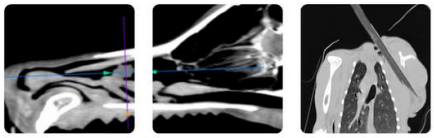


PATIENT

Maggie Kahan

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

9

WEIGHT

106.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73918

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- Presented yesterday for decreased urination over the last 1-3 days. Keeping the tail tucked seems to be painful
- Drained bladder of 1120ml yesterday via u cath. Was more comfortable once drained.
- History of urinary tract infections
- Current medications include meloxicam, amoxicillin, and gabapentin.

Abnormal PE/Chem/CBC/UA Results: Markedly hooded vulva with irritation and caked excretory debris around perianal and vaginal area. Large fatty mass under right axillary region. Abdomen soft and non-painful on palpation. Internal splenic nodule approximately 1.5 cm in diameter. Rectal exam revealed a firm irregular structure underneath the colon in the pelvic region; suspicious for a mass See attached for blood, urine and radiograph interpretations

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 6 series. Two pre-contrast thoracic series (bone algorithm). Two pre-contrast abdominal series (bone algorithm). One post-contrast thoracic series (bone algorithm). One post-contrast abdominal series (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

There is a large, irregular to tubular-shaped soft tissue mass within the caudal abdomen and pelvic canal. The mass appears to be predominantly extramural and silhouettes the urethra, causing ventral compression.

In the caudal abdominal portion, the mass is interposed between the urinary bladder neck and the descending colon, extending caudally through the pelvic canal, where it continues to compress and displace the urethra.

The mass is heterogeneously contrast-enhancing, with a more centrally heterogeneous soft tissue component and a more cranial predominantly cystic portion. It measures at least 9.4 × 2.3 × 2.6 cm.

Both ureters course along the margins of the cystic portion of the mass without evidence of abnormal dilation.

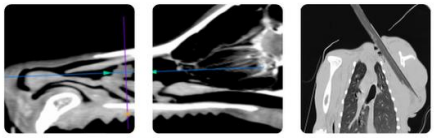
The urinary bladder is moderately distended with homogeneous hypoattenuating content. The bladder wall is mildly and diffusely thickened (approximately 3.8 mm). The bladder neck is displaced by the described mass effect.

The rectum is mildly compressed by the mass. The mass is in contact with the rectal wall.

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

The ovariectomy site/topographic ovarian region is unremarkable.

The liver is normal in size, shape, attenuation, and contrast enhancement.



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The gallbladder contains predominantly hypoattenuating material with a small amount of gravity-dependent, more hyperattenuating content. The cystic duct and common bile duct are within normal limits.

Both kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal pelvises are unremarkable. No ureteral dilation is identified.

The spleen is normal in size and shape. A single, ill-defined contour, mixed-enhancing nodule is present within the splenic body, measuring approximately 2.0 cm. The remaining splenic parenchyma is unremarkable.

The gastrointestinal tract is mildly distended with fluid and gas but maintains normal wall thickness and distribution. No mural mass is identified.

The pancreas, adrenal glands, and remaining abdominal lymph nodes are unremarkable.

The serosal fat demonstrates normal attenuation.

The pelvic bones, lumbosacral spine, and adjacent musculature are unremarkable.

THORAX

The trachea and mainstem bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There are moderate gravity-dependent pulmonary consolidation areas associated with reduced lung lobe expansion, more pronounced in the left lung lobes, with mild ipsilateral mediastinal shift. These findings are most consistent with passive pulmonary atelectasis.

The remaining aerated pulmonary parenchyma demonstrates normal attenuation, with no evidence of pulmonary micronodules, nodules, or masses.

The bronchial tree demonstrates normal branching and tapering. The bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are within normal limits.

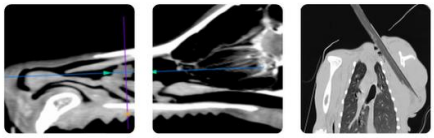
The pleural space, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

There is mild incomplete bridging spondylosis deformans within the thoracolumbar spine.

A large, elongated, homogeneous fat-attenuation mass is present in the left subscapular region, consistent with a lipomatous lesion.

There is bilateral enthesophytosis at the insertion of the biceps brachii tendon.

