



PATIENT

PRESENTING CLINICAL SIGNS

Marshmellow Eliseo

ruleout tcc of the urethra, urethral scope-normal

SPECIES

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Canine

Post contrast study available for review.

BREED

COMPUTED TOMOGRAPHIC FINDINGS

Bichon Mix

Abdomen

SEX

Irregular regional thickening of the urinary bladder wall with focal mineralizations is seen in the cranioventral aspect of the urinary bladder. The diameter of the mass like enlargement is approximately 4 cm. The maximum thickness is 8mm. Nonuniform contrast enhancement is noted. The surface of the thickened urinary bladder wall is cauliflower shaped. The wall layering appears to be lost. There is no evidence of extension into the urinary bladder neck, urethra, or vesico-trigone. No ureteral involvement is seen. There is no evidence of structural changes of the abdominal and cranial pelvic urethra.

FS

AGE

The medial iliac lymph nodes are mildly enlarged and measure up to 6mm in diameter on the right and left hand side, respectively.

8 Years

Mild generalized enlargement of the liver with diffuse heterogeneous contrast enhancement is seen.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

HOSPITAL NAME

Animal Surgical
Center - Oceanside

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

REFERRING VET

Sunrise Animal
Hospital

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.

INVOICE

Thorax

59579

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

DATE

7-31-23

The cardiovascular structures including the pulmonary vasculature are within normal limits.



PATIENT

Marshmellow Eliseo

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

SPECIES

Canine

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

BREED

Bichon Mix

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mass like enlargement of the cranioventral urinary bladder wall, no evidence of urinary bladder neck, trigone, or urethral involvement.
- Mild bilateral medial iliac lymphadenomegaly.
- No evidence of pulmonary metastases.
- Hepatopathy with mild hepatomegaly and diffuse heterogeneous contrast enhancement.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 Years

The pattern of the urinary bladder changes suggest potential for neoplasia such as transitional cell carcinoma which should be further investigated for by means of urine sediment analysis or ultrasound guided traumatic catheterization if not performed already. Chronic cystitis with encrustation of the urinary bladder wall is a potential but less likely differential diagnosis. At this time there is no evidence of urethral involvement.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The lymph node changes in the hypogastrium are equivocal for reactive hyperplasia versus early metastatic spread. Consider ultrasound guided FNA for further definition.

At this time, there is no evidence of pulmonary metastases.

