



**PATIENT PRESENTING CLINICAL SIGNS**

**Aussie Larusch**  
**SPECIES** Canine  
**BREED** Border Collie

Patient had a cystotomy 2-3 years ago at previous veterinarian for urinary stones; has been experiencing since then recurring stones and UTI's; the stones have dissolved with diet change (wet food), but the last couple of months P has been going for walks and urinating every 2-5 seconds with sometimes nothing coming out to dripping, to having normal urine to urinating just blood. Diagnostics as listed below. Multiple rounds of antibiotics with minimal change.  
 Abnormal PE/Chem/CBC/UA Results: Pre surgical bloodwork 3/7- BUN 42 (H), CRE WNL, NSF otherwise CADET BRAF February 2022- WNL, 95% consistent with no TCC Previous AUS January/February: Bladder wall thickening/inflammation/cystitis Abdominal radiographs 2/5/22- NSF, no stones noted

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**SEX**

FS

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The proximal segment of the left scapula presents with multiple chronic mild displaced fractures that are filled with smooth callus formation.

**AGE**

12 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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

**HOSPITAL NAME**

Petroglyph Animal Hospital

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 with interspersed punctuate mineralization. Small regions of dystelectasis of the caudodorsal dependent aspects of the lung are appreciated.

**REFERRING VET**

Whitney Jones

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

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Abdomen

The retroperitoneal fat presents moderate fat stranding – most accentuated in the region of the left kidney. Small roundish consolidated lesions with granular mineralization are seen level with the absent ovaries.

**DATE**

3-7-22

The left kidney is moderately swollen. The left kidney presents a moderate dilated renal pelvis, measuring approximately up to 10 mm in width. The left ureter is moderately dilated, measuring up to 5 mm in diameter. The wall of the urinary bladder is moderately to markedly thickened, most accentuated in the left ventrolateral aspect – extending up to the level of the vesical trigone



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level with the left ureteral orifice – measuring up to 1.5 cm in width. Post contrast administration, the thickened urinary bladder wall presents a heterogeneous contrast enhancement pattern, and the wall-layering is lost. A small amount of mineralized material is attached to the surface of the thickened urinary bladder wall. The urinary bladder appears to be attached to the ventral abdominal wall.

**SPECIES**

Canine

In the peritoneal cavity, at the right ventrolateral aspect of the urinary bladder, an irregular marginated, contrast enhancing nodule is visible, measuring 9 mm in diameter.

The right medial iliac lymph node is prominent.

**BREED**

Border Collie

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.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**AGE**

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

The right femoral head presents with mild osteophyte new bone formation.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Intramural urinary bladder mass affecting major parts of the left aspect of the urinary bladder wall with secondary obstruction of the left ureter
- Secondary left sided hydroureter and pyelectasia
- Secondary mild to moderate retroperitoneal effusion level with the left kidney
- Peritoneal nodule periphery of the urinary bladder
- Lymphadenopathy right medial iliac lymph node
- Suspect adhesions between the urinary bladder wall and abdominal wall
- Mild cystolithiasis
- Left sided chronic scapular fracture – remodeling phase
- Pulmonary osteomas
- Right sided mild degenerative osteoarthritis coxofemoral joint
- No evidence of pulmonary metastatic spread

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**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The findings are highly suggestive for intramural neoplastic disease of the urinary bladder wall with secondary left ureteral obstruction – with left sided hydroureter, pyelectasia and perirenal retroperitoneal effusion. Transitional cell carcinoma (potentially BRAF negative) would be the top differential. Sarcoma is a consideration as well. The peritoneal nodule and prominent right medial iliac lymph node are concerning for metastatic disease. Theoretically granulomatous cystitis is a potential, but the odds are considered low – due to the asymmetric growth and lack of significant accompanying reactive hyperplasia of the regional lymph nodes.

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Ultrasound guided traumatic catheterization/suction biopsy and/or cystoscopy with biopsy can be used as advanced diagnostic test.



