



**PATIENT PRESENTING CLINICAL SIGNS**

Malibu Stone Presented for straining to urinate. Mass noted in bladder on ultrasound. Has an elevated Ca  
Abnormal PE/Chem/CBC/UA Results: Ca 13.3

**SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Westie Thorax

**SEX** The intervertebral disc space C6/C7 is moderately narrowed, and a vacuum phenomenon is seen within the respective intervertebral disc space. The vertebral endplates C6/C7 present moderate sclerosis of the subchondral bone and moderate spondylosis formation.

FS 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.

**AGE** 11 The cardiovascular structures including the pulmonary vasculature are within normal limits.

**INTERPRETED BY** Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI 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.

The lung parenchyma presents the expected architecture and attenuation behavior.

**HOSPITAL NAME** Northeast Veterinary Referral Hospital Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

**REFERRING VET** Dr. Runde The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. A separate right & left caudal vena cava of the prerenal segment is visible.

**INVOICE** 47144 Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple small (<1 mm) parenchymal filling defects are seen in the renal cortex bilaterally. The urinary bladder is empty and presents moderately irregular in shape with undulating margins; post contrast administration the ventral wall of the urinary bladder neck, presents a semicircular hypoattenuating intramural mass, measuring approximately 1.6 x 0.6 x 1.2 cm in size. The urethra is prominent, most pronounced level with the urethral orifice in the vagina, measuring up to 5 mm in width. Generalized prominent urinary bladder wall – likely secondary to empty bladder.

**DATE** 8-26-21 The right medial iliac lymph node is prominent and mildly rounded.

The adrenal glands are within normal limits for size, shape and organ architecture. Both liver and spleen present with normal shape, even surface, uniformly attenuating



**PATIENT** parenchyma and homogeneous contrast enhancement, unremarkable.

Malibu Stone Amorphous mild hyperattenuating, gravity dependent material is visible in the gallbladder.

**SPECIES** The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

**BREED** Mild protrusion of the intervertebral discs L1/L2 and L3/L4 is visible, distorting the ventral epidural space at the same level. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal. Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim. The left femur is subluxated dorsally.

**SEX** **COMPUTED TOMOGRAPHIC DIAGNOSIS**

FS

**AGE**

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**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Intramural mass urinary bladder neck and urethral mural swelling
- Lymphadenopathy right medial iliac lymph node
- Degenerative lumbosacral stenosis with likely dynamic compression of the cauda equina fibers
- Intervertebral disc protrusion L1/L2, L3/L4 without compressive myelopathy
- Chronic discopathy C6/C7
- Spondylosis deformans
- Double caudal vena cava
- Degenerative osteoarthritis coxofemoral joints bilaterally due to hip dysplasia and left sided dorsal femoral subluxation
- No evidence of pulmonary metastatic disease

**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focal intramural mass of the caudoventral urinary bladder wall is fitting the history of urinary bladder mass and primary neoplasia of the urinary bladder is the diagnosis. Differentials include transitional cell carcinoma, leiomyoma, leiomyosarcoma, lymphoma, other. The prominent right medial iliac lymph node is concerning for metastatic spread. The urethra is generalized prominent presenting either a normal anatomical variant, neoplastic infiltration or urethritis.

**REFERRING VET**

Dr. Runde

Either ultrasound guided suction biopsy or cystoscopy with biopsy can be performed as advanced diagnostic tests. Ultrasound guided FNA sampling of the right medial iliac lymph node should be considered as well. Complete surgical resection of the mass appears not feasible due to its caudal position level with the urinary bladder neck.

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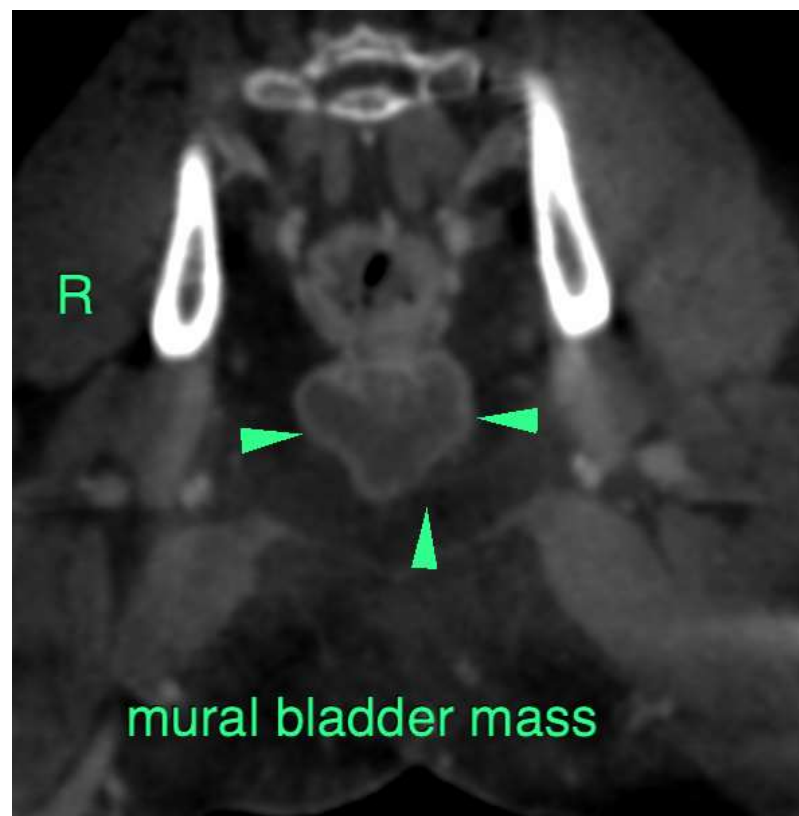
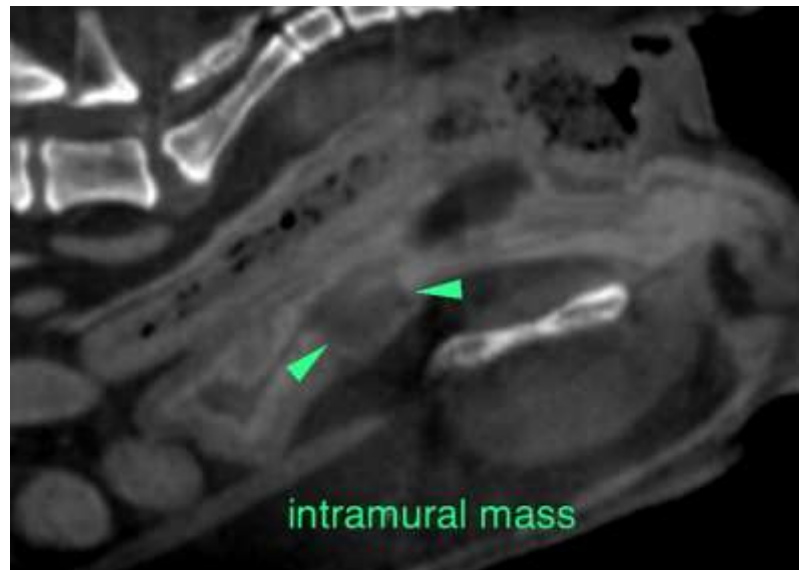
Dr. Runde

