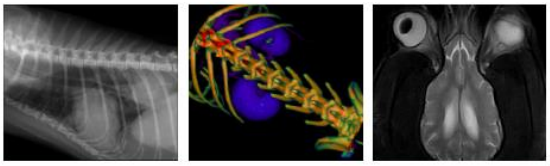
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bentley Smith

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

8 Years, 4 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Adelaide Plains Veterinary Surgery

REFERRING VET

John Katakasi

INVOICE

56248

DATE

1-18-23

PRESENTING CLINICAL SIGNS

Blood in urine which has previously responded well to NSAIDs and Clav. ?UTI, uroliths, crystals, prostate

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The prostate is moderately enlarged, measuring 6.6 x 5.0 x 7.6 cm in size, The raphe is maintained. The prostatic parenchyma has a heterogenous contrast enhancement pattern with intraparenchymal, well-defined fluid attenuating filling defects with a variable size. Protruding from the left cranial aspect of the prostate, a fluid attenuating ovoid shaped lesion is seen, demarcated by a soft tissue attenuating and moderate contrast enhancing wall with small punctuate mineralization, measuring 4.5 x 4.5 x 5.3 cm in size. The peritoneal fat surrounding the prostate presents a mild soft tissue striation.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver is normal in size and shape. In the parenchyma of the caudate process of the caudate liver lobe, a well-defined parenchymal filling defect is appreciated.

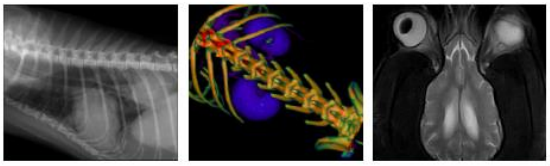
The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The intervertebral discs T13/L1 to L3/L4 and L6/L7, L7/S1 are bulging into the vertebral canal, occupying up to 30% of the cross-sectional area of the vertebral canal at the same level – most accentuated level with the lumbosacral junction. The vertebral endplates L1/L2 present mild spondylosis formation. The periarticular bones of the left coxofemoral joint present advanced osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prostatomegaly with intraprostatic cavitary lesions and a cavitary lesion with paraprostatic extend
- Multifocal intervertebral disc protrusion along the lumbar spine with possible dynamic myelocompression
- Advanced degenerative osteoarthrosis left coxofemoral joint due to hip dysplasia
- Spondylosis deformans L1/L2



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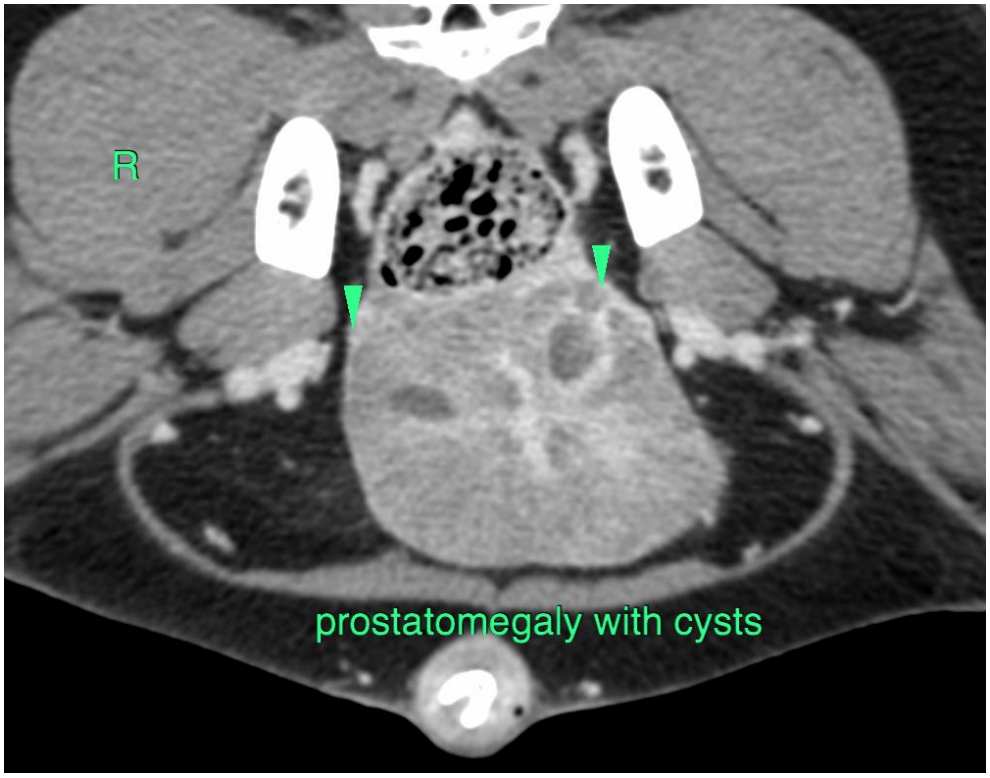
- Solitary hepatic cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic changes are compatible with benign prostatic hyperplasia ± prostatitis and multiple intraprostatic cyst – and one intraprostatic cyst presents a mild paraprostatic extend, arising from the left cranial aspect of the prostate. Ultrasound guided drainage of the prostatic cysts and neutering of the patient is considered as the therapy of choice – consider fluid analysis of the cysts to rule out infection or urine cyst. FNA sampling of the prostate can be performed to rule out malignant infiltration.



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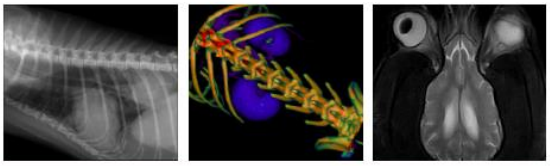

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com