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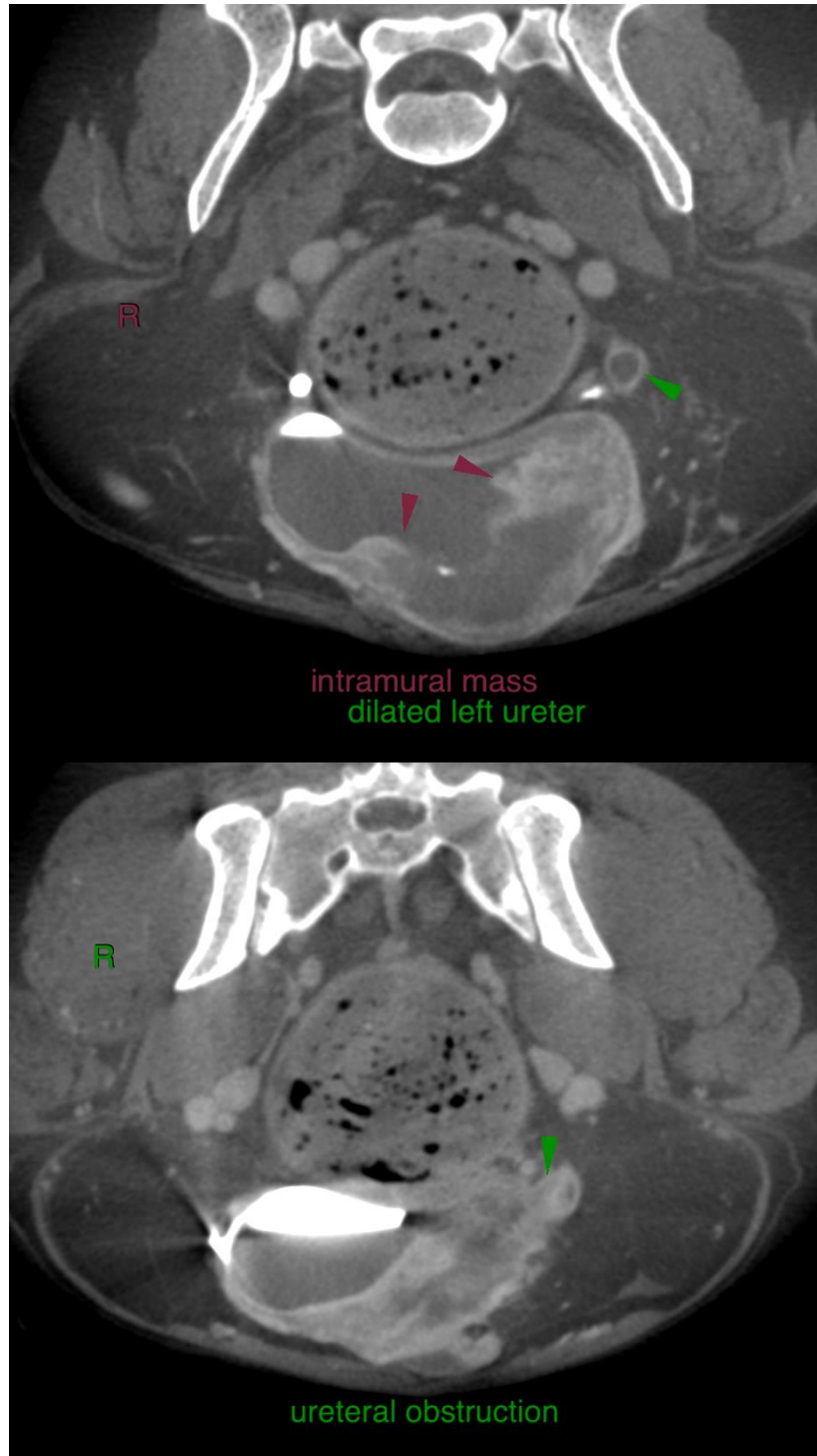
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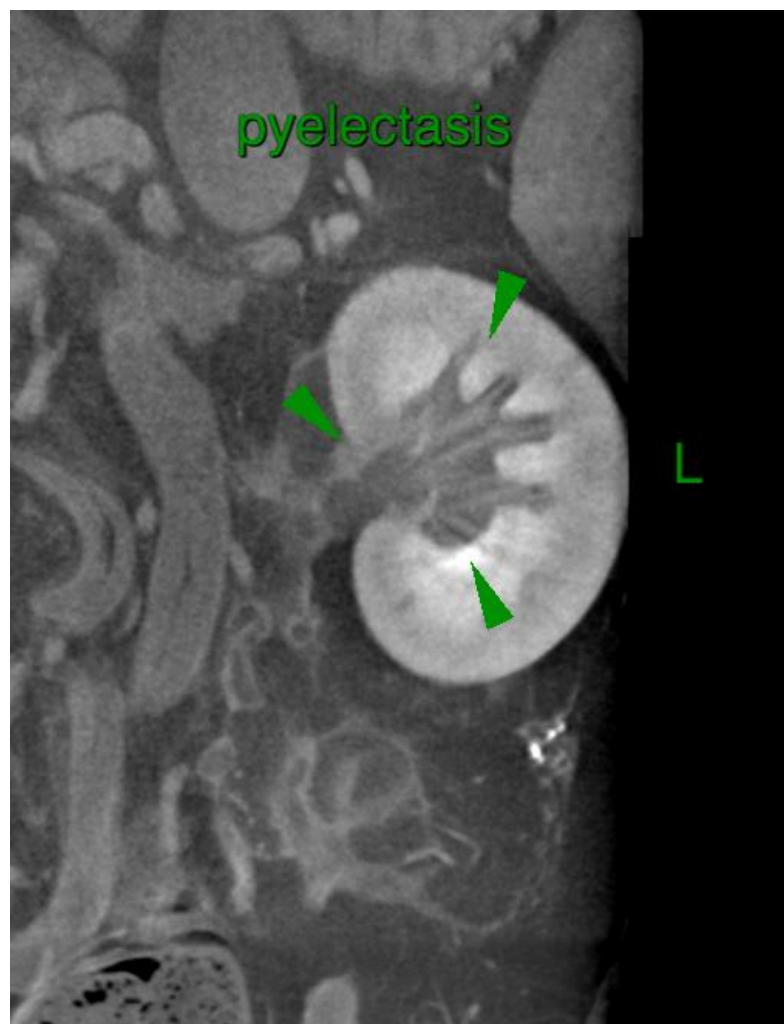