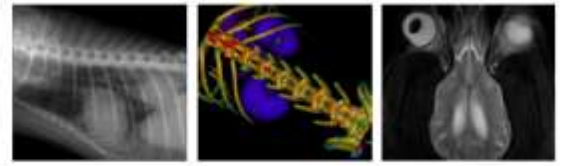
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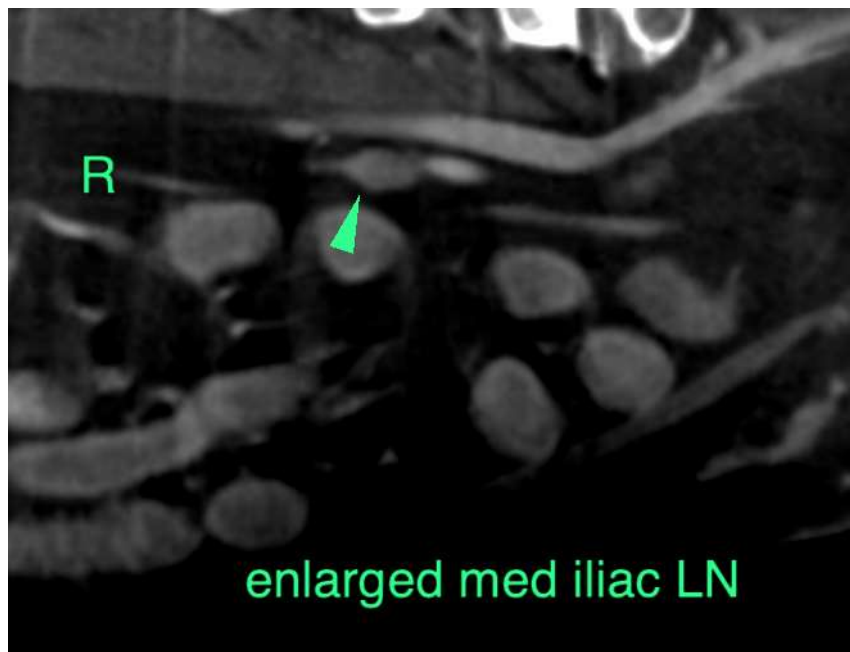
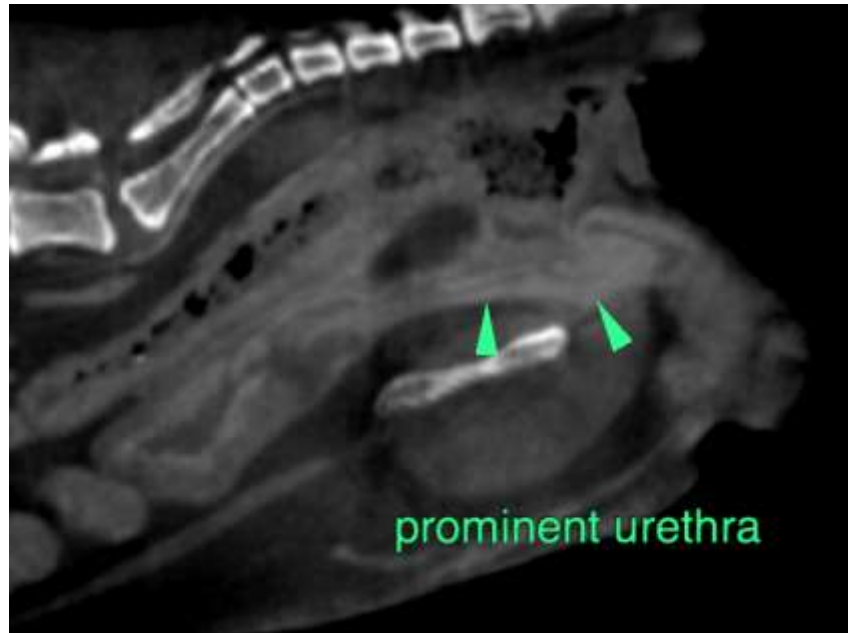
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**PATIENT**

Malibu Stone

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**BREED**

Westie

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**SEX**

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