



**PATIENT PRESENTING CLINICAL SIGNS**

Miles Jimenez SUBJECTIVE: Chief complaint: ODOROUS BREATH Past medical hx: NEW PATIENT, HERE FOR NAD. NO PREVIOUS DENTAL HISTORY. HAS CONGENITAL HEART MURMUR. DIABETIC. HAD CATARACT SURGERY. EATS W/D CHICKEN STEW. Current medications: VETSULIN 7.5 UNITS q12, VETMEDIN 2.5MG q24, EYE DROPS

**SPECIES**

Canine

**BREED**

Cairn Terr

**SEX**

MN

**AGE**

13 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Green Dog Dental and  
Wellness

**REFERRING VET**

Dr. Habawel

**INVOICE**

55314

**DATE**

11-10-22

Abnormal PE/Chem/CBC/UA Results: HEART: SYSTOLIC MURMUR AUSCULTATED ON LEFT AND RIGHT SIDE OF CHEST. MURMUR GRADE IV/VI- loud murmur without precordial thrill, but radiating to both sides of chest POST SEDATION. Abdominal Ultrasound Report Chief Complaint: Diabetic Patient Liver: There is diffuse hyperechoic mild-moderate hepatomegaly. There is normal intrahepatic vascular pattern. There are no focal hepatic lesions. Biliary system: The gallbladder walls are thin and smooth. Scant sludge is present within the gallbladder lumen. The intrahepatic biliary tree is unremarkable. The common bile duct (CBD) measures normally and is visualized entering the duodenal papilla. Spleen: The splenic parenchyma is homogenous with normal echogenicity. No focal lesions. Intestines: Random loops of small intestine examined and have normal wall thickness and normal layering pattern. No focal bowel lesions or foreign material present. The colon is gas/feces filled with normal thickness. Stomach: The gastric wall has normal thickness, no focal lesions visualized although visualization is somewhat inhibited due to the presence of intraluminal gas Pancreas: No abnormalities in area of pancreas, the pancreas appears homogenous with normal echogenicity Left Kidney: Normal size (5.5 cm) and normal architecture. Normal renal pelvis (<1mm). Right Kidney: Normal size (5.7 cm) and normal architecture. Normal renal pelvis (<1 mm). Left Adrenal: Normal width (0.5 cm) Right Adrenal: Normal width (0.55 cm) Bladder: There is a broad-based sessile mass located in dorsoapically. It extends along the mucosa for approximately 2.6cm and extends into the lumen up to 1cm. Genital: Prostate: 0.57 cm depth Lymph Node/Mesentery: unremarkable Other: none Assessment: 1) Bladder Mass 2) Diabetic Hepatopathy Clinical Impression: The top differential diagnosis for the mass in the bladder is a malignancy such as transitional cell carcinoma. Other malignant masses (leiomyosarcoma, fibrosarcoma, etc) or benign masses (leiomyoma or adenomatous polyp) are considered less likely. Next diagnostic steps would include submitting CADET BRAF urine test or traumatic catheterization with cytology. The changes in the liver appear classic for a chronic diabetic (vacuolar hepatopathy)

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a bone and soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

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.



**PATIENT** The lung parenchyma presents the expected architecture and attenuation behavior.

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

**SPECIES** Abdomen

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

**BREED** 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. At the cranial pole of the urinary bladder, an intraluminal, cauliflower like mucosal lesion is appreciated, measuring 11 x 10 x 10 mm in size. The urinary bladder wall at the same level is mild to moderately thickened, measuring 4 mm in width. The remainder of the urinary bladder wall are thin and smooth.

Cairn Terr

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

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

**AGE** The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

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The bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mucosal mural mass cranial pole of the urinary bladder
- Structural normal thorax, no evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of mucosal urinary bladder mass at the cranial pole of the urinary bladder. Differentials include neoplastic transformation such as transitional cell carcinoma or inflammatory polyp. Traumatic catheterization/suction biopsy can be performed as advanced diagnostic test. Due to the location at the cranial pole of the urinary bladder, complete surgical excision of the urinary bladder mass is considered feasible.

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There are no signs for metastatic disease.

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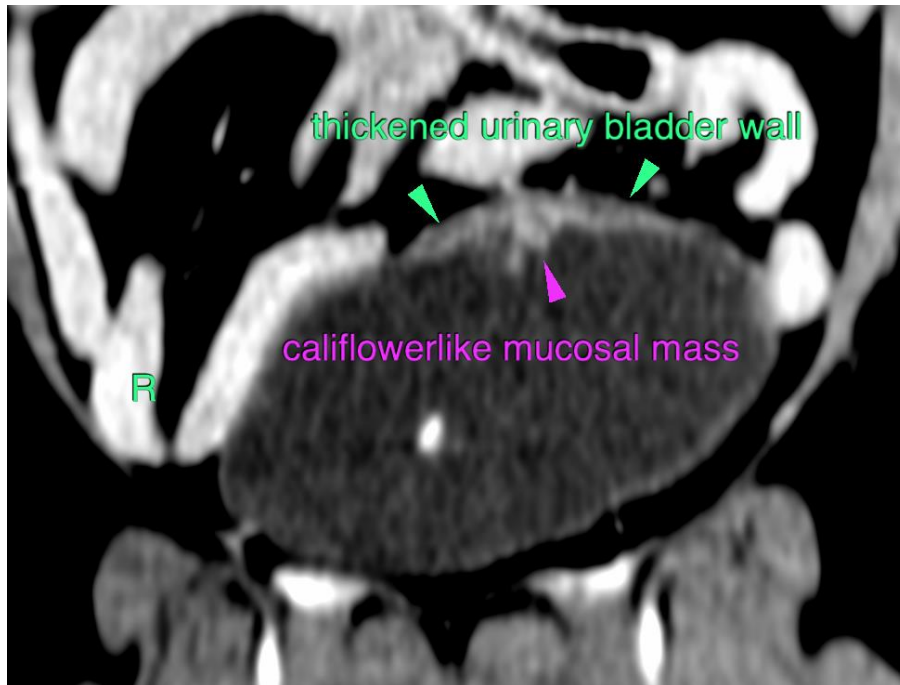
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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