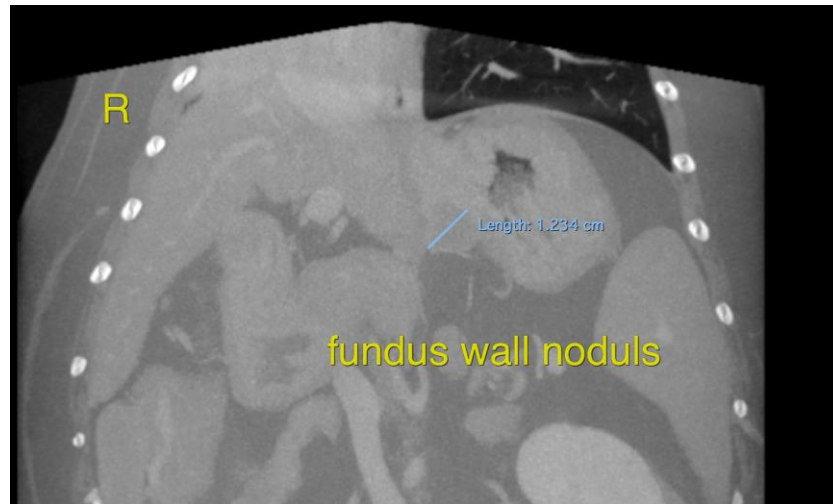
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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