



PATIENT PRESENTING CLINICAL SIGNS

Caramel Phillips History: Patient initially presented for not wanting to eat hard treats. Ear infection. Large mass palpated during exam of left mid abdomen. Radiographs revealed enlarged left kidney. BW - mildly elevated BUN and elevated ALT. 2 week recheck - Ear infection treated and clear. BW values back to normal but left kidney still enlarged.

SPECIES

Rabbit

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

BREED

Lop Ear

COMPUTED TOMOGRAPHIC FINDINGS

Electronic imaging markers are flipped, R is indicating the left side of the patient and vice versa.

SEX

Spayed Female

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

AGE

6 Years

The volume of the left kidney is markedly increased, the renal parenchyma is lost and replaced by fluid attenuating material due to severe dilation of the renal pelvis. Multiple finger like projections are extending from the periphery into the center of the left kidney. The left ureter is dilated, measuring 7.8 mm in diameter and can be followed up to the level of a soft tissue mass located between the urinary bladder and the colon, presenting a heterogeneous contrast enhancement pattern and measuring at least 2.4 x 1.6 x 3.7 cm in size. The caudal segment of the urinary bladder is compressed by the mass effect, the descending colon is displaced dorsally. The mass blends with the vagina.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

At the caudoventral aspect of the left kidney, a central fluid attenuating nodular lesion with peripheral contrast enhancement is appreciated.

HOSPITAL NAME

Mobile Pet Imaging
CFL

The right kidney is within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

REFERRING VET

Meaux

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

The left epaxial musculature, level with L4 & L5 presents a post contrast peripheral contrast enhancing and central hypoattenuating fusiform shaped lesion with small gas inclusions – suspect preceding intramuscular injection.

INVOICE

16621

Multifocal mild spondylosis formation is seen along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

7/28/22



PATIENT

Caramel Phillips

- Vaginal soft tissue mass
- Secondary Left sided hydronephrosis
- Possible left ovarian remnant
- Spondylitis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with primary neoplasia of the vagina/stump of the left uterus and carcinoma is the top differential, other differentials include leiomyosarcoma, squamous cell carcinoma, fibrosarcoma, other. The mass is involving the left ureter with resultant ureteral obstruction and hydronephrosis. Surgical excision of the vagina mass and left sided nephrectomy can be tried.

There is a small cavitory lesion in the left ventral abdomen that might present a ovarian remnant – a potential trigger for neoplastic transformation of the genital tract.

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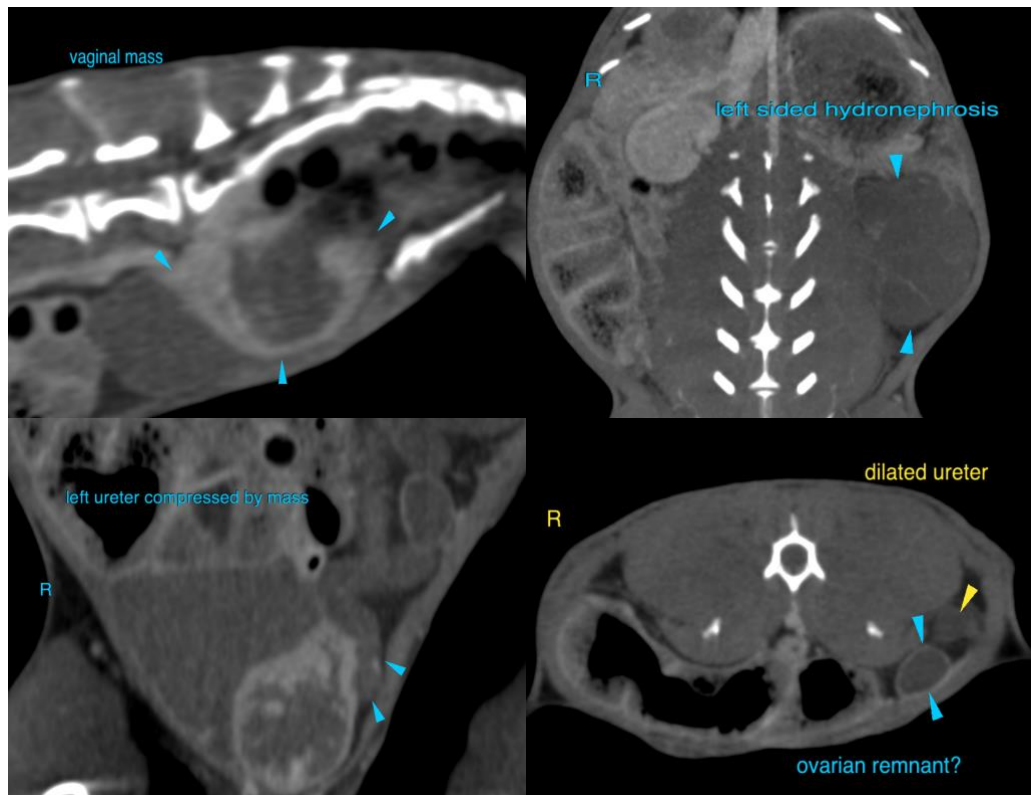
Meaux

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16621

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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.



PATIENT

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.

Caramel Phillips

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