



PATIENT

Enzo O'Kelly

PRESENTING CLINICAL SIGNS

Significant decrease in exercise tolerance. Wheezing. Pendulous abdomen that palpates normally. Multiple chronic dermal skin tags. Appetite excellent (attested to by obesity).
Radiographic concerns: Left caudal lung nodule, hepatomegaly, possible visible prostate, renal mineralization. Thanks, Jeff

SPECIES

Canine

RADIOGRAPHIC FINDINGS

BREED

Chi x Rat Terrier

Displayed bony structures of spine and thorax are within normal limits without signs of a fracture, sub-/luxation and/or a lytic/sclerotic process. Marked obesity is noted. Caudal to the right rib cage there is oval granular and mineralized opacity noted in the subcutaneous region measuring 1.77 cm.

SEX

M

Thorax:

The cardiac silhouette is normal with no evidence of chamber enlargement. Pulmonary vessels are normal in size and taper appropriately in the periphery. The left caudal lung lobe presents a well-defined, rounded soft tissue nodule of 1.70 cm. Lung shows regular density apart from that. The carina and the bronchial tree reveals subtle mineralization but appear normal.

AGE

11 Years

Trachea is unremarkable in diameter and course.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Mediastinum presents expected soft tissue density, there is no evidence of tracheobronchial, cranial mediastinal or sternal lymphadenopathy. No mediastinal shift is seen. Esophagus is not visible and considered to be normal. Diaphragm is unremarkable, no signs of pleural effusion.

Abdomen:

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The liver shows rounded margins extending caudally to the costal arche and mild elevation of the gastric axis. The spleen presents mild and diffuse mineralization, size and surface are inconspicuous.

REFERRING VET

Jeff Schutz DVM

Stomach and intestine are inconspicuous, large intestine is gas-distended and shows some radiopaque ingesta.

Both kidneys present mild calcification at the level of the pelvic recesses. Kidney size is normal with a length of 5.88/5.66 cm. No signs of abdominal or retroperitoneal effusion.

INVOICE

47315

Urinary bladder is mildly filled, no evidence of radiopaque cystic calculi. Prostate shows severe enlargement with estimated height of 5.28 cm, surface appears irregular still with clearly defined margins. There are mild calcifications recognized. The colon gets mildly dorsally elevated.

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9-2-21

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RADIOGRAPHIC DIAGNOSIS

- Soft tissue pulmonary nodule left caudal lobe
- Mild bronchial calcifications
- Moderate hepatomegaly
- Bilateral calcifications of the renal recesses
- Diffuse mineralization of the spleen
- Severe hypertrophy of the prostate with mild mineralization
- Mineralized subcutaneous lump right caudal rib cage, incidental finding
- Marked obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple differentials for nodule-like lesions of the lung including cavitory fluid-filled lesions, small lung abscess or granuloma/hematoma as well neoplastic findings. Follow-up radiographs (in 6 weeks) could monitor constancy in shape, size, opacity, and number.

The mild calcifications of the bronchial walls likely is age-related and clinical not relevant. Common differentials are chronic bronchitis and hyperadrenocorticism. The latter could cause hepatomegaly/lipidosis and multiple/multifocal mineralization. Small renal calculi are commonly incidental findings and again not of clinical relevance.

Chronic inflammatory issues/immune stimulation may cause splenic mineralization, please check for hyperadrenocorticism.

Final assessment of the prostate is difficult. Benign hyperplasia and neoplasia are possible. There is at least significant enlargement. The irregular surface could be caused by cysts.

Abdominal ultrasound for further evaluation is recommended (FNA prostate, spleen, liver?; adrenal glands?).