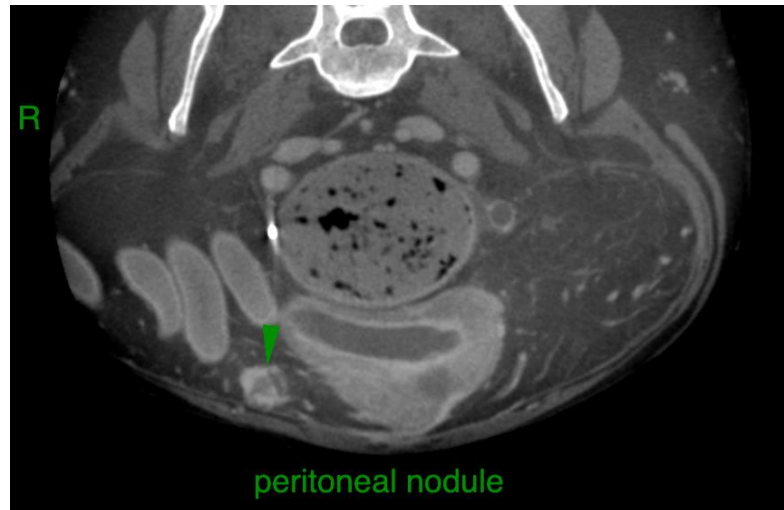
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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