



PATIENT

Mesa Hendershot

SPECIES

Canine

BREED

Welsh Corgi Cardigan

SEX

Spayed Female

AGE

7 Years, 11 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Neel Veterinary
Hospital

REFERRING VET

Alyson Fryer, DVM

INVOICE

50536

DATE

2-23-22

PRESENTING CLINICAL SIGNS

Has a left renal cyst that is drained periodically and a history of polycythemia vera. Currently on hydroxyurea. Cyst is filling back up more quickly. S.G. of cyst fluid 1.019, tp 1.8. Urine s.g. was 1.050. Patient was recently on baytril for uti.

Abnormal PE/Chem/CBC/UA Results: Albumin low normal 2.7, hct 46.1, wbc 21.97, neut 15.6 eos 2.89, plt 685, rbc 5.74, MCV 80.3, mch 27.4, MPV 14.4, PCT 0.99%, retic-hgb 29.9. Previously high hct, kidney values historically normal.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

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

Protruding from the cranialateral surface of the left kidney, a pre- and post- contrast hypoattenuating roundish mass, demarcated by a thin contrast enhancing capsule is visible, measuring 8.9 x 8.1 x 8.8 cm in size. Post contrast administration, multiple well-defined, roundish parenchymal filling defects are seen throughout the renal cortex bilaterally. An innumerable amount of small (<1 mm) mineral attenuating calculi are seen in the urinary bladder and urethra.

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 portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

Multifocal spondylosis formation is seen along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided large renal cyst
- Cystolithiasis
- Multiple small renal cortical cysts bilaterally
- Spondylosis deformans



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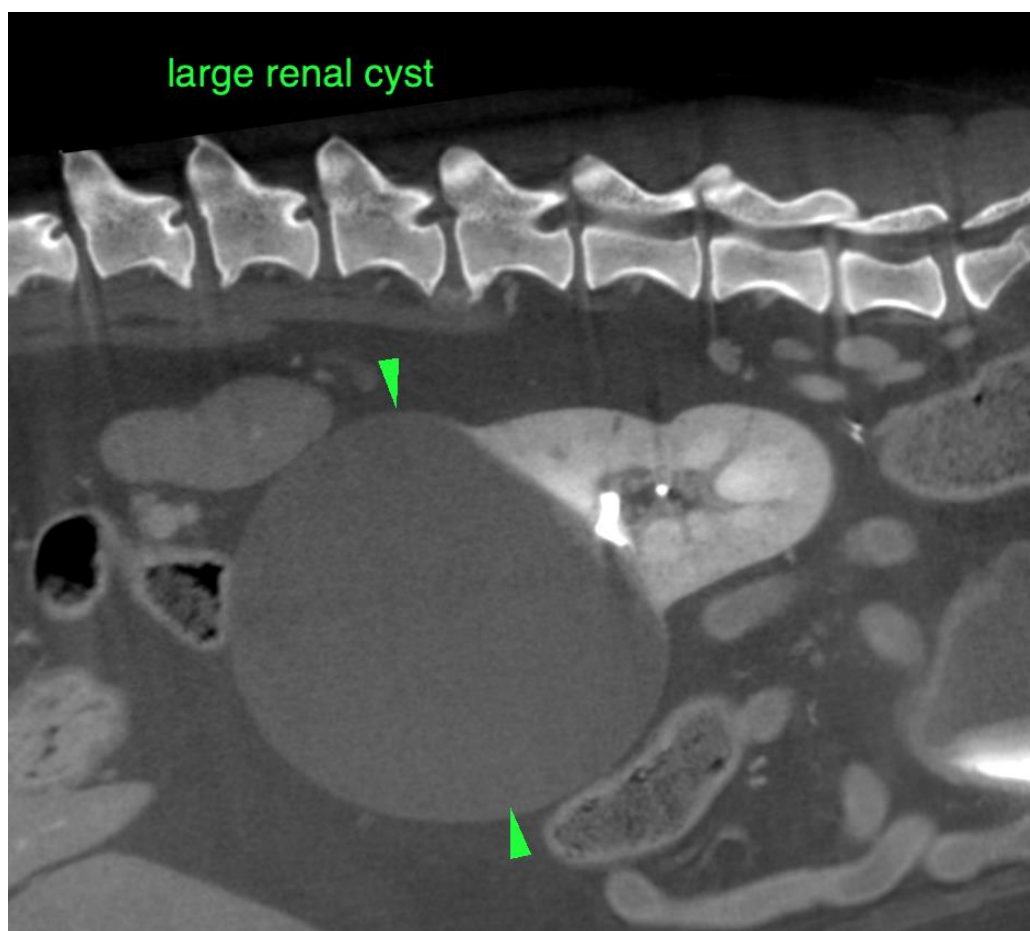
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with the history of a large left sided renal cyst. Ultrasound guided sclerotherapy, using alcohol, can be considered as minimally invasive treatment option.

