



**PATIENT PRESENTING CLINICAL SIGNS**

**Darwin Bull**  
**SPECIES** Darwin, a 9 year old Male Neutered Beagle Mix, presented to the Toronto Animal Health Partners Surgery Service for CT scan of his chest and abdomen for further evaluation of a bladder mass. The mass was initially noticed on abdominal ultrasound 12/29/22. The mass measured 2.3 cm x 3.4 cm on ultrasound. An abdominal US was performed after recurrent hematuria which was first noted 11/18/22. Darwin has had a previous history of -balanoposthitis which resolved with medical management -hematuria (11/18/22)  
**Canine**

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

**BREED** A pre- and post-contrast CT study of the thorax and abdomen in a lung and soft tissue reconstruction is provided for review.  
**Beagle Mix**

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX** Thorax

MN

**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
 Partners

**REFERRING VET**

Lea Mehrkens

**INVOICE**

56365

**DATE**

1-25-23

The bony and surrounding soft tissue structures are within normal limits.  
 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 is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.  
 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.  
 Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.  
 The right kidney has a generalized increased volume, and the renal pelvis of the right kidney is significantly dilated, measuring approximately 2.1 cm in height. The right ureter is generalized dilated, measuring 6 mm in diameter. The left kidney is normal in size, shape and organ architecture. The left ureter is not dilated, unremarkable.

Level with the vesical trigone, centered on the region of the right ureteral orifice, a cauliflower like mural mass is protruding into the urinary bladder lumen. The intraluminal mural mass has a broad base to the urinary bladder wall involving the region of the orifice of the left ureter. The mural mass is measuring 2.5 x 2.7 x 3.2 cm in size. Level with the mass, the wall layering of the urinary bladder is lost.

The prostate is small, unremarkable.  
 The hypogastric lymph nodes are small.  
 The adrenal glands are within normal limits for size, shape and organ architecture.



**PATIENT**

Darwin Bull

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.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

**BREED**

Beagle Mix

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Intraluminal mural urinary bladder mass level with the vesical trigone
- Secondary obstruction of the right ureteral orifice and secondary right sided hydroureter and pyelectasis
- No evidence of pulmonary metastatic disease

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of a urinary bladder mass – the mass is consistent with neoplastic disease and the top differential is transitional cell carcinoma, other potentials include leiomyosarcoma, lymphosarcoma, (rhabdomyosarcoma), other. The mass is obliterating the right ureteral orifice with secondary right sided hydroureter and nephrohydrosis. The mass is located approximately 1.4 cm cranial to the bladder neck and surgical resection with neoureterostomy of both ureters might be an option here.

