



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Angel Susila
SPECIES Canine
BREED Belgian Shepherd

History: Angel was presented to referring vet on 12th march 2022 with complaint of unable to urinate and vomiting it had a similar occurrence last November, at that moment suspected to be due to nerve deficit leading to atonic bladder and constipation. Upon physical examination, Angel is bright and alert, appetite still good, general condition good. Defecation is in the form of thin strips of feces. Abdomen is much distended, unable to express the bladder. Abdomen radiographs was done, with findings of extremely distended bladder extending to the diaphragm, there is a suspicion mass like object pressing on the neck of the bladder that was not visualised in prior radiographs in November. Urinary catheterization was attempted however the catheter tube was unable to be advanced into the urethra surface. Cystocentesis was done to empty the bladder. Treatment given so far are prazosin and omeprazole. Vomiting has resolved and the dog is able to urinate a moderate amount. Pet was referred here to check for the presence of a mass in the abdomen and to find out whether surgical option can be considered.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

AGE COMPUTED TOMOGRAPHIC FINDINGS

AGE 13 Years
 The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

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

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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.

REFERRING VET

Dr. Sivan

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.

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Cranial to the cranial pelvic aperture, located between the urinary bladder neck and the rectum – originating from the cervix/cranial portion of the vagina – a roundish, soft tissue attenuating and post contrast mild hypoattenuating mass is visible. The vaginal mass is displacing the colon dorsally and

DATE

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PATIENT the urinary bladder neck/urethra ventrally. The vagina mass is measuring approximately 4.9 x 5.8 x 7.1 cm in size and extending caudally into the pelvic canal, compressing the rectum.

Angel Susila

The right uterine horn presents a small intramural cystic lesion, measuring 8 mm in diameter. The right ovary presents with a small cavitory lesion, protruding beyond the surface of the ovary.

SPECIES

Canine

Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

BREED

COMPUTED TOMOGRAPHIC DIAGNOSIS

Belgian Shepherd

- Large vaginal soft tissue mass, level with the cranial aperture of the pelvis with secondary stenosis of the pelvic canal
- Small intramural cystic lesion right uterine horn
- Right sided ovarian cyst

SEX

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

The CT study is consistent with primary vaginal soft tissue neoplasia, the top differentials are leiomyoma or less likely leiomyosarcoma or squamous cell carcinoma. The mass effect on the urinary bladder neck explains the history of dysuria. Ovariohysterectomy and resection of the vaginal mass might be feasible by an abdominal approach – ventral pelvic osteotomy might be warranted if the mass cannot be mobilized.

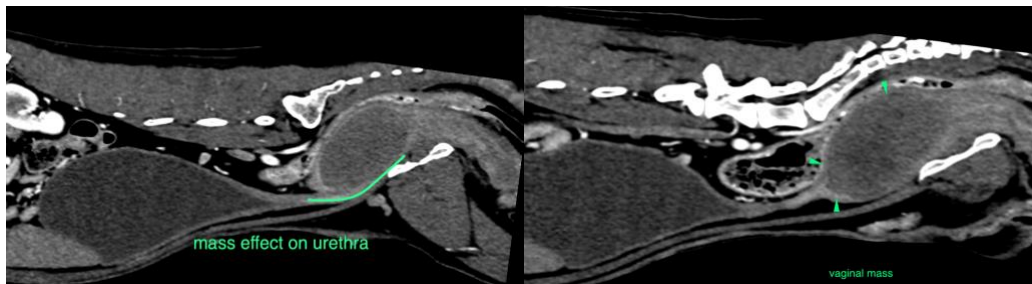
INTERPRETED BY

Consider full tumor staging.

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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.

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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.

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Angel Susila

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Belgian Shepherd

SEX

Female

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13 Years

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