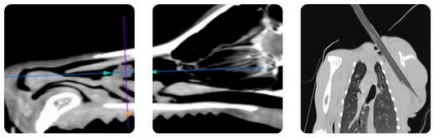


PATIENT

Rolo Marden

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

15

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

73098

DATE

12-23-25

PRESENTING CLINICAL SIGNS

intermittent hematuria, on ursodiol incrased frequancy of urination history of mass removal left lateral stifle possible urethral mass xrays of the thorax show possible mets

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

A pre- and post-contrast CT study of the abdomen and pelvis are provided for review totaling 2 series. One pre-contrast series of the abdomen and pelvis, bone algorithm. One pre-contrast (delayed) series of the abdomen and pelvis, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN & PELVIS

There is an abnormal segmental and irregular dilation of the urethra caudal to the pelvic symphysis. In this region, the urethral/vaginal wall appears irregular. The affected segment measures approximately 3.3 cm in length.

The urinary bladder is moderately distended and contains homogeneously hypoattenuating fluid material admixed with hyperattenuating contrast material. The urinary bladder wall thickness is within normal limits.

The kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises and ureters are within normal limits.

The abdominal lymph nodes, including the medial iliac and sacral lymph nodes, are within normal limits.

Evaluation of the liver is limited due to suboptimal contrast enhancement. The gallbladder is poorly delineated. Two small, oval mineral-attenuating structures are identified along the trajectory of the common bile duct, measuring approximately 0.7 cm and 1.2 cm, respectively.

The spleen is homogeneously soft tissue attenuating, with normal size and shape.

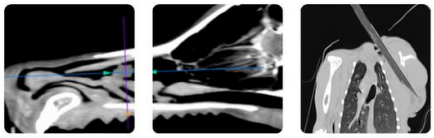
The pancreas and adrenal glands are within normal limits.

No aggressive osseous abnormalities of the pelvic bones or lumbosacral spine are identified.

There is lateral and ventral vertebral endplate spondylosis deformans at L7–S1, more pronounced on the right side, with narrowing of the corresponding neurovascular foramen.

The serosal fat exhibits normal attenuation.

Within the collimated caudal thorax, there are at least two small pulmonary soft tissue nodules, as well as one larger soft tissue pulmonary nodule within the accessory lung lobe, measuring approximately 1.8 × 2.1 cm, silhouetting the region of the caudal esophagus.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental irregular dilation and wall irregularity of the distal urethra, caudal to the pelvic symphysis, measuring approximately 3.3 cm. Differential diagnoses include urethral neoplasia, inflammatory/infiltrative urethral disease (proliferative urethritis*).
- Pulmonary nodules, including one large soft tissue nodule in the accessory lung lobe and at least two smaller nodules, pulmonary metastatic disease.
- Mineral-attenuating structures within the common bile duct, compatible with choledocholiths.
- L7–S1 spondylosis deformans with right-sided foraminal narrowing, likely degenerative, possible resulting impinging nerve root impingement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate an irregular, segmentally dilated portion of the distal urethra with associated wall irregularity. Differential diagnoses include urethral neoplasia and inflammatory or infiltrative urethral disease, such as proliferative urethritis*. Definitive diagnosis requires cytologic or histopathologic confirmation. Recommended diagnostic approaches include urethroscopy-guided biopsy or, if not feasible, a carefully performed blind traumatic urethral aspiration for cytology.

The tomographic findings further demonstrate multiple pulmonary soft tissue nodules, including a large lesion within the accessory lung lobe. The primary differential diagnosis is pulmonary metastatic disease, which may be correlated with the previously excised mass (pending correlation with prior histopathologic results) or with the suspected urethral neoplastic process.

The tomographic findings also demonstrate mineral-attenuating structures along the course of the common bile duct, compatible with suspected choledocholiths, as well as L7–S1 spondylosis deformans with right-sided foraminal narrowing, likely degenerative.

