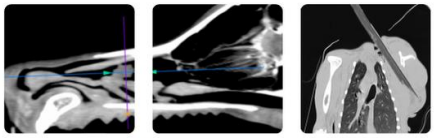

PATIENT

Rue Erfle

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

9Y

WEIGHT

26lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Kelsey McCloskey, LVT

HOSPITAL NAME

Advanced Animal Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

73744

DATE

2-11-26

PRESENTING CLINICAL SIGNS

- Patient referred for CT due to bladder mass, they would like to make surgical plan.
- Chest submitted for met check

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic & lumbar spine, multifocal spondylosis formation is seen.

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.

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. In the caudoventral aspect of the urinary bladder, a broad based, mild irregular mineralized and soft tissue attenuating mass with a heterogeneous strong contrast enhancement pattern is seen, measuring 4.2 x 2.7 x 4.0 cm. The mass presents a hilar like region at the ventral urinary bladder wall – with multiple tortuous vessels entering the bladder wall/bladder mass. The mass is extending caudally into the bladder neck. The urethra reveals no abnormalities.

Nodular enlargement of both adrenal glands is appreciated, measuring 15 mm (left)/10 mm (right) in diameter. The enlarged adrenal glands present an irregular contrast enhancement pattern.

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

The liver is normal in size and shape and has a uniform soft tissue attenuating parenchyma. Post contrast administration, in the hilar region of the left medial liver lobe, a roundish heterogeneous contrast enhancing lesion is seen; measuring 2.2 x 1.9 x 2.5 cm. Throughout the hepatic parenchyma, multiple well-defined, roundish parenchymal filling defects are seen.

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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

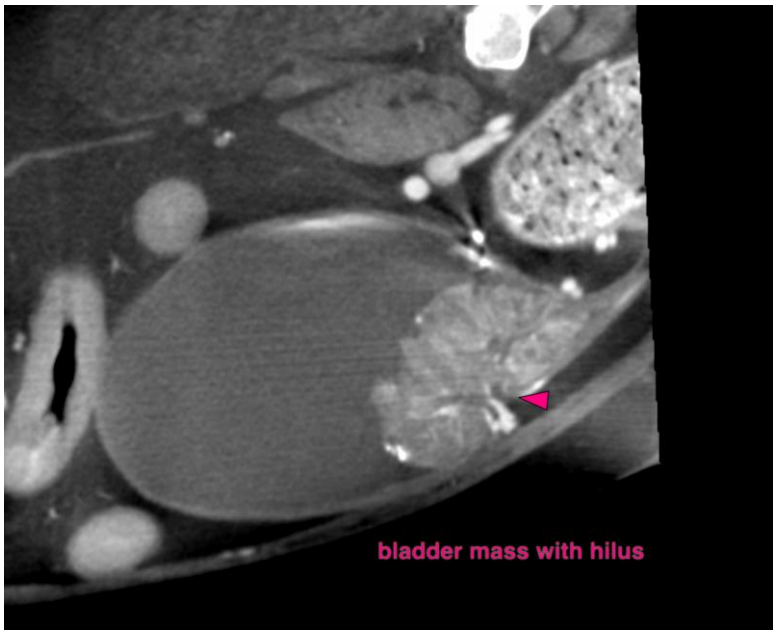
- Bladder mass caudoventral bladder wall protruding into the urinary bladder lumen
- Nodular enlargement adrenal gland bilaterally without vascular invasion
- Heterogeneous contrast enhancing intraparenchymal nodular lesion hilar region left medial liver lobe
- Multiple simple hepatic cysts
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of bladder mass along with dystrophic mineralization, compatible with primary soft tissue neoplasia such as transitional cell carcinoma. While the mass has a large area of contact with the bladder wall, it may be pedunculated due to a hilus-like region located about 2.3 cm cranial the vesicourethral junction, which could make surgical removal easier.

The hepatic nodular lesion is equivocal for nodular hyperplasia or metastatic disease – FNA sampling can be used for specification.

The nodular enlargement of the adrenal glands can present (non)functional macronodular hyperplasia versus neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma, metastasis).