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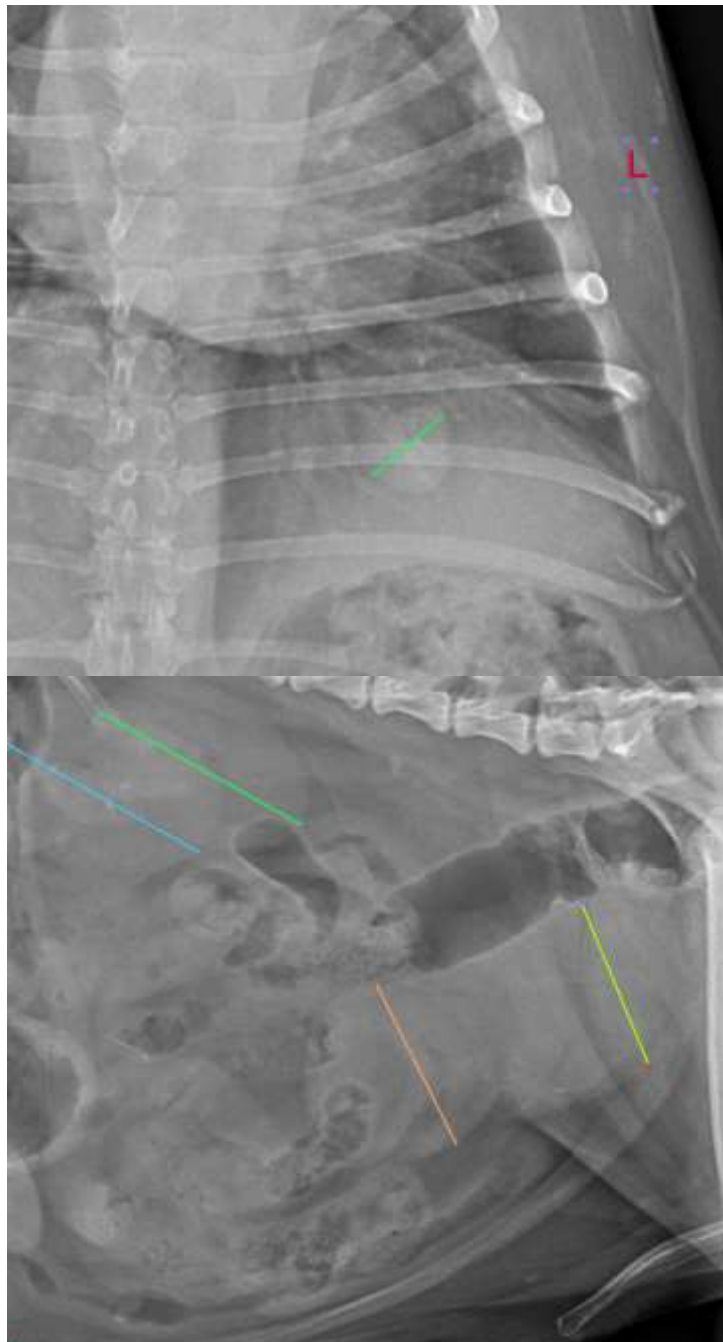
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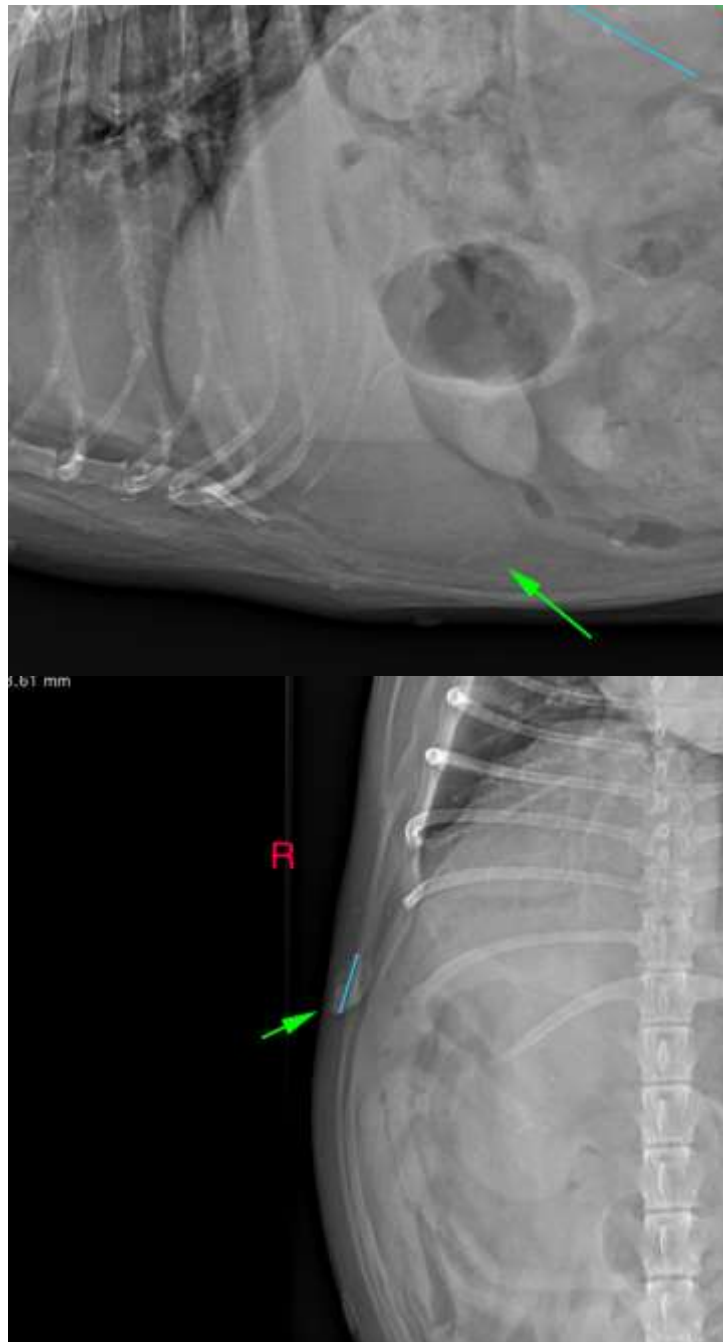
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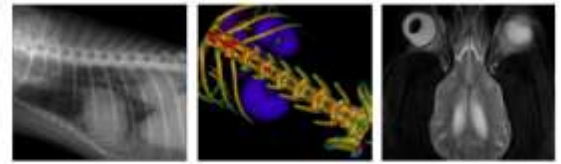
