



PATIENT PRESENTING CLINICAL SIGNS

Kar Hoey Chronic history esophageal paralysis, perianal fistulas. No GI pathology at this time. Prostatic carcinoma diagnosed 4/2024 via BRAF; trans-arterial prostatic embolization, 7/11/2024. WNL until 4 weeks ago P developing hematuria w significant clotting, Crea 34 pre-anesthetic screening 12/7.

SPECIES WNL until 1.5 months ago when intermittent stranguria, developed. While medicated he would fully void during sleep; he improved, medications were tapered, and he urinated normally for 4-5 weeks until hematuria started this Monday. Owner observed possible discomfort today as Kar repeatedly looked at his side in the crate. No vomiting or constipation. Stools not narrowed. No recent lameness; generally slower with age. Imaging to recview for resurgence of prior TCC pathology vs new one. Currently on Peroxicam, Cyclosporine. No contrast used due to elevated Crea.

BREED

German Shepherd Abnormal PE/Chem/CBC/UA Results: PCV-TS 30%, Crea 34

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SEX Plain study of the thorax and abdomen available for review.

MN

COMPUTED TOMOGRAPHIC FINDINGS

AGE ABDOMEN

8 A large prostatic mass measuring ~ 5 cm x 4 cm with internal mineralization is seen. The mass impinges on the urinary bladder neck and proximal urethra.

INTERPRETED BY Moderate bilateral iliac lymphadenomegaly and mild bilateral hypogastric and sacral lymphadenomegaly is noted.

Nele Eley (Ondreka),
DVM Dr. med. vet.,
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Both kidneys present within normal limits for size, shape and organ architecture.

The adrenal glands are within normal limits for size, shape and organ architecture.

HOSPITAL NAME Both liver and spleen present with normal shape.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

REFERRING VET THORAX

Rory Applegate
DVM-DACVMIM

Moderate generalized dilation of the esophagus consistent with the reported chronic esophageal paralysis is noted.

There is no evidence of aspiration pneumonia.

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The lung and bronchial tree present within age-related normal limits. The lungs and remaining thoracic structures are unremarkable.

Moderate spondylosis deformans is noted in L3-4 and L4-5.

DATE

12/07/2025



PATIENT Degenerative lumbosacral stenosis with moderate vertebral canal stenosis is seen.

Kar Hoey **COMPUTED TOMOGRAPHIC DIAGNOSIS**

SPECIES

Canine

BREED

German Shepherd

- Prostatic mass with mineralization consistent with the history of prostatic carcinoma
- Potential extension of the prostatic mass into the urinary bladder neck and urethra.
- Regional lymphadenopathy involving the bilateral iliac, hypogastric and sacral lymph nodes suspicious for metastatic involvement.
- Chronic esophageal dilation consistent with megaesophagus
- Degenerative lumbosacral stenosis

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

AGE

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The prostatic mass is consistent with the history of prostatic carcinoma. Invasion of the urinary bladder neck and urethra are considered possible based on the CT presentation. The regional lymphadenopathy suggests potential for regional metastatic spread of the prostatic carcinoma.

The findings of the esophagus are consistent with the history of esophageal paralysis. Evidence of aspiration pneumonia is not seen at this time. Cytology or biopsy of the prostatic mass and affected lymph nodes under ultrasonographic guidance can be considered should histopathologic confirmation be sought.

Ultrasound or MRI may represent valid alternative methods for further local staging of the prostatic mass and urinary bladder involvement given the renal insufficiency precluding contrast administration.

INTERPRETED BY

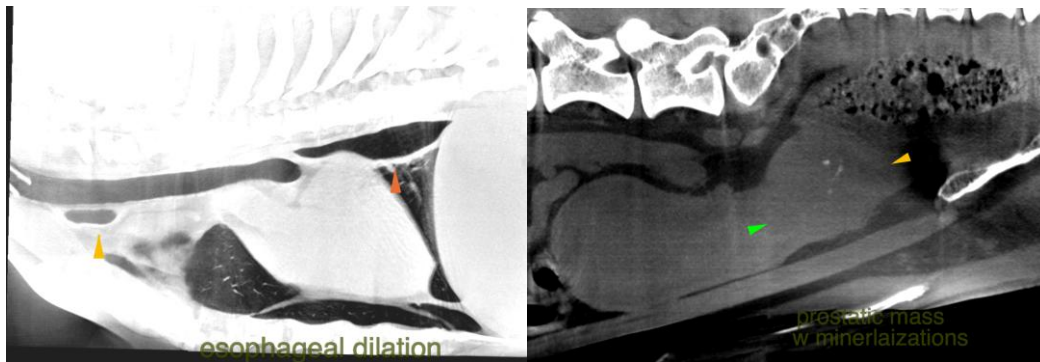
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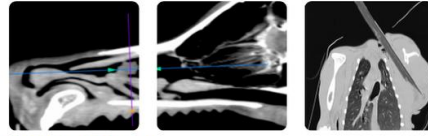


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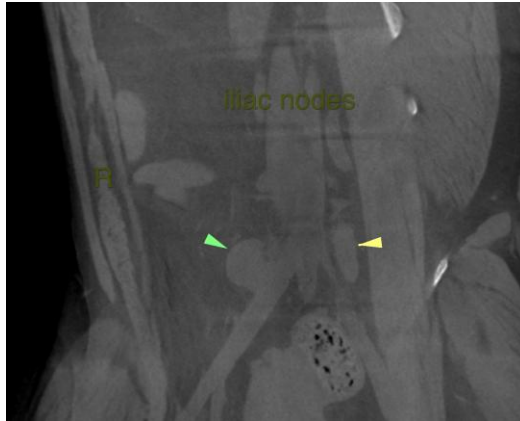
Kar Hoey

SPECIES

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SEX

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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.

AGE

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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.

INTERPRETED BY

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