



PATIENT PRESENTING CLINICAL SIGNS

Missy Heustis Hematuria starting in October 2022. O will occ. see blood clots on her potty pads. Currently on Piroxicam. Eating and drinking well. Still has her same energy level at home.
 Abnormal PE/Chem/CBC/UA Results: Ultrasound: hypoechoic mass like structure at the body of the bladder measuring 25x12mm Cadet BRAF test: Plus Positive TCC Heart murmur, Grade 3/6 PMI L

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN

BREED

Shih Tzu Mix

A high-resolution pre- and post-contrast CT study of the abdomen is provided for review. One pre-contrast series and one post-contrast CT series are evaluated.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

AGE

8 Years, 1 Month

A broad-based bladder wall mass is seen, which is slightly hyperattenuating to urine in the non-contrast series. The lesion is overall ill-defined but better delineated in the post-contrast series. The bladder wall mass is non-uniformly enhancing on the post-contrast series and causes focal and irregular thickening of the bladder wall with transmural loss of wall layering and superficial vascular anastomoses. It is located in the bladder body and vertex, ventral and to the left side. The mass measures approximately 2.2cm in length x 1.7cm wide and 2.1cm in height. The remainder of the bladder wall is normal.

The bladder is filled by uniformly fluid dense material and an organized elongated concentration of dense contrast-negative material is seen in the center of the bladder lumen and also better seen on the postcontrast series. The vesical trigone region and ureteral papillae are normal. The urethral pathway and wall definition are normal.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

The renal length is 4.9cm in the right kidney and 4.9cm in the left kidney. Multiple minor mineral opaque hyperattenuating structures are seen in the kidney recess and pelvic region bilaterally with the largest measuring 0.29cm. No evidence of a pelvic obstructive process or signs of ureteral dilatation. Multiple small parenchymal cysts are seen in the cortices bilaterally. The ureters are normal in size, with correct insertion in the trigone region.

HOSPITAL NAME

Casselton Vet Service

The abdominal and retroperitoneal fat attenuation is normal.

REFERRING VET

Brad Bartholomay

The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable. The intra-hepatic portal and hepatic vasculature are normal.

The spleen is mildly diffusely enlarged, homogenously soft tissue attenuating, and uniformly contrast enhancing, likely correlated to the anesthesia.

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The stomach is mildly filled and normally positioned, containing minimal amount of gas admixed with homogeneous soft tissue attenuating material – fluid, with gas.

The duodenum and small intestine are nondilated and contain a minimal amount of fluid attenuating material and gas.

DATE

1-24-23



PATIENT

Missy Heustis

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

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The abdominal lymph nodes and adrenal glands are normal.

The remainder of the abdomen is normal.

BREED

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The L7-S1 intervertebral disc space is mildly narrowed with incomplete bridging spondylosis deformans. Faint mineralization of the at C6-C7 and C7-S1 intervertebral discs is seen.

The collimated thorax is normal.

Abundant fat stores are seen in the subcutaneous tissues and throughout the abdomen.

SEX

FS

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Focal broad base bladder wall thickening/mass compatible with neoplasia. Differential diagnosis includes transitional cell carcinoma, squamous cell carcinoma, and less likely leiomyoma, or leiomyosarcoma. In addition, severe focal polypoid cystitis could be considered but is by far less likely.
- No signs of trigone, ureters and/or urethral involvement.
- Organized intraluminal material such as blood clot and concurrent dense urinary material.
- Mild bilateral renal degeneration, cortical microcysts, and non-obstructive microlithiases.
- Otherwise, normal abdomen.
- L6-L7 and L7-S1 chronic intervertebral disc disease and associated spondylosis deformans, with or without cauda equina impingement.
- Obesity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of abdominal lymphadenopathy, or signs of abdominal or skeletal metastases were seen.

REFERRING VET

Brad Bartholomay

The mass is in a resectable position. Histology is required for confirmation of the diagnosis. Ultrasound-guided urethral polypropylene traumatic catheterization can be performed. A transabdominal ultrasound-guided biopsy is not recommended, as seeding of the biopsy tract is a possible sequela. Other options are cystoscopy or more invasive exploratory laparotomy.

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Correlate the L6-L7 and L7-S1 findings with neurologic examination results. If deficits are present, MRI and collimated spine CT, CT myelogram, or myelogram may be useful in evaluating spinal and/or nerve root impingement.



