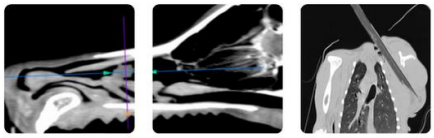

PATIENT

Raisin Adlhoch

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15

WEIGHT

8.0kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

MP/ETA

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr Garcia

INVOICE

73407

DATE

1-20-26

PRESENTING CLINICAL SIGNS

History:

- Patient has cushings and being treated for it. Patient also has history of hematuria.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

The volume of the left kidney is moderately decreased; the expected organ architecture is maintained.

The right cranial and lateral bladder wall presents a uniform soft tissue attenuating and contrast enhancing mass that is protruding into the lumen of the urinary bladder, measuring approximately 3.3 x 2.2 x 4.2 cm. The mural bladder mass is extending up to the level of the mid third of the right lateral bladder wall.

Nodular enlargement of both adrenal glands is appreciated, measuring up to 15 mm in diameter. Level with the cranial pole of the right adrenal gland, an intraluminal filling defect is appreciated in the caudal vena cava, occupying approximately ≤40% of the cross-sectional area of the vertebral canal at the same level.

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.

In the subcutaneous tissue at the right lateral aspect of L5/L6, a well-defined, soft tissue attenuating nodule is seen.

Multifocal along the lumbar spine, mild spondylosis formation is seen. Multiple intervertebral discs along the lumbar spine are protruding into the vertebral canal, occupying approximately ≤20% of the cross-sectional area of the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mural bladder mass – cranial and right lateral wall without involvement of the vesical trigone
- Nodular enlargement adrenal gland bilaterally with possible right sided vascular invasion/tumor thrombus formation versus artefact
- Hypoplasia left kidney
- Non-specific subcutaneous nodule right lateral aspect L5/L6
- Multifocal intervertebral disc herniation along the lumbar spine with possible dynamic myelocompression
- Spondylosis deformans

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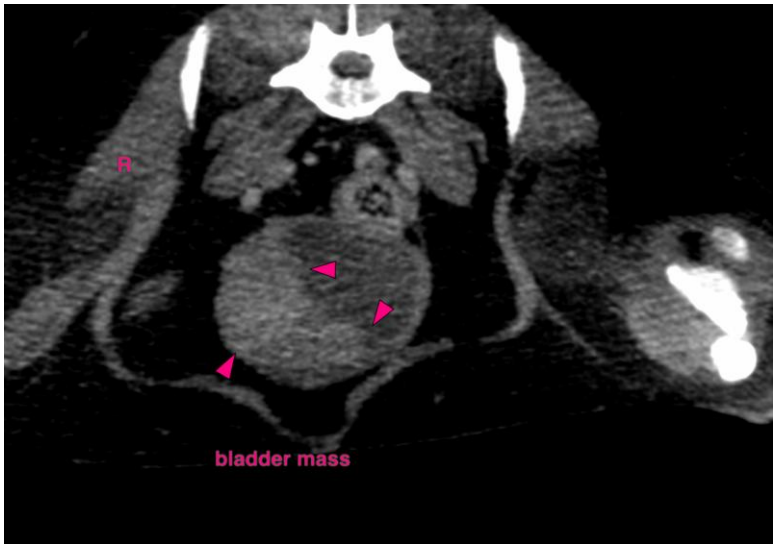
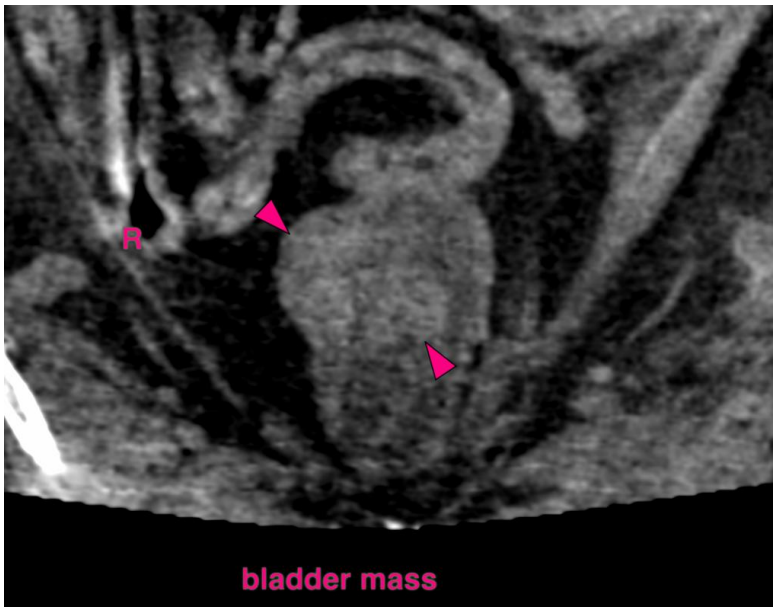
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural bladder mass is consistent with primary neoplasia – transitional cell carcinoma is most common due to the partially eccentric growth leiomyoma/-sarcoma is a likely differential. Complete surgical excision of the bladder mass appears feasible as it is sparing the vesical trigone.

