

**Conclusions**

The laboratory data and clinical signs all support a diagnosis of an acute hepatitis with clinical recovery. However, an explanation of the causative factors is not readily apparent. One could theorize that the ethyl alcohol in the cream-Kahlua mixture was hepatotoxic. However, in experimental cases, cats have been treated with ethyl alcohol and exhibit no

discernible ill effects. That would seem to cast a shadow of doubt on the alcohol toxicity theory. Perhaps there are other non-identified "toxic" agents in the liquor.

Regardless of the causative factors, this case is a good example of an acute hepatitis with clinical recovery following vigorous supportive therapy.

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# What's Your Radiographic Diagnosis?

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**History**

An 8-year old castrated male Elkhound was presented with urinary incontinence, hematuria, and dysuria. Previous treatment for acute cystitis with Ampicillin and Tribissen<sup>a</sup> provided only temporary relief of clinical symptoms. Unresponsiveness to antibiotic therapy suggests the possibility of

chronic cystitis, cystic calculi, or bladder neoplasm.

Laboratory findings: serial BUN's were 35 and 28. Urine analysis revealed hematuria, proteinuria, pyuria, and bacteriuria.

Scout radiographs were unremarkable. A double contrast cystogram was performed, followed by an IVP (fig. 1 & 2).

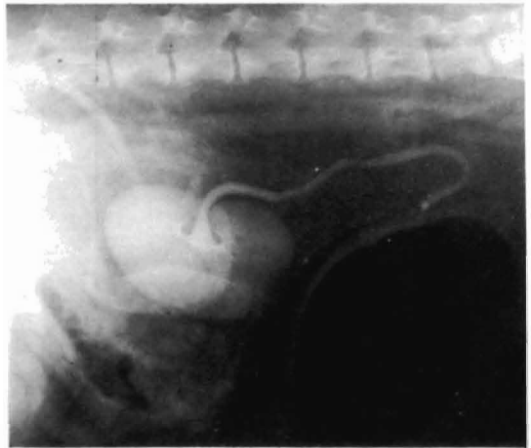


Figure 1 & 2: Double Contrast Cystogram and IVP

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<sup>a</sup>Tribissen<sup>®</sup> Trimethoprim/Sulfadiazine, Burroughs Wellcome Co., Research Triangle Park, N.C.

**Radiographic Diagnosis**

There is a large irregular mass arising from the right lateral wall of the urinary bladder (fig. 3). The nodular mass extends into the lumen of the urinary bladder. The bladder wall is thickened in the area of the trigone. In the IVP (fig. 4), there is good delineation of the left kidney with slight enlargement of the pelvis. The left ureter is mildly enlarged and its distal portion is abnormally tortuous. The parenchyma and diverticula of the left kidney appear normal. Only a thin rim of parenchyma remains at the periphery of the right kidney (fig. 4, arrows). Neither the right pelvis nor ureter is opacified.

Radiographic signs indicate a large invasive mass arising from the wall of the urinary bladder. Obstruction of the right uretero-vesicular junction by the mass has resulted in severe hydronephrosis of the right kidney. Radiographic changes are compatible with a tumor such as a transitional cell carcinoma.

**Comment**

Euthanasia was elected due to the extensive tumor invasion of the bladder wall

and the subsequent development of hydronephrosis. Necropsy confirmed diagnosis of transitional cell carcinoma and right ureteral obstruction with secondary hydroureter and hydronephrosis (fig. 5).



Figure 4: IVP. Only a thin rim of parenchyma remains at the periphery of the right kidney (arrows).



Figure 3: A large irregular mass arising from the right lateral wall of the urinary bladder (Oblique view).

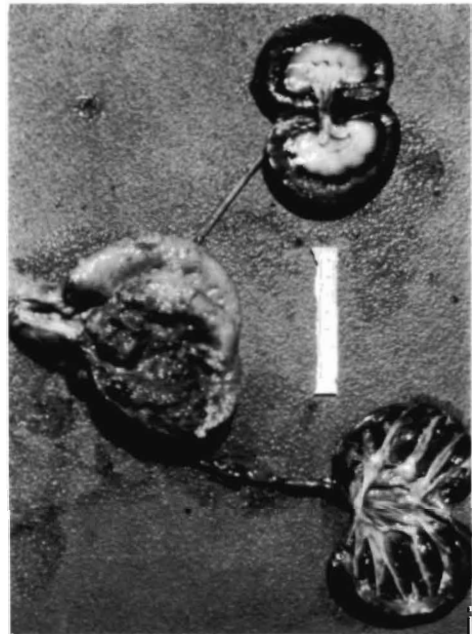


Figure 5: Transitional cell carcinoma and right ureteral obstruction with secondary hydroureter in hydronephrosis.