



PATIENT PRESENTING CLINICAL SIGNS

Bolo Garrett
 O noted prolonged stance while urinating. Sometimes good stream, other times dribbles. rDVM noted mass on rectal palpation. rDVM radiographs showed mass between the bladder and the colon. Radiographs showed no evidence of metastasis. 2017 foreign body surgery with perforation and subsequent hospitalization for septic peritonitis. No further GI issues. Hx scrotal ablation 7 years ago due to a mast cell tumor. Malignant melanoma removed from thorax 2 years ago, no metastasis noted on radiographs at that time. Still playing with balls. Left eye treated with steroid drops, no glaucoma/corneal defect noticed. Hx soft palate resection 2017. Noted thickened nodular epiglottis on intubation.

SPECIES
 Canine

BREED
 English Staffordshire Terrier

Abnormal PE/Chem/CBC/UA Results: Had radiographs 3 view with no obvious metastasis. 2 view abdomen has 3x5 cm mineralized mass in caudal abdomen. CBC- wnl Tbili 1.2 U/A- USG 1.022 no bacteria, no WBC's, no crystals, and no abnormal cells seen. 3cm mass in prostate region seen while obtaining urine.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

AGE

11

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Pelvis

A large irregular shaped asymmetric prostatic mass of approximately 6.5 x 4.5 x 3.0 cm is seen. The mass presents multifocal cavitation, heterogeneous contrast enhancement, and foci of mineralization. The mass extends into the urinary bladder neck which wide and the vesicourethral transition cannot be recognized anymore. No evidence of ureteral dilation is seen at this time even though the mass appears to be in proximity of the vesico-trigone .

The right medial iliac lymph node is moderately enlarged, rounded, and presents heterogeneous contrast enhancement.

No overt lytic lesions are seen in the caudal lumbar spine.

Abdomen

A 3.0 cm sized expansile heterogeneously enhancing mass is seen in the splenic tail. The remainder of the spleen presents occasional small hyperattenuating nodules.

Small nodules are seen in the liver as well.

REFERRING VET

Dr. Crystal Ebert

Small cortical renal infarcts are seen in both kidneys.

Thorax

Multiple variably sized soft tissue attenuating interstitial nodules of up to 5mm diameter are distributed throughout all lung lobes.

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There is no evidence of mediastinal lymphadenomegaly.

No evidence of cardiovascular pathology is seen.

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Head

The cartilage of the epiglottis presents multifocal random mineralization. The epiglottis is mildly



PATIENT thick in appearance.

Bolo Garrett The lymph nodes of the head present within normal limits.

SPECIES Multifocal periodontal disease is seen accentuating the triadans 206 and 207 where severe widening of the periodontal space with loss of the lamina dura is noted. The canine teeth present horizontal abrasion.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

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English Staffordshire
Terrier

- Large prostatic mass with invasion of the urinary bladder meeting neoplastic criteria.
- Suspect metastatic disease to the regional lymph nodes in the hypogastrium.
- Interstitial pulmonary nodules suggesting metastatic disease.
- Splenic mass meeting neoplastic criteria.
- Epiglottis thickening of undetermined cause and significance.
- Severe periodontal disease - triadans 206 and 207.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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The CT study reveals a mineralizing and cavitating mass of the prostate which invades the urinary bladder neck. Until proven otherwise, this should be considered prostatic neoplasia. Final diagnosis could be established by means of sampling such as traumatic catheterization under ultrasonographic guidance.

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The lymph node changes of the right medial iliac lymph node are highly suggestive for regional metastatic disease. The interstitial nodules of the lung are compatible with metastases of the presumed prostatic neoplasia or other neoplasia in the patient history.

Differential diagnosis for the splenic mass includes primary neoplasia such as hemangioma, hemangiosarcoma, metastatic disease, and less likely hematoma.

