



**PATIENT**

Wendel Porada

**PRESENTING CLINICAL SIGNS**

Mass found in bladder on annual exam during ultrasound guided cystocentesis. Complaint of frequent small urinations for the past few weeks per owner

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED**

West Highland Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

The intervertebral discs T12/T13 & T13/L1 are mild to moderately protruding into the vertebral canal, distorting the ventral epidural space at the same level and being in contact with the ventral surface of the dural tube.

**SEX**

Male Neutered

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.

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

**AGE**

11 Years, 8 Months

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization of the lung parenchyma.

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

**HOSPITAL NAME**

Catskill Veterinary Services, PLLC

Abdomen

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

**REFERRING VET**

Dr. Daniela Carbone

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 neck is obliterated by an intraluminal mural mass, circumferentially protruding into the urinary bladder lumen. The prostate is irregularly enlarge, measuring 2.0 x 1.6 x 2.1 cm in size with a multicameral parenchyma and multiple fluid attenuating roundish lesions.

**INVOICE**

53029

Originating from the left adrenal gland, a spherical, heterogeneous soft tissue attenuating and contrast enhancing mass measuring 3.3 x 3.0 x 3.1 cm in size is seen. The left phrenicoabdominal vein, crossing the left adrenal gland, is mildly dilated and post contrast central hypoattenuating.

**DATE**

7-21-22

The liver presents mild irregular margins. The hepatic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern with multiple hypoattenuating, variable sized parenchymal lesions.

The spleen presents 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.

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

**SPECIES**

Canine

The bony and surrounding soft tissue structures reveal no abnormalities.

**BREED**

West Highland  
Terrier

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Intraluminal mucosal mass urinary bladder neck and irregular prostatomegaly with multiple cavitory parenchymal lesions
- Left adrenal mass with possible invasion of the left phrenicoabdominal vein
- Heterogeneous contrast enhancement pattern of the hepatic parenchyma
- Intervertebral disc protrusion T12/T13 & T13/L1 with possible dynamic myelocompression
- No evidence of pulmonary metastatic disease

**SEX**

Male Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mucosal urinary bladder mass in combination with the prostatic enlargement are compatible with neoplastic disease and transitional cell carcinoma is considered likely. Recommend ultrasound guided traumatic catheterization and/or cyto-brush to confirm the diagnosis.

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11 Years, 8 Months

The left adrenal mass is suggestive for a second entity and primary adrenal neoplasia (e.g. adenoma, adenocarcinoma, pheochromocytoma) is considered likely; metastatic disease can be a differential as well.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The heterogeneous contrast enhancement pattern of the hepatic parenchyma can be caused by hepatic cysts, nodular hyperplasia/regeneration nodules or metastatic disease. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

