

PATIENT PRESENTING CLINICAL SIGNS

Ziggy Two Green Diagnosed years ago with elevated kidney values, historical UTIs, and an enlarged prostate. Back in 2017 he was involved in a trauma, during that evaluation a contrast urethrogram was performed and a bladder diverticuli was found. Assessment: chronic kidney disease IRIS stage 3, Urachal diverticulum, Prostatomegaly. CT scan conclusions from 4/2021: urachal diverticulum, chronic renal Dz, worse on the Left, suspected benign prostatic hyperplasia. In May 2021, partial cystectomy and castration.

Abnormal PE/Chem/CBC/UA Results: Creatinine today at 3.6

SPECIES

Canine

BREED

Bouvier De Flandres

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & PELVIS

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Male Neutered

The patient has a history of chronic renal disease, prostatic enlargement, and castration in May 2021. Urachal diverticulum and partial cystectomy in May 2021 as well.

AGE

6 Years

The prostate presents moderate symmetric enlargement and measures 3.2 cm in length, 3.1 cm in width, and 2.9 cm in height. Small cysts of up to 4mm diameter are seen within the prostatic parenchyma.

The urinary bladder is moderately distended. Mild generalized wall thickening, and mucosal surface irregularity is seen. Maximum thickness of the urinary bladder wall is 3.5mm.

INTERPRETED BY

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There is no evidence of regional lymphadenomegaly.

The right kidney measures 7.0 cm in length and the left kidney measures 6.0 cm in length. Mild generalized surface irregularity, a heterogeneous and weak nephrogram, and mild pyelectasia are seen in both kidneys. A mild amount of mineral attenuating material is present within the renal pelvis of both kidneys as well. Mild perinephric fluid accumulation is present in the retroperitoneum; right more than left.

HOSPITAL NAME

Mobile Pet Imaging

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

REFERRING VET

Meaux

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

INVOICE

50701

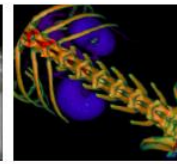
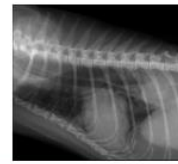
L1/2 spondylosis is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic cystitis pattern.
- Prostatomegaly - suspect incomplete in prostatic involution after castration.
- Bilateral hypercalcemic nephropathy with signs of reduced excretion and potential polyuria.

DATE

3-2-22


PATIENT

Ziggy Two Green

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The prostatic enlargement with cysts suggests incomplete involution of the prostatic parenchyma after castration. With the multicystic presentation and history of recurrent UTIs as well as the chronic cystitis pattern, prostatitis is one potential differential diagnosis and further definition by means of full urinalysis and sampling of the prostatic parenchyma could be considered. An imaging recheck could be considered an alternative in order to verify for the presence of progression of the involution.

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The renal changes are compatible with the history of chronic nephritis. The weak nephrogram indicates potential for reduced renal function / excretion. The pyelectasia may be due to polyuria; however, intravenous fluid administration can lead to this mild pyelectasia of less than 5mm too. Perinephric fluid is common in chronic renal failure cases and further supports the tentative diagnosis of chronic nephritis.