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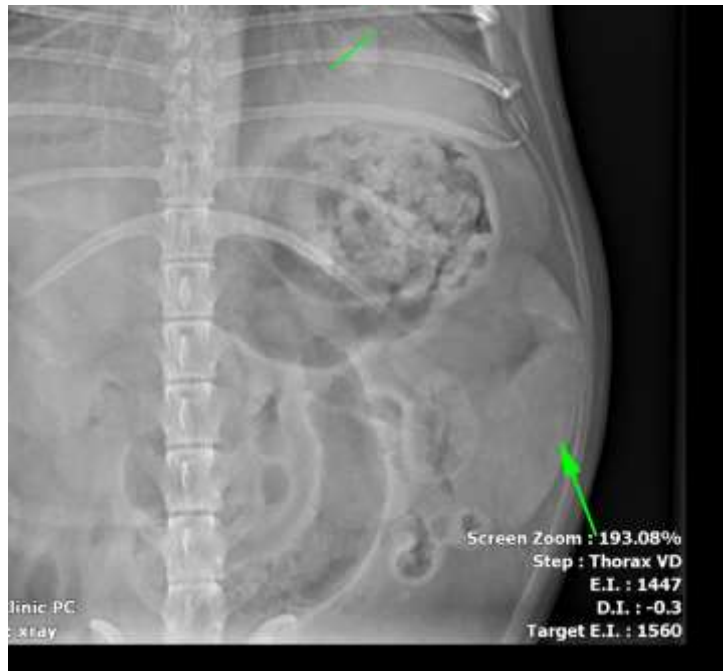
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

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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Clinic

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