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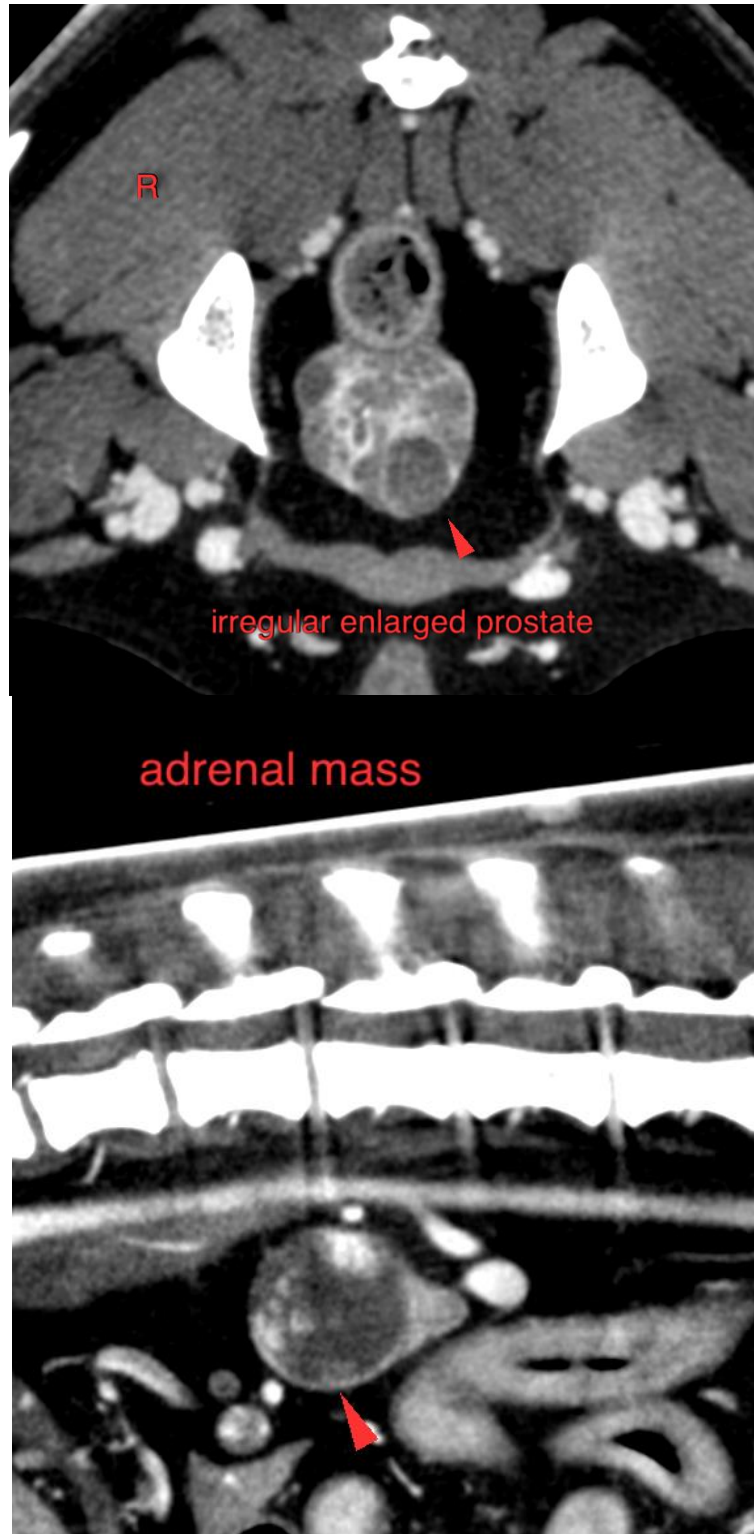
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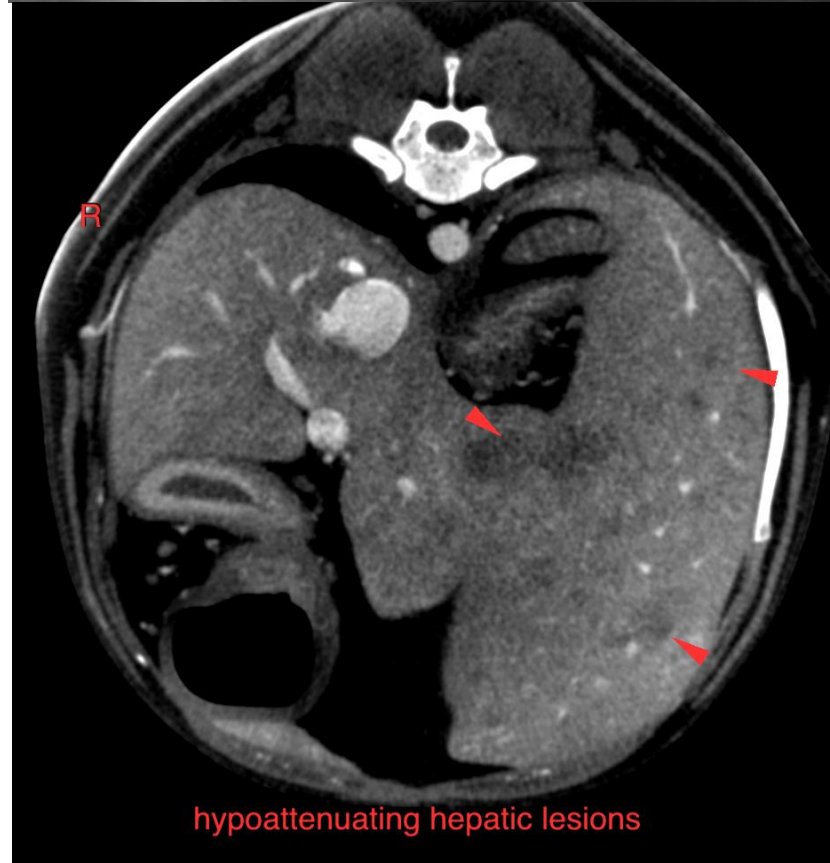
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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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