



**PATIENT**

Thomas Kapral

**PRESENTING CLINICAL SIGNS**

Presented for hematuria and pollakiuria. Bladder mass noted on ultrasound. Had a recent episode of azotemia and hyperkalemia from which he recovered.  
Abnormal PE/Chem/CBC/UA Results: Normal

**SPECIES**

Feline

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine.

**SEX**

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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.

**AGE**

15

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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.

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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.

**REFERRING VET**

Dr. Runde

Both kidneys present within normal limits for size, shape and organ architecture. A moderate amount of mineral attenuating material is seen in the renal pelvis bilaterally. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. Generalized moderate to marked irregular thickening of the urinary bladder wall is seen with at least three large polypoid lesions at the cranial bladder pole, measuring up to 11 mm in width.

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

**DATE**

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

Post contrast administration, multiple well-defined hypoattenuating intraparenchymal lesions are seen throughout the hepatic parenchyma.



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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 bony and surrounding soft tissue structures reveal no abnormalities.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

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- Marked irregular mural thickening of the urinary bladder wall with polypoid lesions
- Nephrolithiasis without signs of mechanical obstruction.
- Post contrast hypoattenuating intraparenchymal hepatic lesions
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study is fitting the history of a (multilobulated) intramural urinary bladder mass; differentials include transitional cell carcinoma, lymphosarcoma, rhabdomyosarcoma, squamous cell carcinoma, other. The generalized significant thickening of the urinary bladder wall is concerning for generalized neoplastic transformation. A benign differential is marked polypoid cystitis. Traumatic catheterization or cystoscopic biopsy can be used as advanced diagnostic tests.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The hypoattenuating hepatic parenchymal lesions are suggestive for hepatic cysts. Rule out hepatic metastasis or regeneration nodules – FNA sampling might be used if no cavitary lesions are appreciated in the ultrasound study of the liver.