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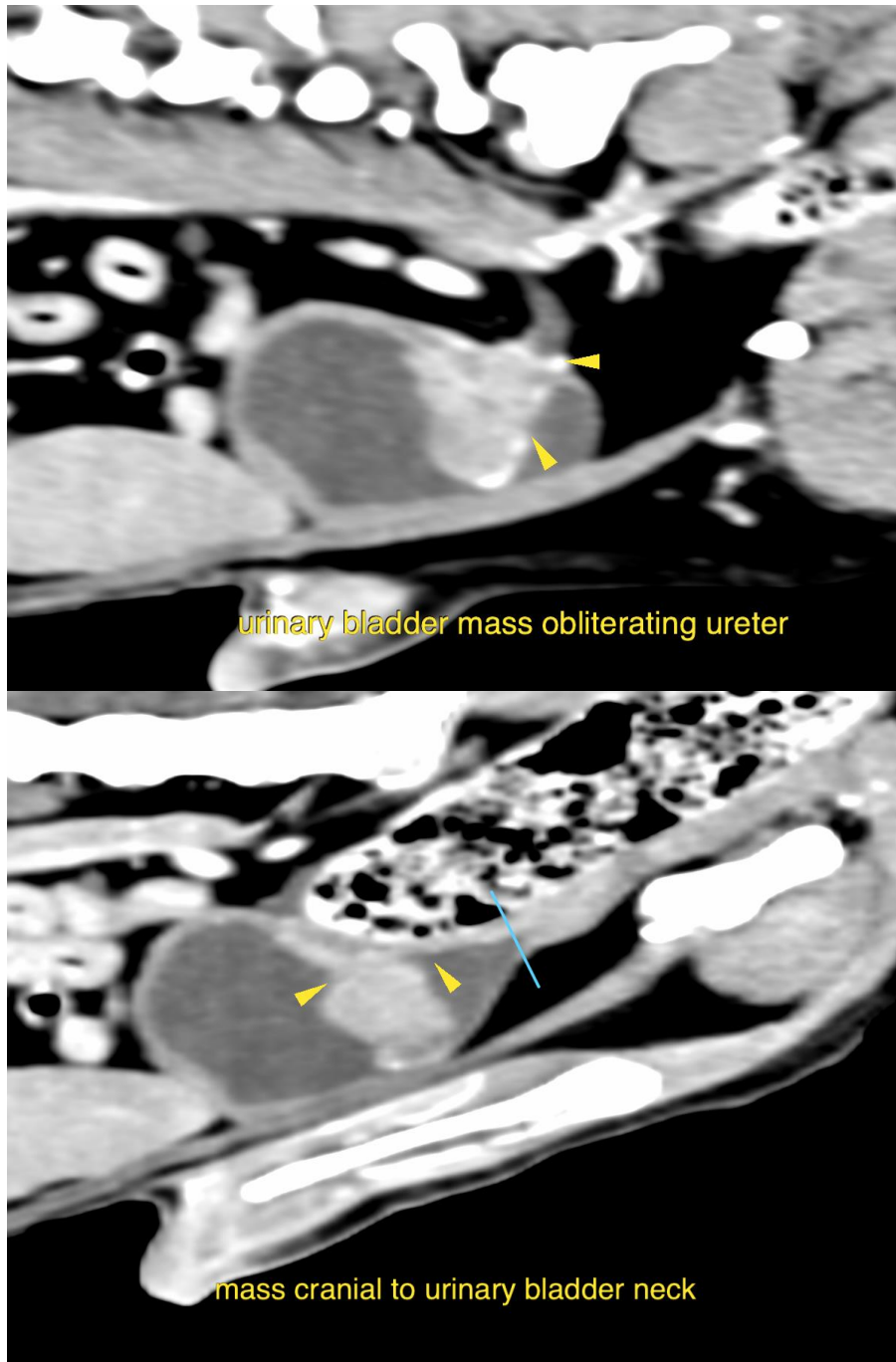
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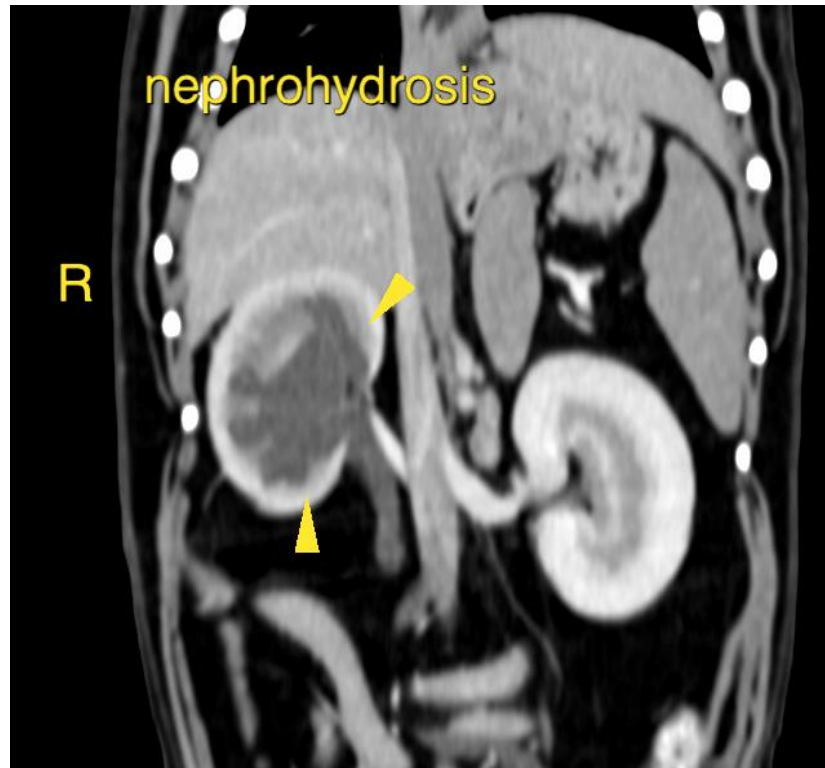
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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