The proximal humeral medullary cavity on one side appears mildly heterogeneous with a mottled appearance compared to the contralateral limb; however, there is no cortical disruption.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large caudal abdominal/pelvic predominantly extramural mass (9.4 × 2.3 × 2.6 cm) positioned between the bladder neck and descending colon, extending through the pelvic canal and causing urethral compression, with mild rectal compression. Differential diagnoses include vaginal or urethral neoplasia (e.g., transitional cell carcinoma, leiomyoma/leiomyosarcoma, other mesenchymal tumor); stump pyometra or granulomatous inflammatory process (less likely).
- Mild diffuse urinary bladder wall thickening, possibly secondary to chronic cystitis or outflow obstruction.
- Solitary splenic nodule (2.0 cm), mixed enhancing. Differential diagnoses include nodular hyperplasia, extramedullary hematopoiesis, small hematoma, or less likely neoplasia.
- Passive pulmonary atelectasis without evidence of pulmonary metastatic disease.
- Large left subscapular fat-attenuation mass, most consistent with lipoma.
- Bilateral enthesophytosis at the insertion of the biceps brachii tendons, consistent with chronic degenerative enthesopathy. Clinical significance is uncertain.
- Mild thoracolumbar spondylosis deformans.
- Mildly heterogeneous, mottled appearance of the proximal humeral medullary cavity (unilateral), without cortical bone disruption. Differential diagnoses include artifact, benign medullary variation, early marrow remodeling, or less likely infiltrative neoplasia process – early metastatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large extramural soft tissue mass within the caudal abdomen and pelvic canal, resulting in urethral compression and likely secondary urinary outflow obstruction. Differential diagnoses include vaginal or urethral neoplasia (e.g., transitional cell carcinoma, leiomyoma/leiomyosarcoma, or other mesenchymal tumors). Stump pyometra or a granulomatous inflammatory process is considered less likely, as there is no imaging evidence of remnant ovarian tissue.

Ultrasonographic access to the mass for fine-needle aspiration (FNA) may be technically challenging due to its location. A FNA and/or biopsy are recommended for definitive diagnosis. Traumatic transurethral cytology may also be considered as an adjunct diagnostic approach.

Surgical consultation is recommended following histopathologic confirmation.

For the splenic nodule, consider monitoring with abdominal ultrasound or sampling if clinically indicated.

There is no tomographic evidence of thoracic metastatic disease at this time.

Regarding the mildly heterogeneous, mottled appearance of the proximal humeral medullary cavity (unilateral), without cortical bone disruption, serial radiographic monitoring is recommended to elucidated better and assess for progression.

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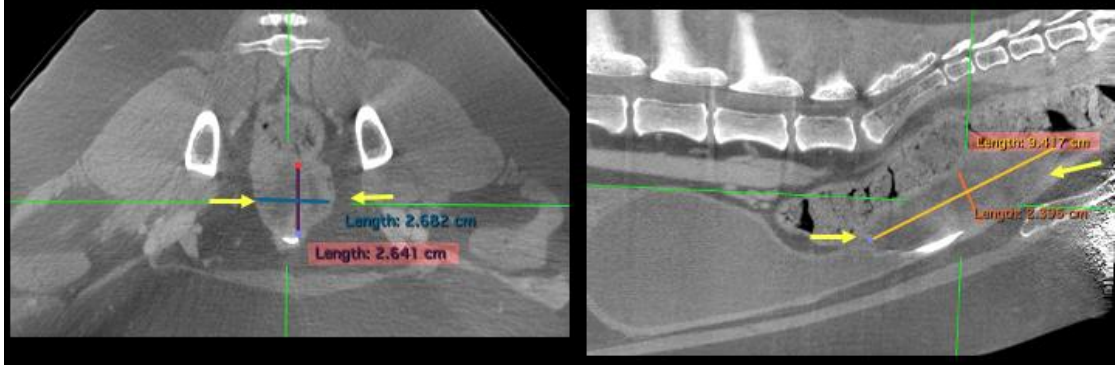
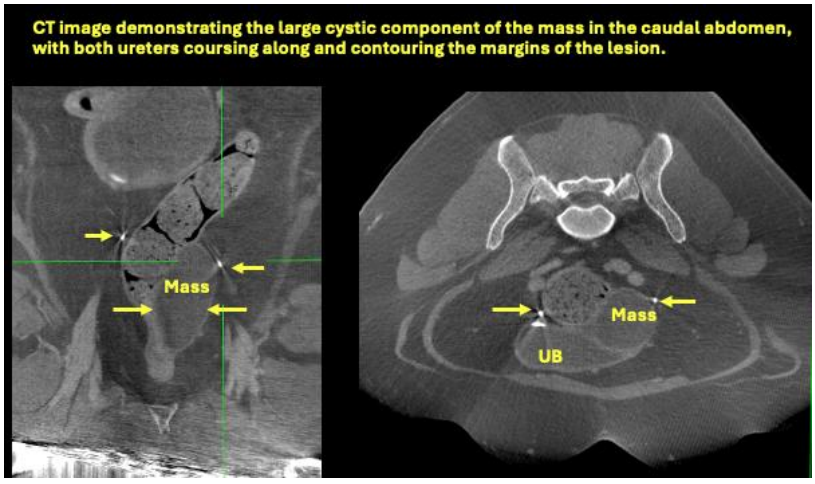
CT image demonstrating a large, irregular to tubular-shaped extramural soft tissue mass within the caudal abdomen and pelvic canal, causing ventral compression and silhouetting of the urethra.



