



PATIENT

Piggyotomamus Misfit

SPECIES

Canine

BREED

Staffordshire Bull
Terrier

SEX

FS

AGE

8Y

WEIGHT

19kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Pet Emergency &
Referral Center - NVA

REFERRING VET

Dr. Darby Toth

INVOICE

74187

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- 24 hour of hematuria and passing blood clots in urine. Ultrasonographically, a left renal mass was observed.. Large heterogeneous cavitated mass arising from the left kidney with near complete effacement of normal renal parenchyma.
- Left ureter diffusely dilated to the level of the ureteral papilla with variably thickened wall. Right renal cortical cyst, mild degenerative changes.
- Urinary bladder debris, organized. Suspect hematoma
- Colitis, mild. Mild thickening with normal wall alyeirng
- Mesenteric lymphadenopathy, mild. Not well examined, but has a general appearance of reactive lymphoid hyperplasia.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

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

Post contrast administration, throughout the parenchyma of the right kidney, multiple well-defined, roundish filling defects are seen.

Originating from the left kidney, a multicameral mass is appreciated, demarcated by a soft tissue attenuating and mild contrast enhancing capsule; - multifocal parenchymal proliferation with a heterogeneous contrast uptake are appreciated along the capsule. The left renal mass is measuring approximately 15.6 x 10.7 x 18.1 cm. The remnants of the parenchyma of the left kidney are deviated ventrally up into the cranioventral abdomen by the multicameral lesions dorsally. The left ureter can be appreciated along the medial aspect of the multicameral left renal mass and is measuring up to 6 mm in diameter. The fat surrounding the left renal mass presents moderate soft tissue striation. The intestinal tract is deviated to the right by the mass effect.

The adrenal glands cannot be delineated.

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



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

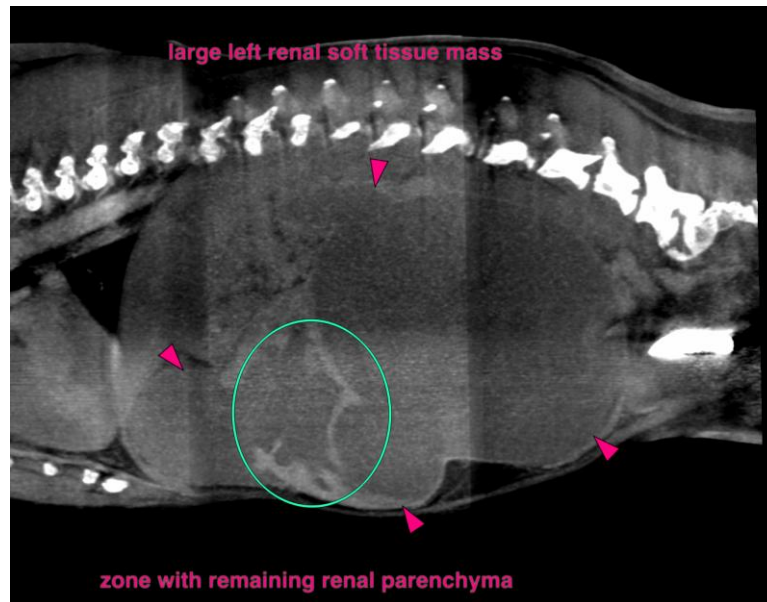
The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large multicameral left renal soft tissue mass with multiple zones with plaque like soft tissue proliferation
- Left sided hydronephrosis
- Multiple simple renal cysts right kidney
- Peritoneal effusion
- Spondylosis deformans L7/S1
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large multicameral renal mass is concerning for neoplastic transformation of the left kidney, such as cystic renal cell carcinoma. Theoretically a parasitic renal cyst – such as Echinococcosis – is a potential. The findings are unusual for simple large renal cysts. Surgical management may be tried.



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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