PATIENT

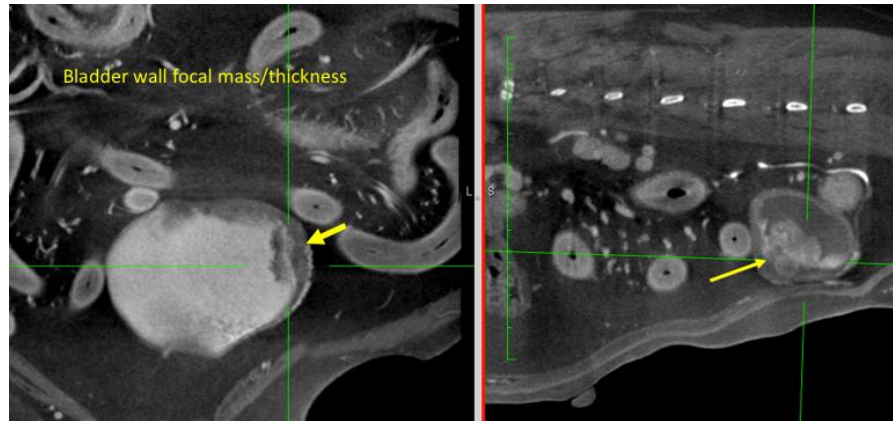
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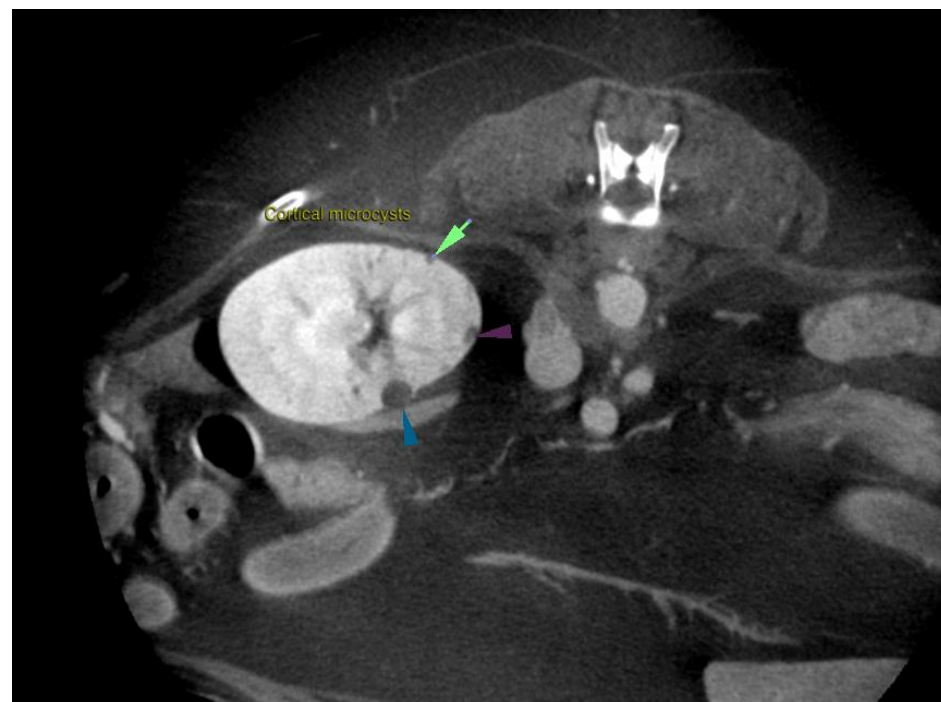
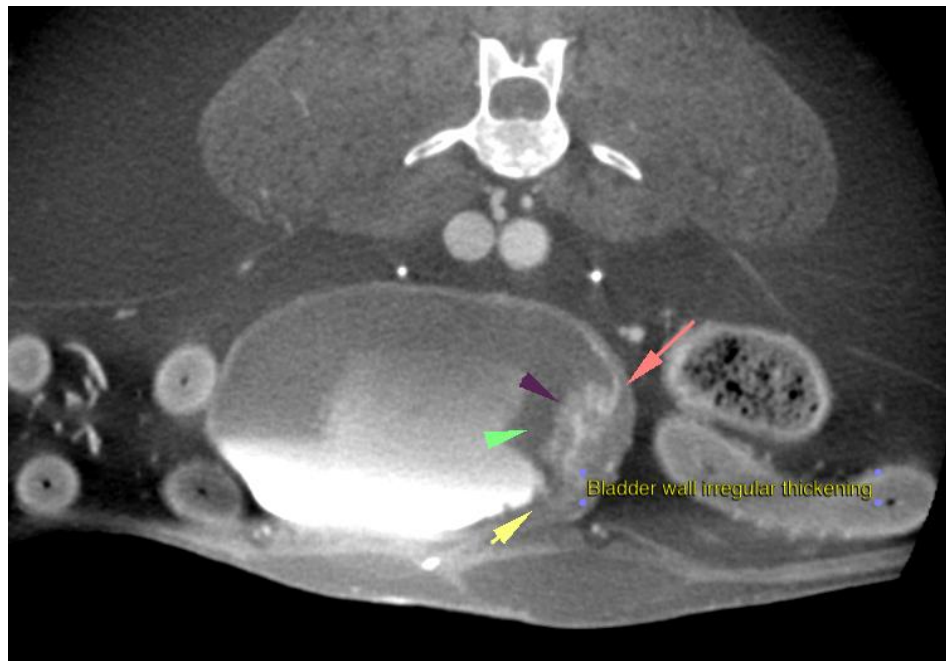
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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