CT image demonstrating the large cystic component of the mass in the caudal abdomen, with both ureters coursing along and contouring the margins of the lesion.



Solitary splenic nodule (2.0 cm), mixed enhancing

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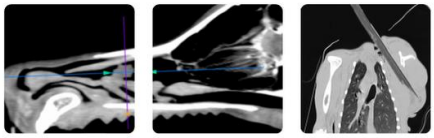

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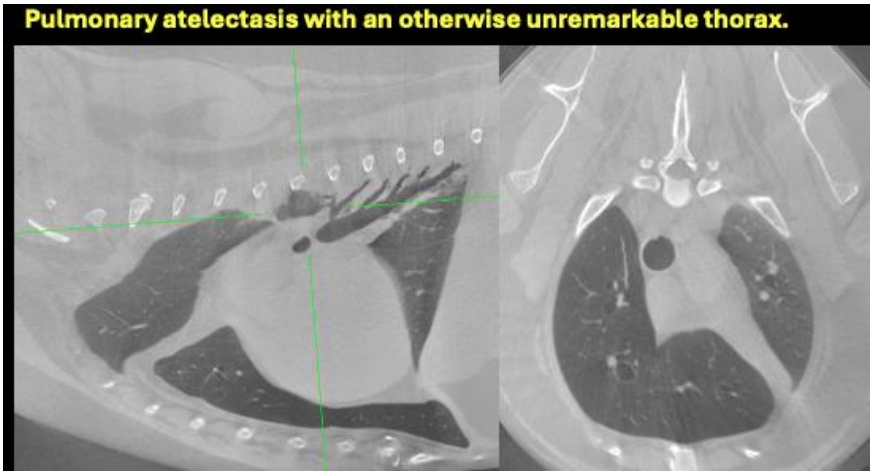

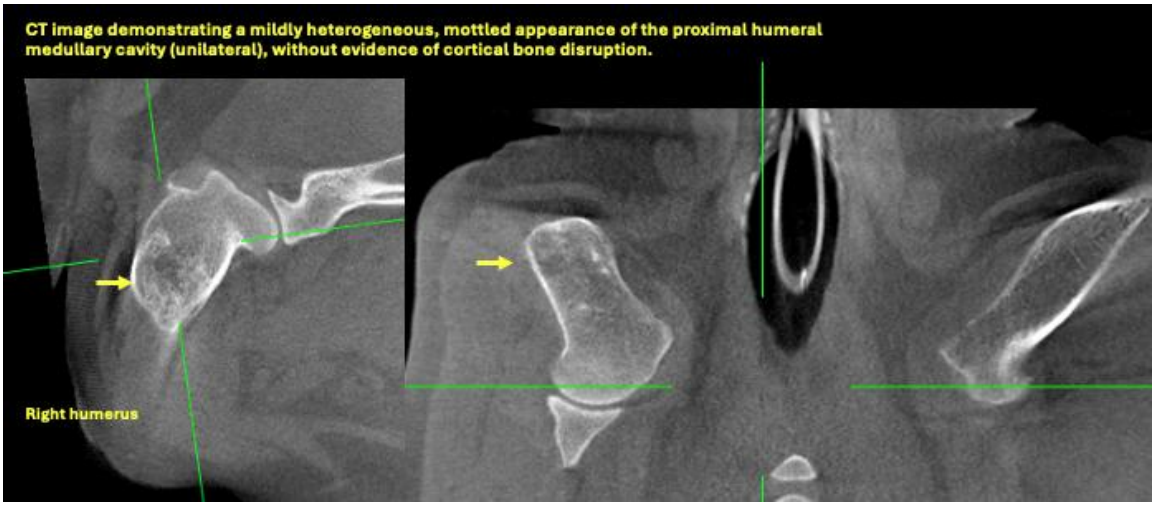

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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