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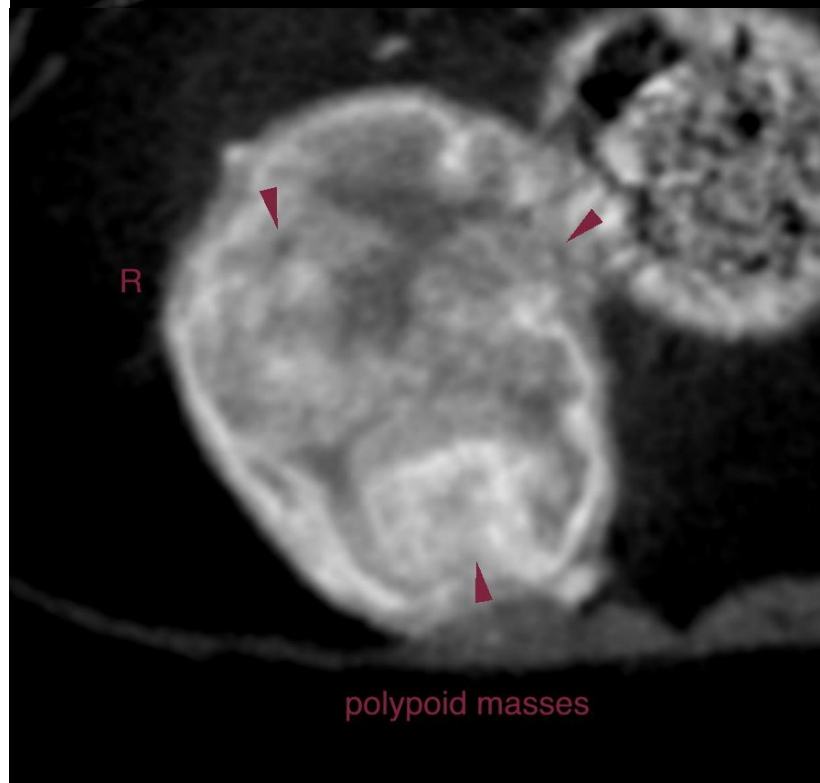
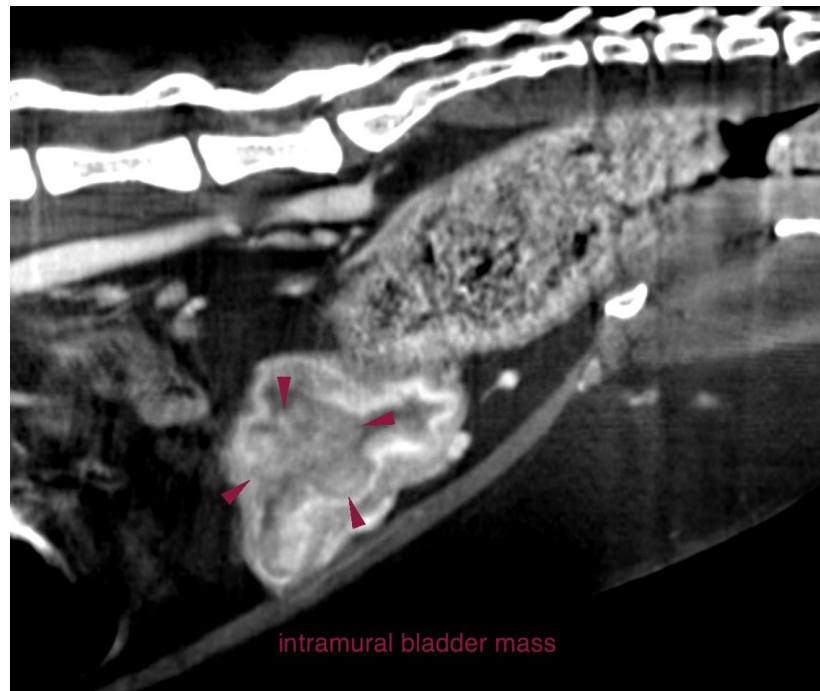
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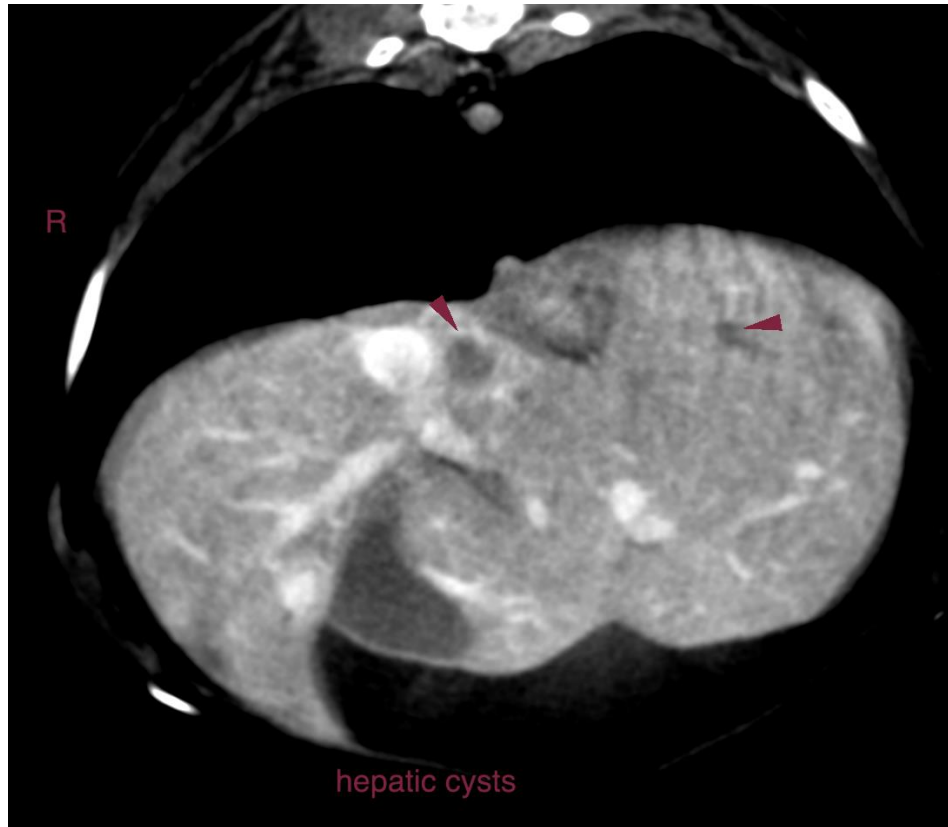
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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