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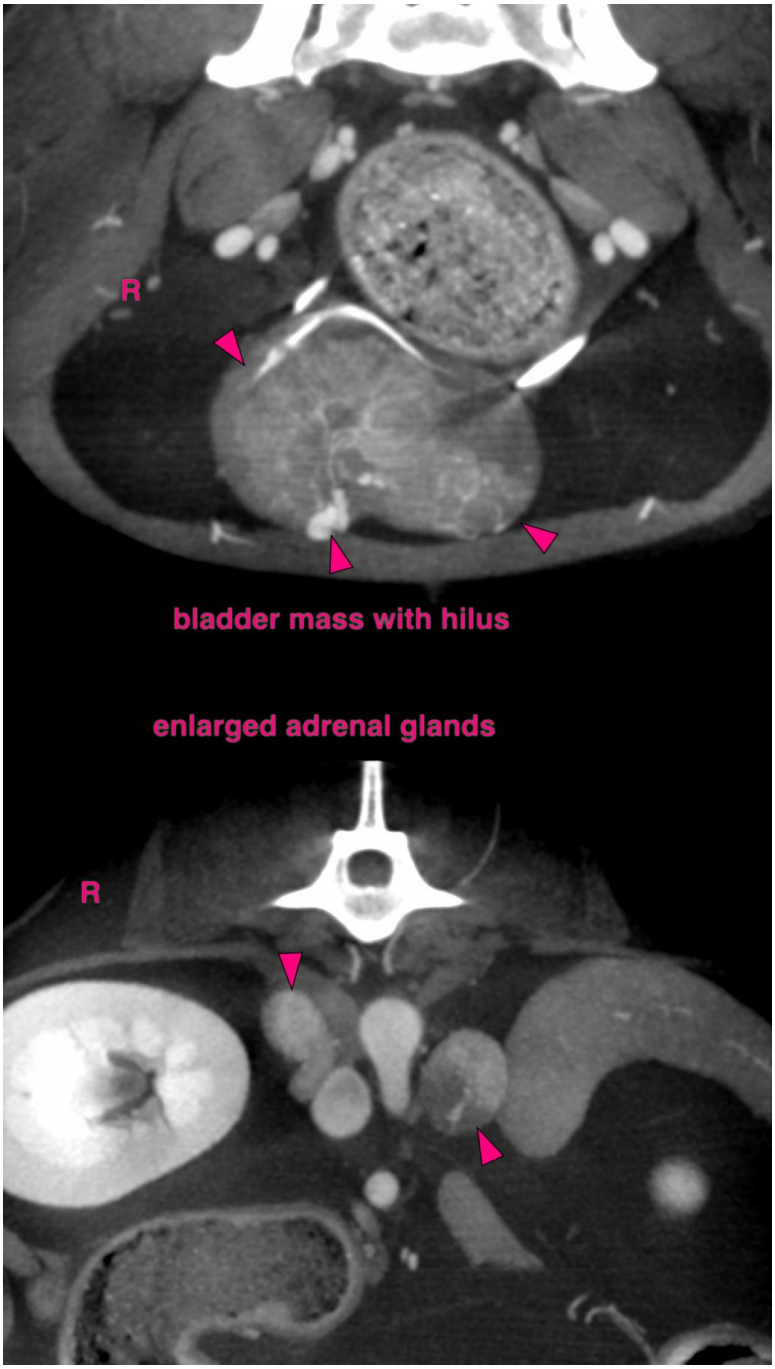

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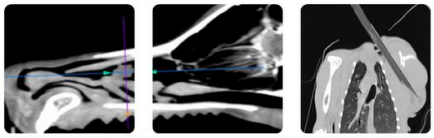

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Educational Teleconsultation Services™

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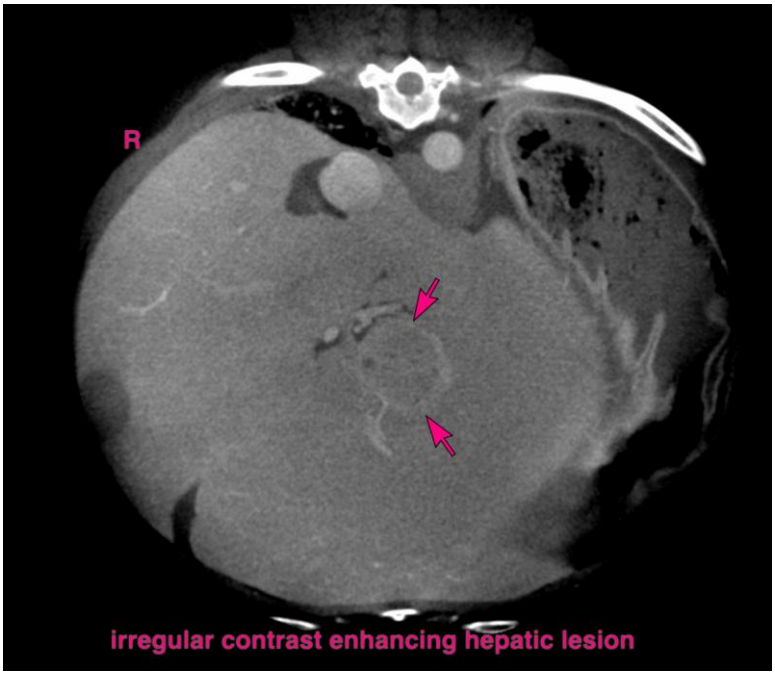

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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