Reference: *Emanuel M, Berent AC, Weisse C, Donovan T, Lamb KE. Retrospective study of proliferative urethritis in dogs: Clinical presentation and outcome using various treatment modalities in 11 dogs. J Vet Intern Med. 2021 Jan;35(1):312-320. doi: 10.1111/jvim.16007. Epub 2020 Dec 14. PMID: 33316119; PMCID: PMC7848298.

TECHNICAL COMMENTS

Image interpretation is partially limited by streak and beam-hardening artifacts. Only a delayed post-contrast phase is available.

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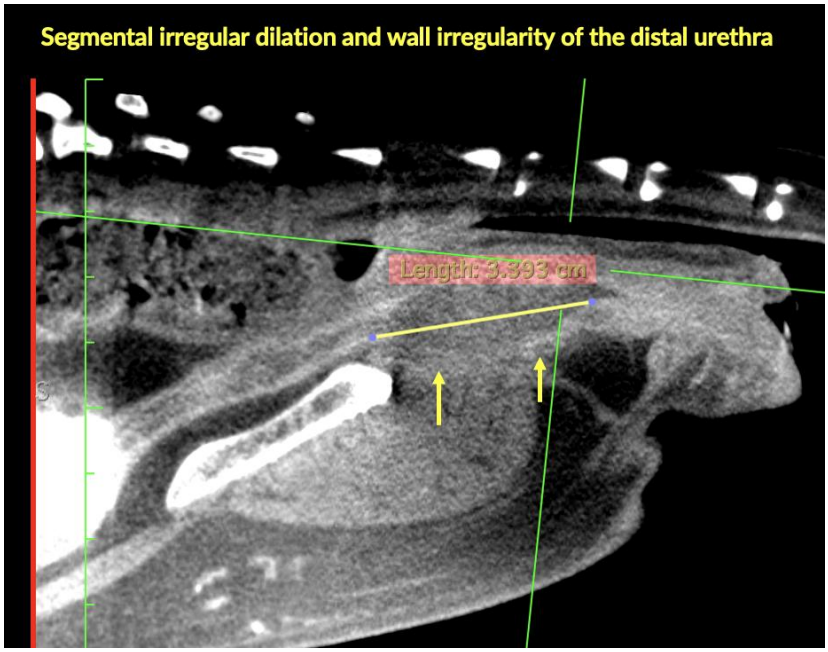