The nodular enlargement of the adrenal glands can present (non)functional nodular hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Ultrasound may be used to recheck for possible vascular invasion of the right adrenal mass.





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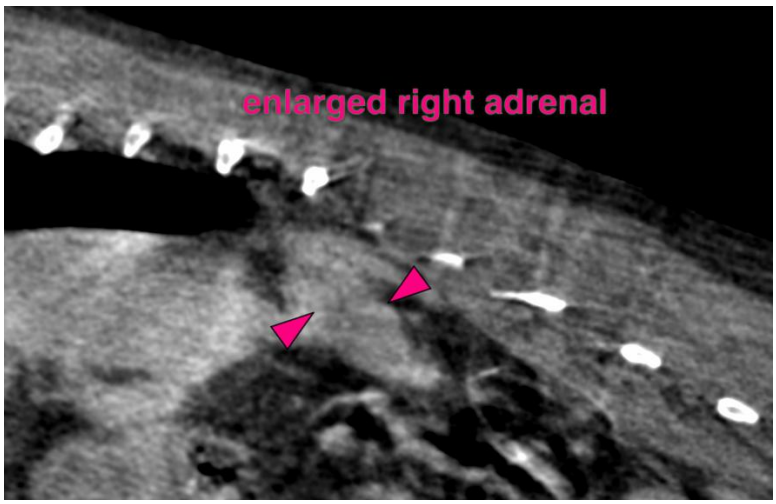

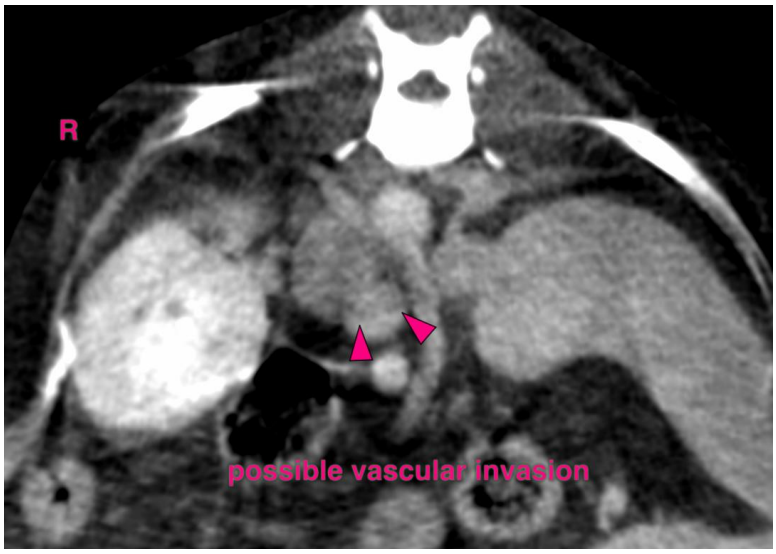

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com