



PATIENT PRESENTING CLINICAL SIGNS

Chester Thayer Patient has been previously diagnosed with hematuria, bacteruria, pyuria and UTI. BRAF is pending. Beta-haemolytic streptococcus - >100,000 CFU per ml. aFAST revealed thickened bladder wall.

SPECIES COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

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

SEX The cranial pole of the left kidney presents with a post contrast hypoattenuating, well-defined roundish lesion, measuring 2.7 x 2.0 x 2.0 cm in size. The renal cortex of the left kidney presents two well-defined, roundish parenchymal filling defects measuring up to 6 mm in size. The prostate is small and considered normal for a neutered dog.

MN In the (retro)peritoneal fat at the lateral aspect of the right kidney, a well-defined mild hypoattenuating nodular lesion is visible., measuring 12 mm in diameter.

AGE The left adrenal gland is within normal limits for size, shape and organ architecture.

10 Nodular enlargement of the right adrenal gland is appreciated, measuring 12 mm in diameter and presenting a mild heterogeneous contrast enhancement pattern.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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A small part of the fundus and the cardia are mildly protruding into the caudal mediastinum.

In the subcutaneous tissue along the right craniolateral abdomen wall multiple metal attenuating bodies (suspect shot gun pellets) are visible.

REFERRING VET

Dr. Natalia Mikhaleva

The vertebral endplates of the lumbosacral junction present mild spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided renal cortical cysts
- Nodular enlargement right adrenal gland
- Hypoattenuating nodular lesion lateral aspect right kidney – suspect nodular fat necrosis
- Sliding hiatal hernia – likely secondary to general anesthesia
- Spondylosis deformans

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DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt abnormalities of the urinary bladder are appreciated, however ultrasound has a higher sensitivity for mild mural changes. No urinary bladder mass is noted. The left kidney presents with multiple cavitory lesions with the largest at the cranial pole, these changes are most consistent with incidental renal cysts. Potentials can include infected renal cyst, cystic carcinoma



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or less likely renal abscess (would expect inflammatory changes level with the left kidney such as effusion). In case of doubt, considered ultrasound guided tapping of the content of the renal cysts.

SPECIES

Canine

The nodular enlargement of the right adrenal gland can represent (non)functional macronodular hyperplasia or early stage of adrenal neoplasia (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis might be considered.

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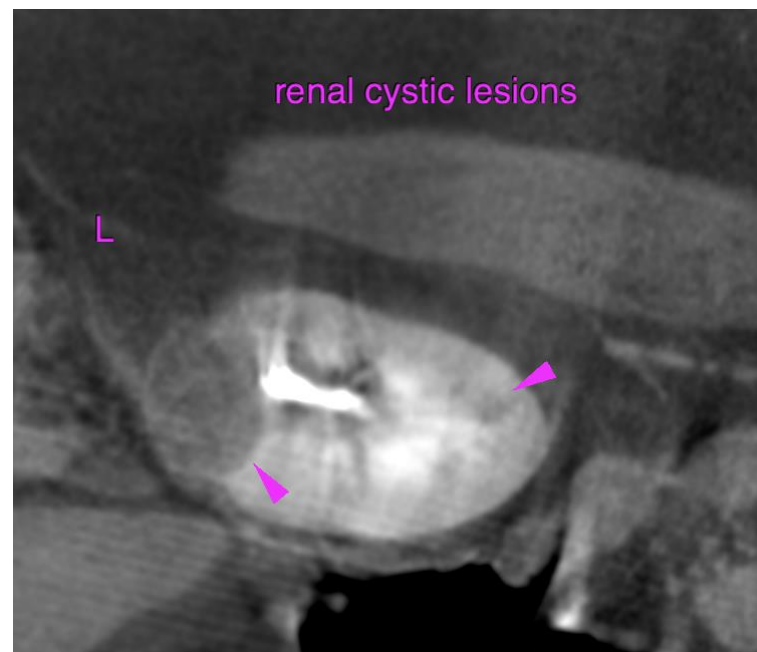
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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sebast.schaub@gmail.com

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