



## PATIENT

Mia Barone

## SPECIES

Canine

## BREED

Pitbull mix

## SEX

n/a

## AGE

9

## WEIGHT

25

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Runde

## HOSPITAL NAME

Northeast Veterinary  
Referral Hospital

## REFERRING VET

Dr. Runde

## INVOICE

73942

## DATE

2-25-26

## PRESENTING CLINICAL SIGNS

- presented for a history of chronic UTI and hematuria. bladder wall thickened on ultrasound - obtained transurethral biopsy of bladder mass

Abnormal PE/Chem/CBC/UA Results: normal

## 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.

In the cranial tip of the cranial part of the left cranial lung lobe, a soft tissue attenuating, ovoid shape mass with interspersed mild mineralization is seen; measuring 3.4 x 1.9 x 2.8 cm. The remainder of 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. The urinary bladder is mild to moderately distended by urine. The cranial urinary bladder wall is diffusely swollen – measuring up to 12 mm in width – and presents an undulating intraluminal surface; the wall layering appears to be maintained. The distal urethral segment is distended by fluid attenuating material.

The medial iliac lymph nodes are mildly 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. In the most cranial aspect of the left lateral liver lobe, a well-defined roundish parenchymal filling defect is seen; measuring 9 mm in diameter.

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 lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

Both coxofemoral joints present mild to moderate osteophyte new bone formation.

The periarticular bones of both stifle joints present moderate osteophyte new bone formation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

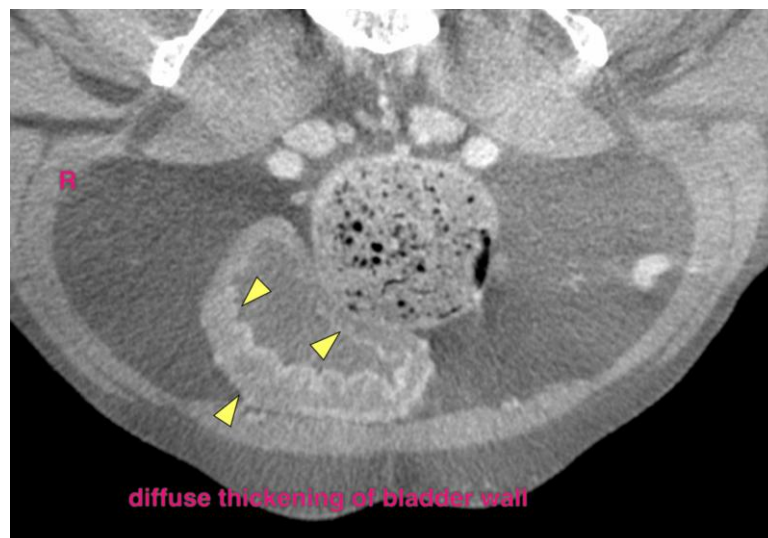
- Diffuse mural thickening bladder wall – accentuated along the cranial pole
- Mild lymphadenopathy medial iliac lymph nodes
- Pulmonary mass cranial tip cranial part of the left cranial lung lobe with dystrophic mineralization
- Intervertebral disc protrusion lumbosacral junction with possible dynamic compression of the cauda equina fibers
- Spondylosis deformans – most accentuated lumbosacral junction with possible bilateral impingement of the spinal nerve L7
- Solitary simple hepatic cyst left lateral liver lobe
- Osteoarthritis stifle joint bilaterally
- Osteoarthritis both coxofemoral joints

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diffuse thickening of the bladder wall is not specific and can be a sequela to chronic cystitis or indicate diffuse neoplastic infiltration of the bladder wall. Biopsy has already been performed for specification.

The prominent medial iliac lymph nodes are equivocal for reactive lymphoid hyperplasia versus metastatic spread.

The pulmonary soft tissue mass can present primary pulmonary neoplasia (e.g. carcinoma) or granulomatous lung disease (e.g. mycotic, foreign body related). Ultrasound guided FNA sampling can be performed for specification.





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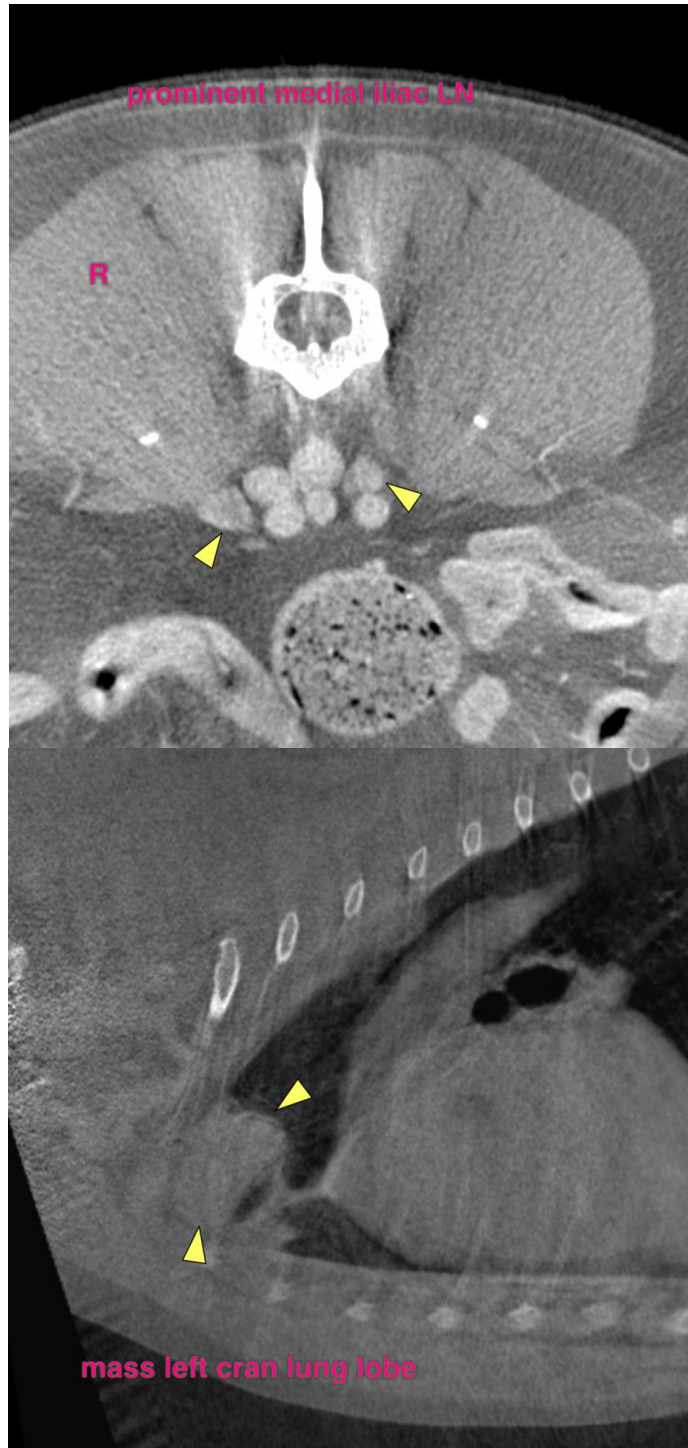
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)