The small urinary calculi can trigger cystitis. As this is a female dog, the chances of urethral obstruction by the small calculi is considered low.





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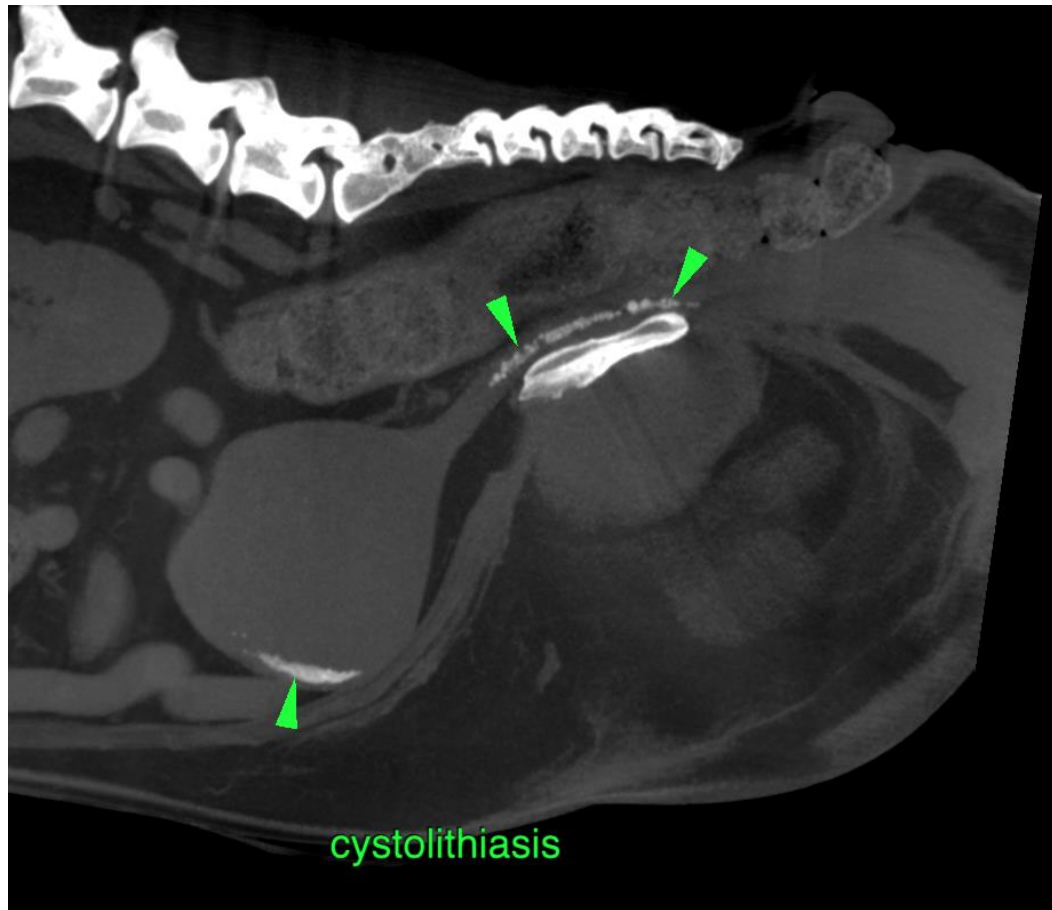
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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