



PATIENT

Professor Anderson

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.3 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

AMC Corona

REFERRING VET

Dr. Bart Huber

INVOICE

35919

DATE

2/20/26

PRESENTING CLINICAL SIGNS

History: Patient seen at pDVM for difficulty defecating. Per pDVM, there was a mass in the pelvic canal as well as a rectal mass. Rads performed and I could not appreciate an abdominal or pelvic mass but could palpate rectal mass - ended up having both anal glands impacted (expressed AFTER scan performed). Rectal exam did not reveal any palpable changes. Spleen on pDVM rads showed mild splenomegaly. I saw the spleen on the CT looked enlarged - is this from anesthesia or is there any signs of splenic disease/lesions? Any signs of rectal or perirectal masses? Is the prostate normal? Please do not read the skull scan, that was done for a future dental and we did see the retained roots, a fractured root on the upper first incisor and left carnassial tooth

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

The displayed parts of the spine and pelvis are inconspicuous. Signs of a compressive lesion of the spinal cord or cauda fibers are not noted. There is no evidence of an aggressive bone lesion, fracture or subluxation.

The urinary bladder is moderately filled and inconspicuous. The prostate appears mildly enlarged with diameters of approximately 1.5 x 1.3 cm, presenting a small cystic lesion on the right side. The urethra caudal to the prostate is moderately thickened, showing a significant enhancement after contrast application. This is accompanied by moderate swelling of the soft tissues in the bulbourethral region that can be traced up to the penis bone.

Both anal glands are inconspicuous and moderately filled. The colon and rectum present moderate filling with mixed ingesta. The sacral lymph and the medial inguinal lymph nodes are inconspicuous. There is no free peritoneal fluid noted.

Moderate enlargement of the spleen is recognized with a single, nodular and mass-like lesion of 1.3 x 1.0 cm, showing mild protrusion of the splenic capsule. Both kidneys show age-appropriate degenerative findings with cystic lesions in the corticomedullary transition but are unremarkable apart from that. All other abdominal organs show normal findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Single, nodular lesion spleen
- Marked thickening urethra and symmetric swelling bulbourethral region
- Moderate filling of the descendant colon and rectum
- Small cystic lesion right prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The contrast enhancement and thickening of the urethra are commonly seen with inflammatory changes like urethritis and prostatitis. The swelling of the bulbourethral region may be a secondary finding due to an increased resistance while urinating or defecating. These findings would match with the reported patient's history. I cannot identify residual testis tissue. The course and morphology of the descendant colon and rectum appear inconspicuous. To rule out any stenosis in the course of the urethra, catheterization and sonographic evaluation of the urinary bladder and prostate could be performed next.

There is no evidence of an aggressive or invasive lesion and/or lymph node pathology.



PATIENT

Professor Anderson

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.3 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

**IMAGING
PERFORMED BY**

Erika Ruiz

HOSPITAL NAME

AMC Corona

REFERRING VET

Dr. Bart Huber

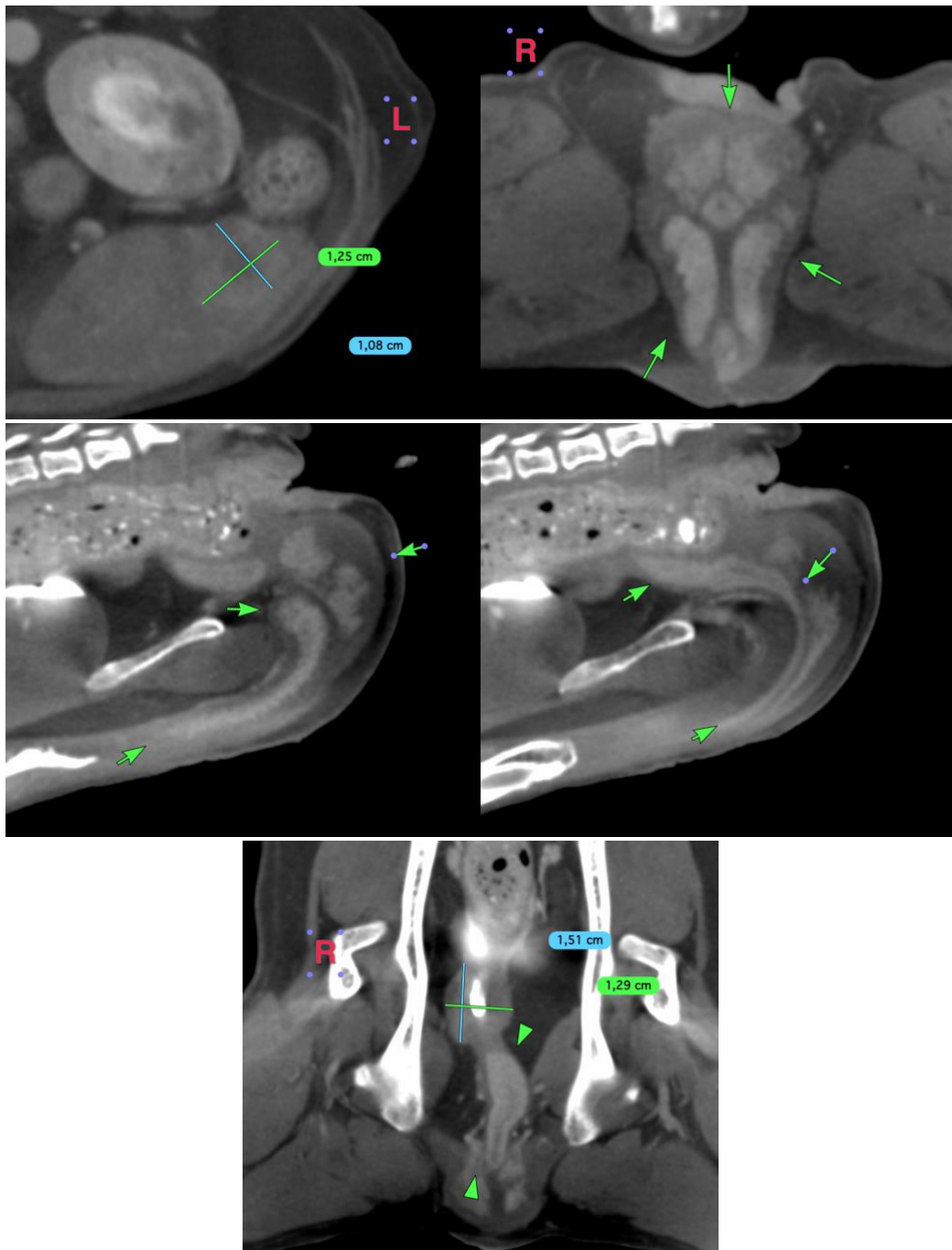
INVOICE

35919

DATE

2/20/26

The mass-like lesion in the spleen is an unspecific finding. Differentials include but are not limited to nodular hyperplasia, degenerative or regenerative findings, as well as malignant neoplasia. Final assessment is a matter of the temporary course and regular sonographic follow-ups. The protrusion of the splenic capsule presents a higher risk of peritoneal hemorrhage.





PATIENT

Professor Anderson

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.3 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

AMC Corona

REFERRING VET

Dr. Bart Huber

INVOICE

35919

DATE

2/20/26

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

info@sonopath.com