



**PATIENT PRESENTING CLINICAL SIGNS**

**Ruby Mason** History: Increased frequency of urination was first noticed a couple of months ago but over the last few weeks, particularly within the past week, it's been getting worse. Ruby is noticed to strain during urination and only pass small amounts, whether its through a few dribbles or a stream of a few seconds. Ultrasound revealed a mass visible on the ventral aspect of the bladder near the neck. Not able to see any blood flow on the doppler. Mass ~ 2 cm long and ~ 1.2 cm deep at it's thickest.

**SPECIES** Canine Bladder not distended. Culture negative, no response to amoxicillin.  
Abnormal PE/Chem/CBC/UA Results:

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

**Doberman** A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

**Spayed Female** The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**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. The urinary bladder is in a relative caudal position within the pelvic canal. The lumen of the bladder nach is occupied by a cauliflower like, soft tissue attenuating and mild heterogeneous contrast enhancing mass – appreciated as a filling defect in the urinary bladder in the delayed post contrast phases. The intraluminal mass in the bladder neck is measuring approximately 2.1 x 3.0 x 4.0 cm in size.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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

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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. Lea Mehrkens

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

The physis of the left iliac wing is irregular with widening of the ossification centers

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

16162

- Intraluminal, mural bladder mass in the bladder neck
- Pelvic bladder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE**

6/17/22



**PATIENT**

Ruby Mason

The findings are consistent with the described intraluminal mural mass within the bladder neck – explaining the described clinical signs with straining to urinate. Given the young age of the patient, botryoid rhabdomyosarcoma is the first differential. Transitional cell carcinoma needs to be considered as well as polypoid cystitis (would have expected history of cystitis). Cystoscopy including biopsy can be considered as advanced diagnostic tests. Due to the location in the bladder neck, complete surgical excision appears not feasible and potential palliative treatment options should be discussed with oncology.

**SPECIES**

Canine

**BREED**

Doberman

There is no sign for metastatic spread to the regional lymph nodes or pictures parts of the lung.

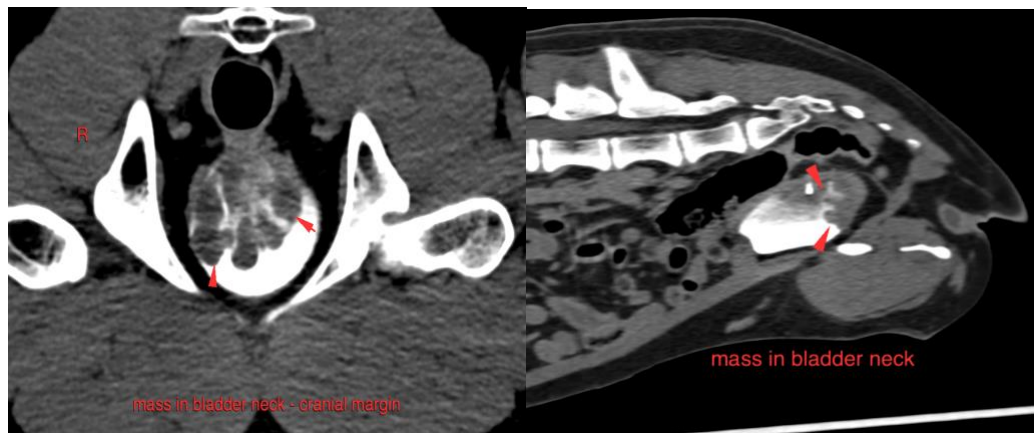
The altered shape of the physis of the left iliac bone can be caused by disturbed endochondral ossification or preceding trauma and is considered as an incidental finding.

**SEX**

Spayed Female

**AGE**

1 Year



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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.**

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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.

**REFERRING VET**

Dr. Lea Mehrkens

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Ruby Mason

**SPECIES**

Canine

**BREED**

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**SEX**

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