



PATIENT

Twix Girardi

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

FS

AGE

10

WEIGHT

30

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Vanessa/Dr. Ferguson

HOSPITAL NAME

Tempe Lake Veterinary
Hospital

REFERRING VET

Lindsey Ferguson

INVOICE

74929

DATE

5-8-26

PRESENTING CLINICAL SIGNS

constant UTI's since 12/2025

ultrasound done 3/29/2026 and mass was found near bladder

Abnormal PE/Chem/CBC/UA Results: 12/12/25 UA results (sent home w/ amoxi-clav 250mg) Cocci and Rods 26-50 1/3/26 UA culture results (sent home w/ cefpodoxime 100mg) Escherichia coli 1/25/26 UA w/ MIC if indicated results Squamous Epithelia 4-10 4/13/26 UA results (sent home with amoxi-clav 250mg + enrofloxacin 136mg) Squamous Epithelia 4-10 Rods 51-100

COMPUTED TOMOGRAPHY OF THE ABDOMEN & PELVIS

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

COMPUTED TOMOGRAPHIC FINDINGS

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 in the parenchyma of the right kidney, a well-defined, roundish parenchymal filling defect is seen; measuring 4 mm in diameter. The bladder neck and urethra present an irregular intramural swelling; measuring up to 19 mm.

Multiple hypogastric & aortic lymph nodes, L>R, are enlarged – measuring up to 4.2 x 3.7 x 7.9 cm – rounded and present a heterogeneous contrast enhancement pattern. The caudal segment of the descending colon is deviated ventrally and to the right by the mass effect.

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

Along the lumbar spine, multifocal spondylosis formation is seen.

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.

The anal sacs present the expected size fluid attenuating filling and smooth wall.

In the pictured caudal aspects of the lung field, well-defined, soft tissue attenuating nodules are appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramural mass bladder neck and urethra without ureteral obstruction
- Lymphadenopathy multiple hypogastric lymph nodes and aortic lymph nodes
- Structured nodular interstitial lung pattern
- Right sided simple renal cortical cyst
- Advanced degenerative osteoarthritis coxofemoral joints due to hip dysplasia
- Spondylosis deformans



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural mass in of the bladder neck and urethra is a plausible explanation for the presenting clinical signs and primary neoplasia is the diagnosis – transitional cell carcinoma with metastatic spread to the regional lymph nodes and the lung is most likely. Complementing workup testing of BRAF mutation ± traumatic catheterization/suction biopsy of the urethral mass can be performed for confirmation.





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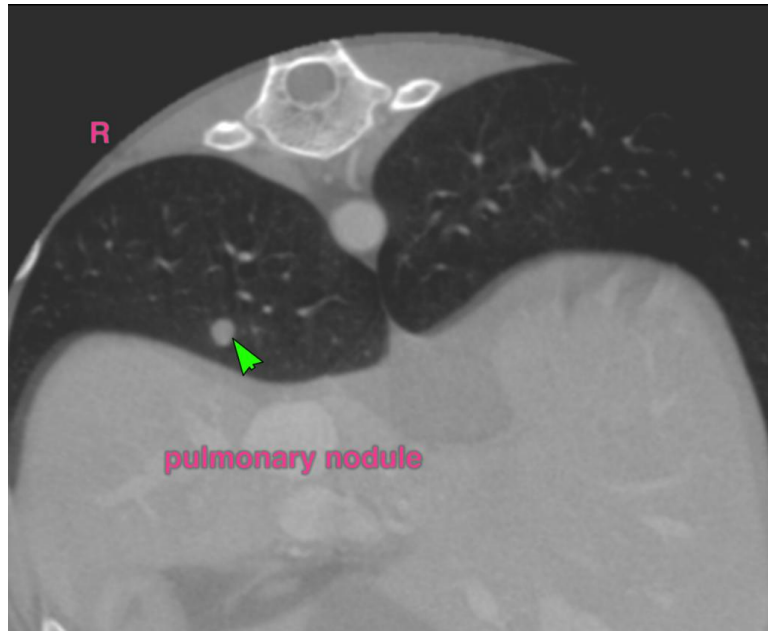
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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