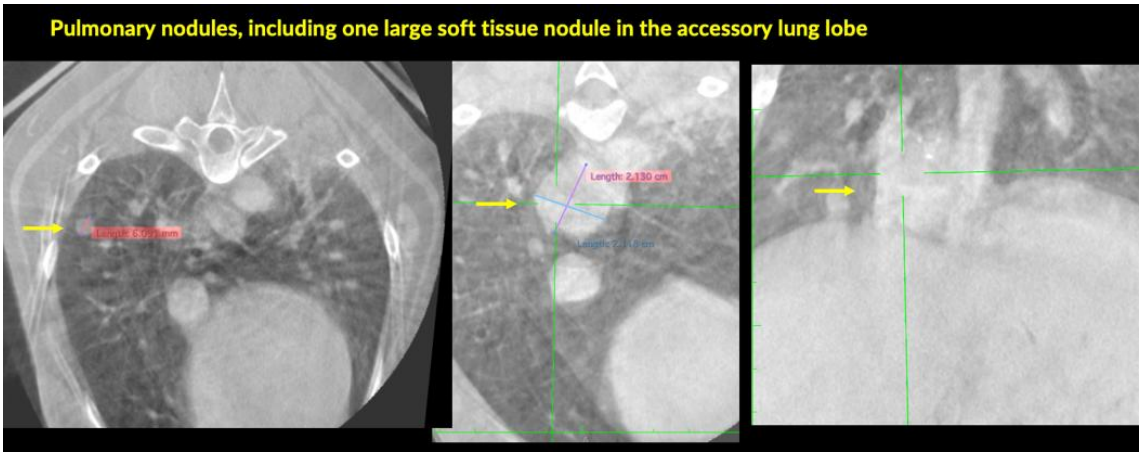

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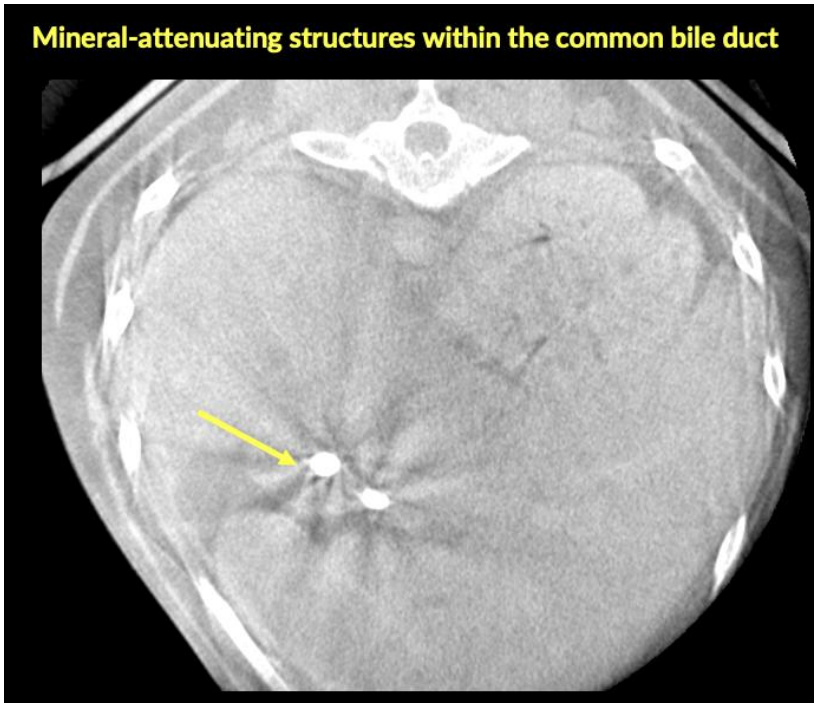

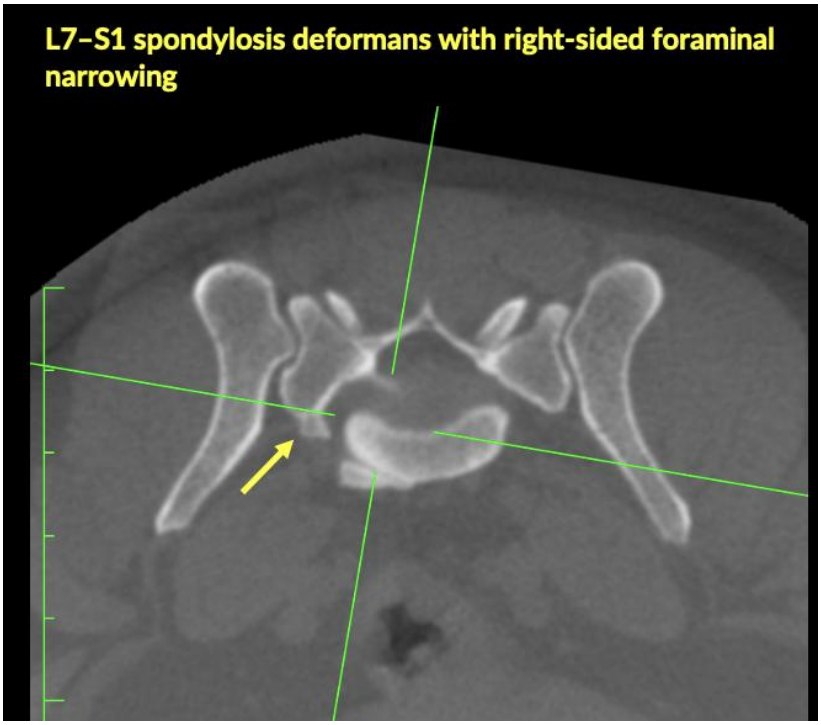

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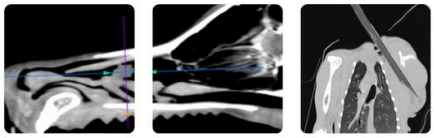

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com