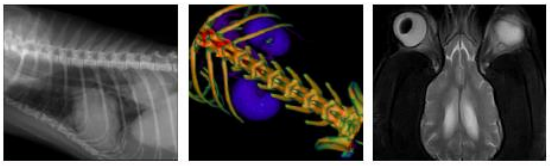


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Olivia Fisher

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

56709

DATE

2-14-23

PRESENTING CLINICAL SIGNS

For the past 2-3 weeks patient has been lethargic and not drinking. She has been straining to defecate for 6-7 days. She is peeing somewhat, but not the normal amount. Diagnostics done at rDVM showed reported concern for a possible tumor causing issues with urination and defecation. She was reportedly constipated at rDVM as well.
Abnormal PE/Chem/CBC/UA Results: ALP 444 (5-131), thrombocytosis (418K) UA: transitional epithelial cells, proteinuria path review of urine showed urothelial hyperplasia with mild dysplasia, findings suggest proliferation of transitional cells, no evidence of inflammation or infection present to explain results

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

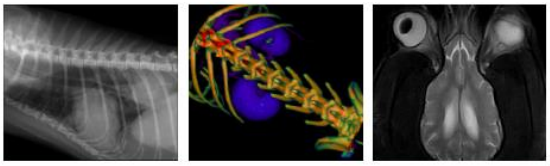
In the subcutaneous tissue lateral to the right shoulder joint, a well-defined soft tissue attenuating nodule is visible, measuring 14 mm in diameter.

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.



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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. Metal attenuating surgical clips are seen in the region of the ovaries.

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 distal segment of the urethra and the vagina in the region of the orifice of the urethra appear prominent.

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

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. The colon is mildly distended by fecal material, the rectum presents without abnormalities.

The lumbosacral intervertebral disc is bulging into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

A significant amount of subcutaneous fat is seen along the caudal aspect of the lumbar spine and sacral region.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible mural mass distal segment of the urethra/level with the urethral orifice in the vagina
- Non-specific subcutaneous nodule lateral aspect right shoulder
- Mild degenerative lumbosacral stenosis
- Normal skull
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental mural thickening of the distal segment of the urethra and the vagina level with the urethral orifice in combination with the presenting clinical signs can support the diagnosis of possible intramural mass – transitional cell carcinoma would be most common. Urethritis is a differential as well. As the diagnosis is not definitive by CT only, recommend complementing workup by vaginoscopy ± endoscopy of the urethra, including sampling for biopsy. A BRAF test might be beneficial as well.

No additional abnormalities are appreciated, explaining the presenting clinical signs.

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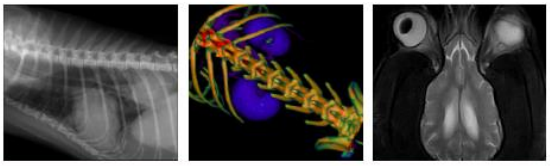

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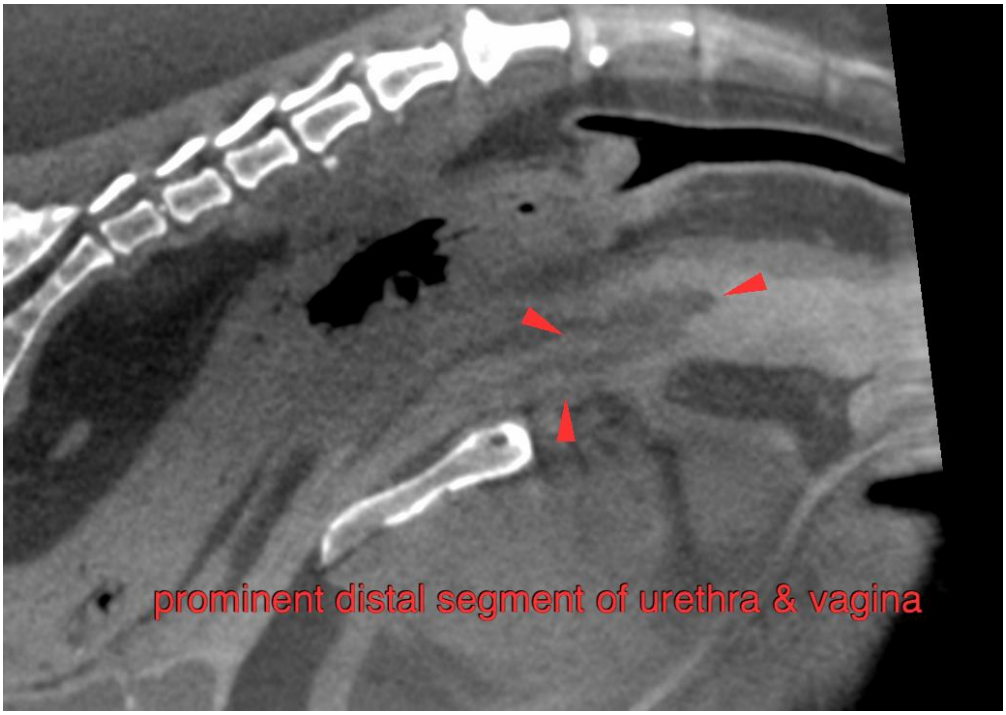

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com