



PATIENT

Bonnie Grigorya

PRESENTING CLINICAL SIGNS

The patient was spayed a month ago. Soon after the surgery she was presented to the RDVM for straining to urinate. The patient was treated with antibiotics and found to have improved slightly. Radiographs were performed and it was found that there was a fluid-filled structure dorsal to the urinary bladder. The RDVM took the patient to surgery for an abdominal exploratory and discovered a large fluid-filled structure dorsal to the urinary bladder. The RDVM referred the patient for imaging to verify structures and vasculature
Abnormal PE/Chem/CBC/UA Results: Increased WBC count - inflammatory leukogram

SPECIES

Canine

BREED

French Bulldog

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female

The serosal fat presents mild fat-stranding. A moderate amount of free gas is seen in the peritoneal cavity. The subcutaneous fat in the midline along the ventral abdominal wall presents is heterogenous soft tissue attenuating.

AGE

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. Both ureters can be seen coursing caudally and present a physiological diameter and can be followed up to the urinary bladder. The urinary bladder is deviated ventrally by a soft tissue attenuating ovoid shaped lesion with a fluid attenuating centered and a smooth prominent, moderate contrast enhancing wall. The ovoid mass is measuring approximately 7.6 x 4.5 x 4.4 cm in size. The descending colon is deviated dorsally and to the left by the mass effect. The ovoid mass blends with the vagina caudally.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Catskill Veterinary Services, PLLC

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.

REFERRING VET

Dr. Barnhorst

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.

INVOICE

52406

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of preceding laparotomy with moderate pneumoperitoneum
- Cavitory mass level with the uterine stump with mass effect in the urinary bladder

DATE

6-11-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cavitory lesion is fitting the history of cavitory mass level with the uterine stump, compressing the urinary bladder/bladder neck ventrally – explaining the presenting clinical signs. The finding is suggestive either for stump pyometra or cystic mass originating from remaining uterine tissue (e.g. cystic endometrial hyperplasia, serosal inclusion cyst). Surgical revision with excision of the cavitory mass is the therapy of choice – there might be adhesions between the



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cavitary mass and the urinary bladder/terminal segment of the ureters - the ureters can be appreciated at the left & right lateral aspect of the mass and should be identified prior to excision of the mass.

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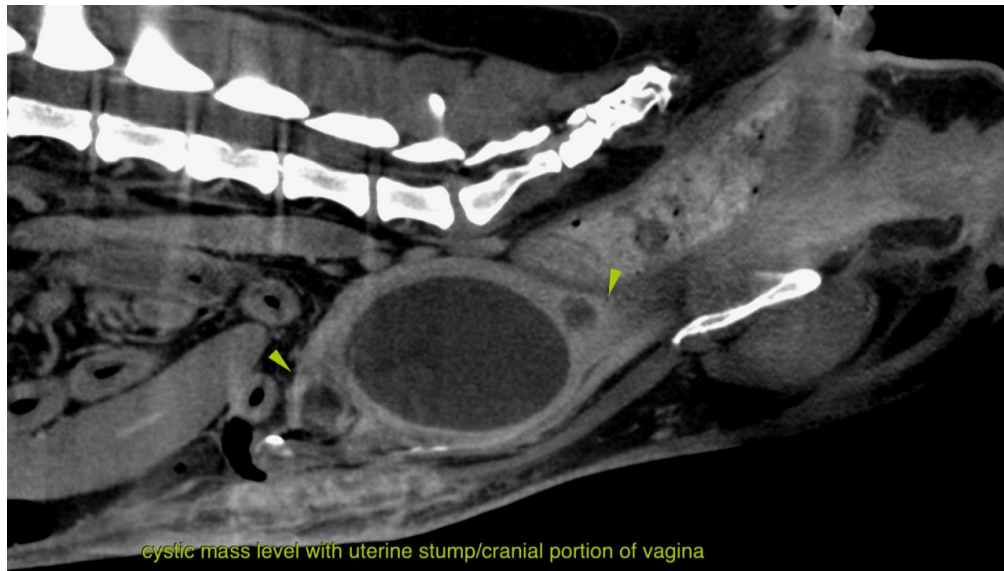
BREED

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SEX

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AGE



cystic mass level with uterine stump/cranial portion of vagina

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REFERRING VET

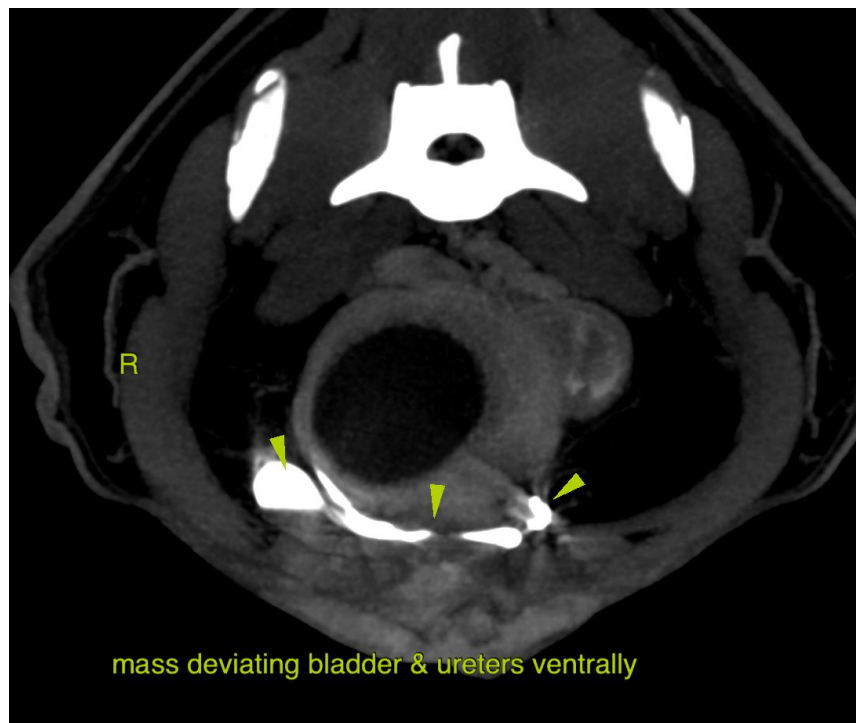
Dr. Barnhorst

INVOICE

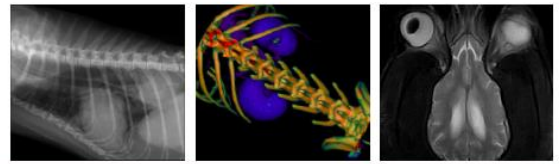
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mass deviating bladder & ureters ventrally



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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.

SPECIES

Canine

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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SEX

Female

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