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Wilvet Salem

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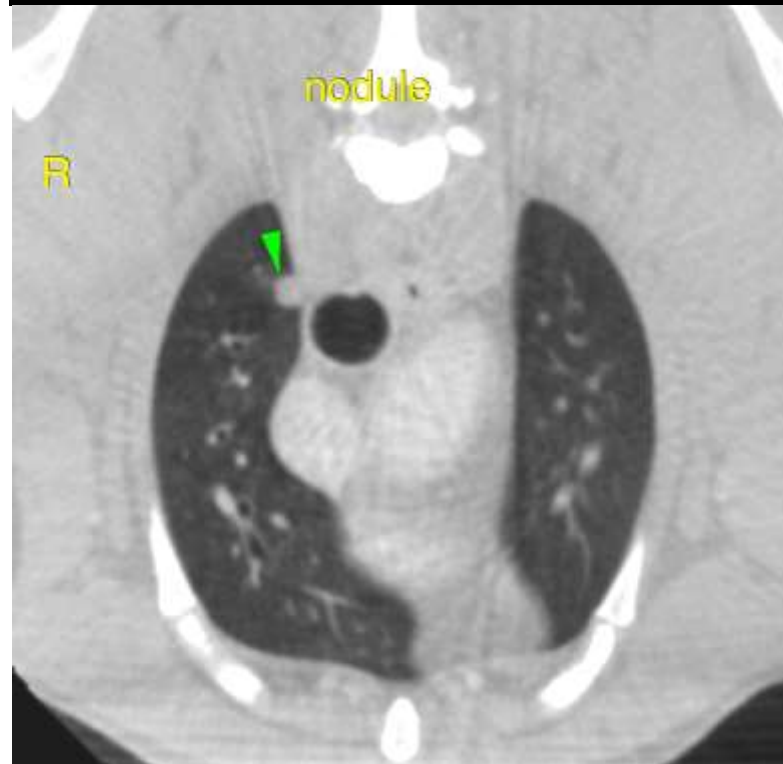
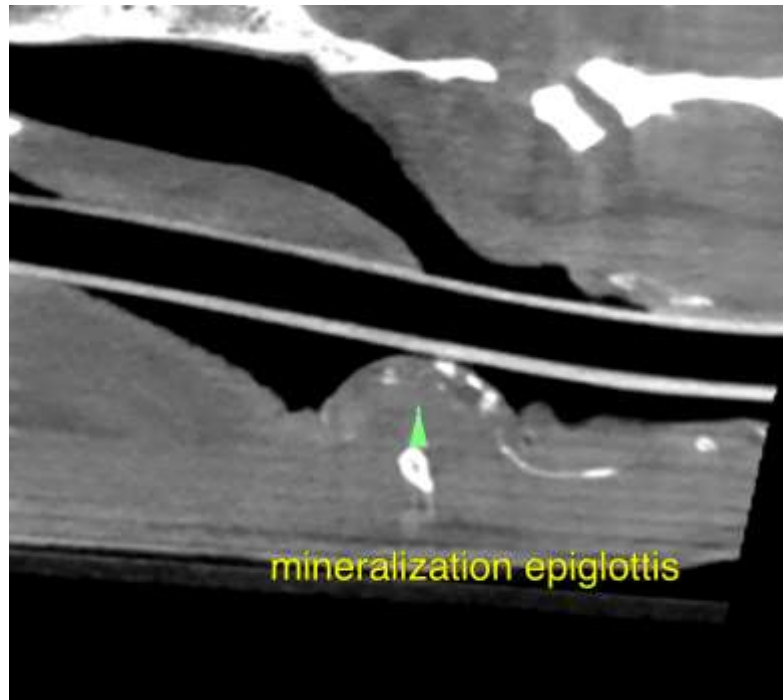
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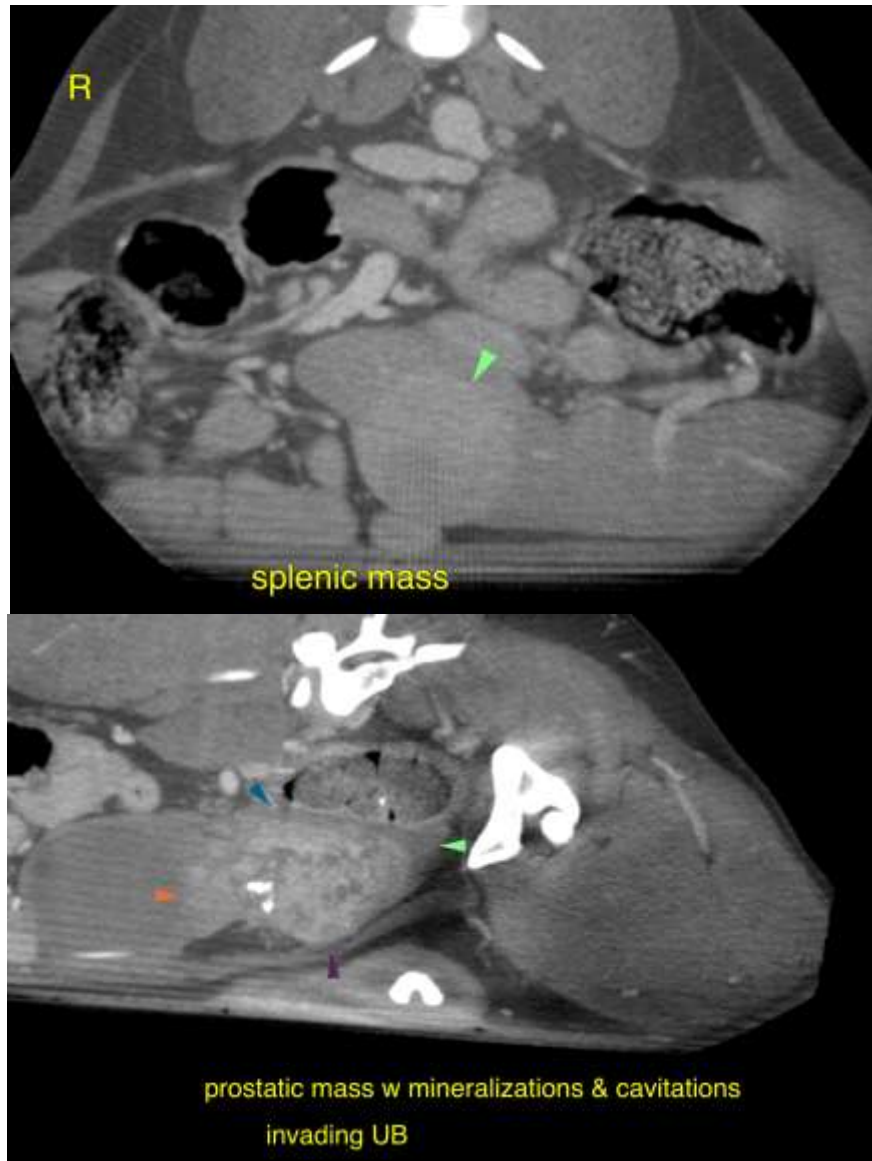
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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