



**PRESENTING CLINICAL SIGNS**

**PATIENT**

Lucky Mitchell

History: Chief Complaint: EARS History: P IS HERE TO CHECK EARS.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR, LITTLE HARD TO RESTRAIN EENT: DEAF. LARGE AMT RUST BROWN DX AU WITH MODERATE INFLAMMATION EARLY CATARACTS OU, IRIS ATROPHY OU, CORNEAL PIGMENT OD. NOT INFLAMMED Oral Cavity: HARD TO EXAMINE Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: AB PALP - **VERY LARGE MASS CAUDAL ABDOMEN...?PROSTATE**. RECTAL EXAM - PROSTATE VERY LARGE MAKING CONTACT WITH VERY LARGE FIRM SUBLUMBAR LN THAT IS COMPRESSING THE COLON AND DEVIATING THE COLON TO THE LEFT SIDE. AREA OF LEFT AG THICKENED Uro/Perineum: INTACT, TESTICLES PALPATE NORMALLY Musculoskeletal: N Neurological: N

**SPECIES**

Canine

**BREED**

Yorkie Mix

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

**SEX**

Male

T12 appears to be wedge shaped and the adjacent disc spaces are narrow. The L2/3 disc space is reduced. Smooth, moderately large spondyles are present at the end plates of these vertebrae. The periosteal surfaces are smooth.

**AGE**

14 Years 1 Month

The abdominal detail is good; diaphragm and abdominal wall are intact.

The sublumber lymph nodes are enlarged with a konvex cranial edge. They occupy 6x3 cm of the retroperitoneal fat space.

The prostatic shadow is obscured by the colonic contents.

**INTERPRETED BY**

Heike Rudolf, DVM,  
Dr. med. Vet.,  
DipECVDI DVR

Both renal shadows appear to have a physiological size. The bladder is located in the abdominal cavity and contains a small amount of homogeneous fluid opacity.

The liver is located within the costal arch and the caudo-ventral lobe is pointed.

The spleen appears physiological.

**HOSPITAL NAME**

DPC Veterinary H

The stomach contains a moderate amount of food; the small intestinal loops occupy the central abdomen and appear of homogeneous and physiological size. The colon contains a moderate amount of unformed fecal matter which is ventrally displaced cranial to the pubic brim. The rectum appears to be in a physiological position.

**REFERRING VET**

Dr. Feldt

**RADIOGRAPHIC DIAGNOSIS**

- Sublumber lymphadenopathy, severe

Incidental findings

**INVOICE**

13253

- Disc disease T11-13, L2/3
- Spondylosis

**DATE**

9/24/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Lucky Mitchell

The extreme lymphadenomegaly is most likely due to a tumor. Differential diagnoses include adenocarcinoma of the anal sack or prostate and lymphoma. An anal sack tumor may be too small to palpate but either ultrasound or a contrast CT can help identify it. However, obtaining a sample from the nodes will probably suffice to obtain a diagnosis. Examining the other lymph nodes and thorax is necessary for staging.

**SPECIES**

Canine

**BREED**

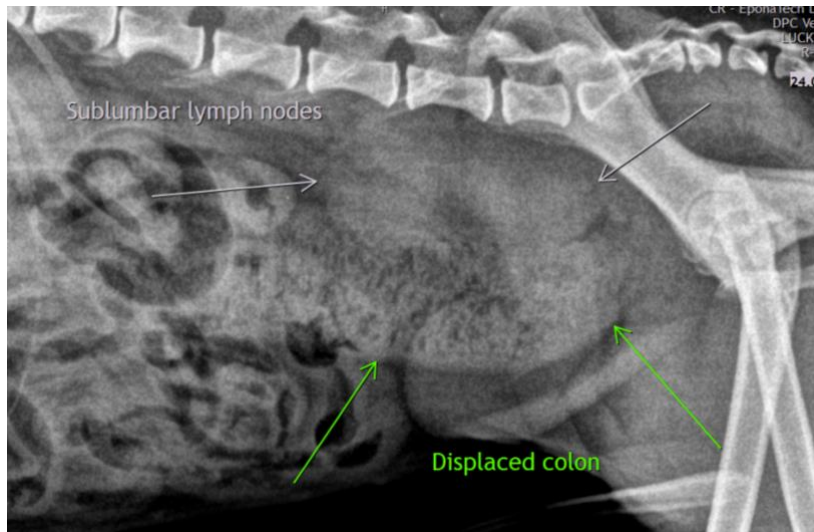
Yorkie Mix

**SEX**

Male

**AGE**

14 Years 1 Month



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.

**INTERPRETED BY**

Heike Rudolf, DVM,  
Dr. med. Vet.,  
DipECVDDI DVR

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.

**Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR**  
dr.h.rudorf@gmail.com

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**REFERRING VET**

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