



PATIENT

Mila Morgan

SPECIES

Canine

BREED

Plot Hound

SEX

Spayed Female

AGE

8Y

WEIGHT

22.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Hector

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Matthew Keats

INVOICE

74377

DATE

3-26-26

PRESENTING CLINICAL SIGNS

- Incidental finding of bladder mass on ultrasound
- Positive BRAF

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

A thymic remnant is appreciated in the cranioventral aspect of the mediastinum.

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

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 mildly distended by urine. The dorsal urinary bladder wall presents an irregular thickened area – measuring approximately 5.7 mm in width and 3.2 x 3.7 cm. Evaluation of the bladder neck is limited as the colon is distorting the right dorsolateral bladder wall and bladder neck. The thickened part of the bladder wall is extending approximately up to the vesical trigone.

The right medial iliac lymph node is 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, 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 periarticular bones of the left coxofemoral joint present moderate osteophyte new bone formation.



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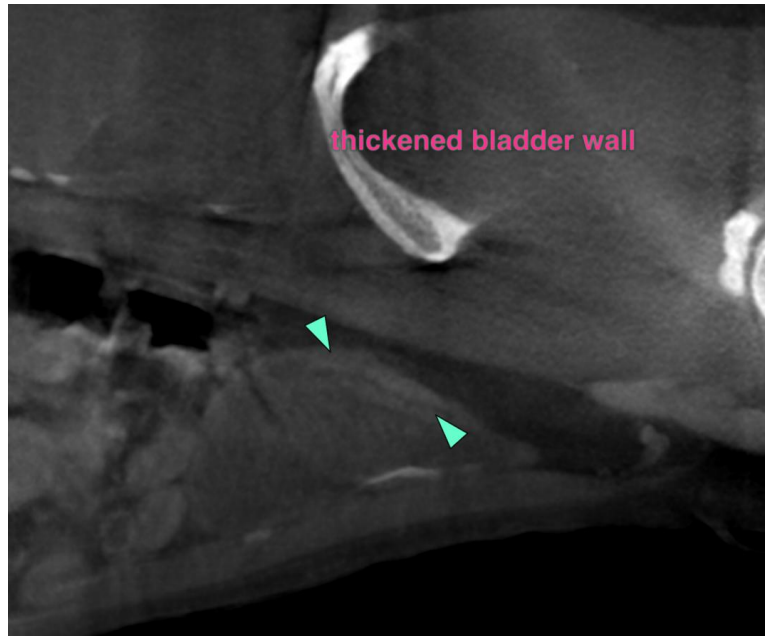
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Diffuse mural thickening dorsal bladder wall – up to the level of the vesical trigone – without mechanical obstruction of the ureters nor urethra
- Mild lymphadenopathy right medial iliac lymph node
- Osteoarthritis left coxofemoral joint
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The odds for diffuse neoplastic transformation of the dorsal urinary bladder wall are high – such as transitional cell carcinoma. Theoretically cystitis is a potential, but the localized dorsal changes are unusual. Ultrasound guided suction biopsy ± BRAF mutation test can be performed as minimally invasive diagnostic tests. Cystoscopy including biopsy is a possible diagnostic tool as well. As the mass appears to involve the vesical trigone, surgical management would warrant transposition of the ureters.

The prominent right medial iliac lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic spread.





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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