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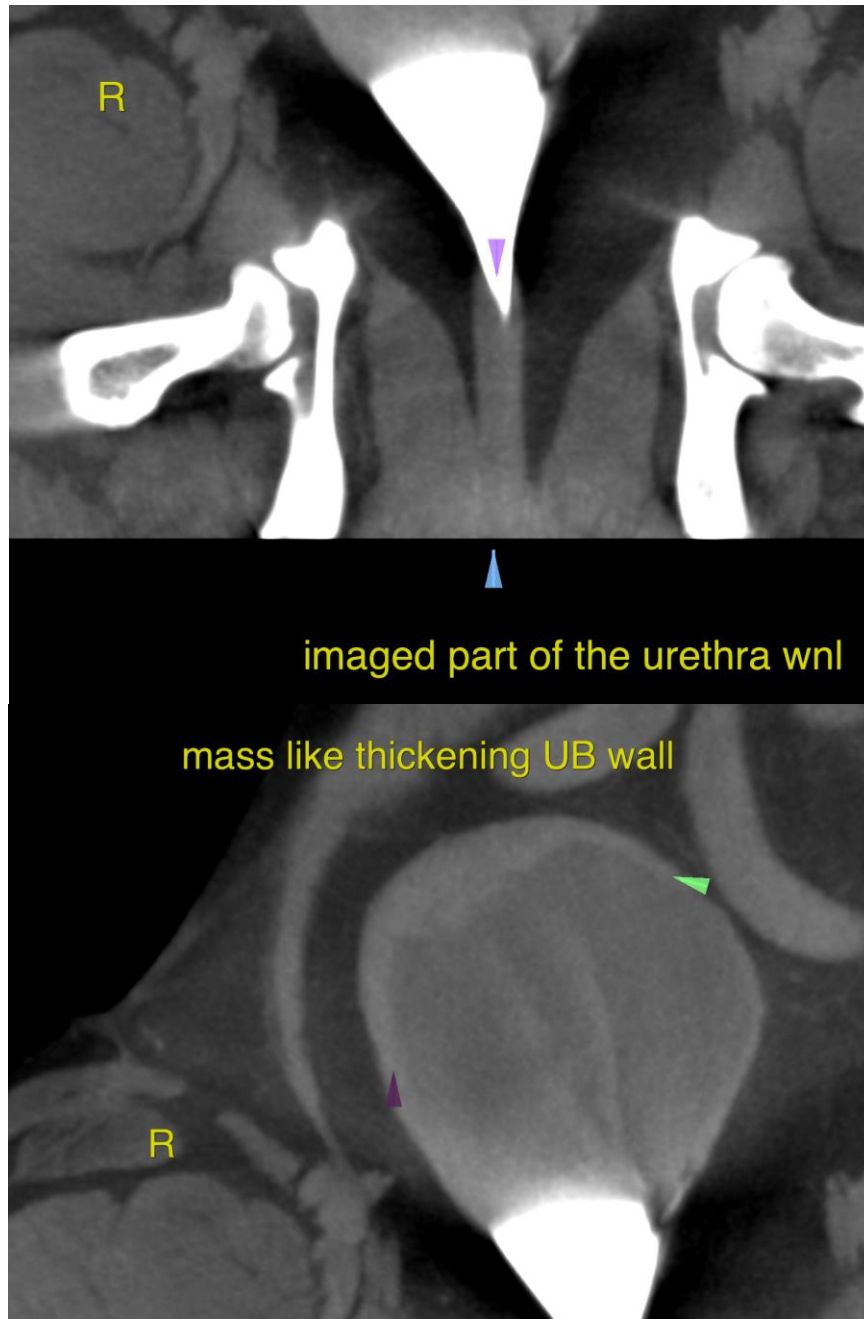
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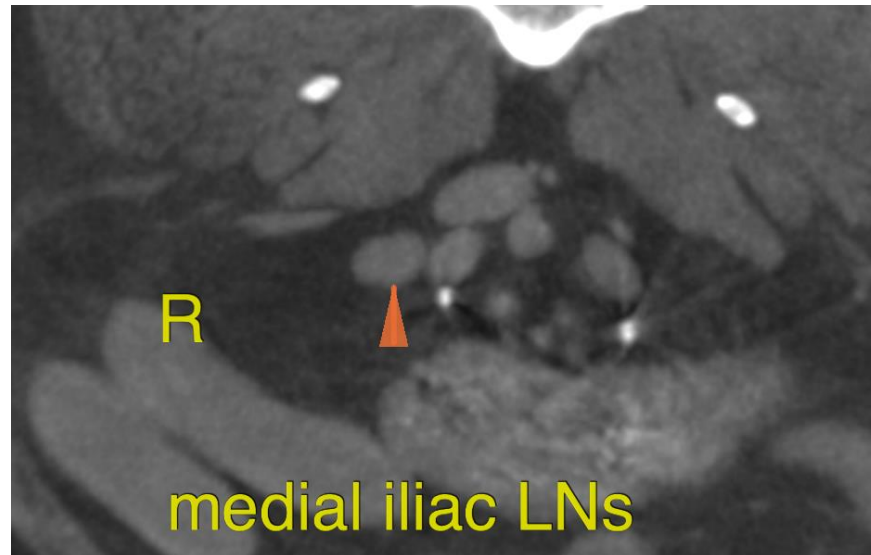
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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