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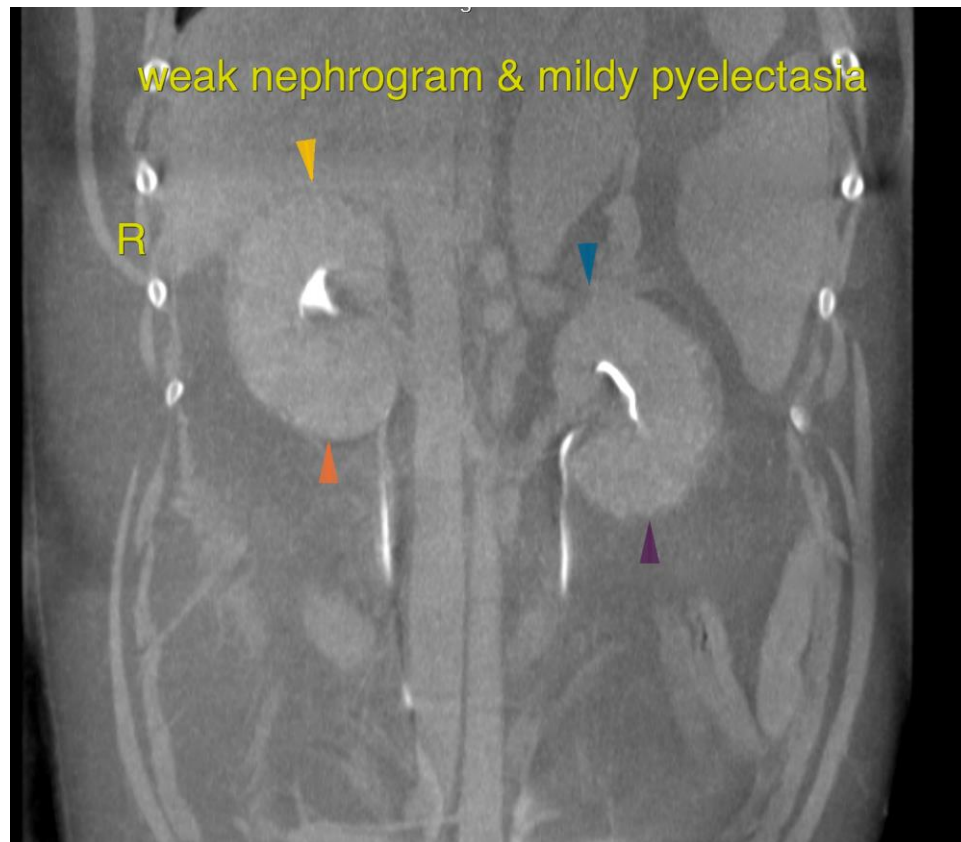
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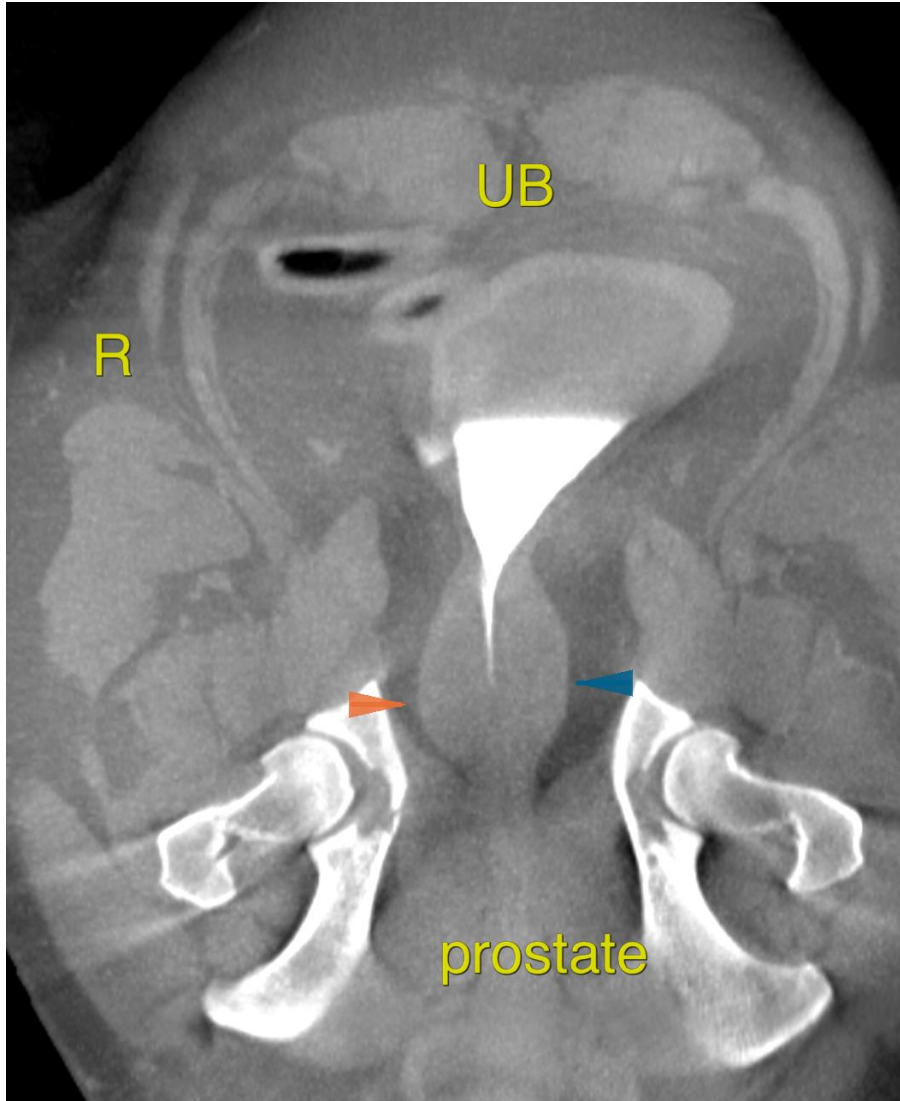
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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