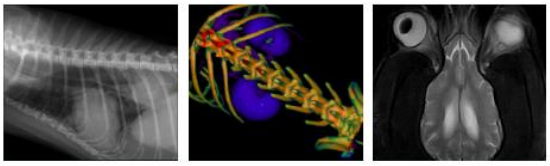
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Emma Hoopes

SPECIES

Canine

BREED

Mastiff

SEX

FS

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Fugazzi

INVOICE

56286

DATE

1-19-23

PRESENTING CLINICAL SIGNS

Emma presented for 12 days of difficulty urinating/stranguria, tenesmus, hindlimb weakness, hyporexia to anorexia, intermittent vomiting. She was seen Jan 6th by rDVM (all creatures-records attached), bloodwork, UA, culture, CADET testing, ultrasound performed. She was diagnosed with a urethral obstruction, azotemia, UTI with e.coli growth. She was sent home with baytril and galliprant and she had an indwelling u-cath placed to get her bladder emptied as she had signs of a urethral obstruction at that time. She pulled out her indwelling u-cath 5 days later. She was seen at 4 paws 1/17, x-rays were performed and saw a large mineralized pelvic mass. They tried to place a urinary catheter as her bladder was large and distended, but they were unsuccessful. Owners placed u-cath at home without sedation and emptied her bladder (~1.5cup per owner). She has only defecated 1.5 cups in the past week. She has lost 10 lbs since Jan 6th. Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE CAUDAL ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Originating from the pelvic floor, an expansile, cauliflower like mineralizing mass is seen, protruding dorsally into the pelvic canal and ventrally into the subcutaneous tissue. The mass is measuring 9.4 x 6.5 x 12.9 cm in size – bulging cranially into the peritoneal cavity and caudally into the perineal region. The associated ischial/pubic bone present permeative osteolytic lesions. The mass is occupying approximately 80% of the cross-sectional area of the vertebral canal at the same level. The colon/rectum is displaced dorsally and compressed by the mass effect. The descending colon cranial to the pelvic canal is significantly distended by feces. The urethra & vagina are deviated to the right, the vagina is mildly distended by fluid attenuating material.

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow and the center of the femoral heads is lateral to the dorsal acetabular rim.

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation and the subchondral bone of the respective vertebral endplates is mildly irregular.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive osteoproliferative mass originating from the pelvic floor with stenosis of the pelvic canal
- Secondary constipation
- Degenerative osteoarthrosis coxofemoral joints bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralizing mass is consistent with primary osseous neoplasia originating from the pelvic floor, the mass effect on the urethra and the colon is explaining the presenting clinical signs. Differentials for the mass include osteosarcoma, chondrosarcoma, osteochondrosarcoma, other.

Surgical options might be discussed with oncologist and surgeon.

Consider full tumor staging.

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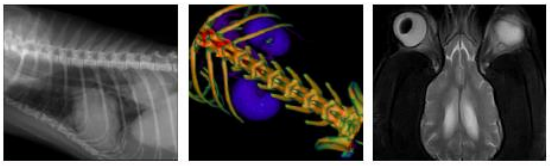

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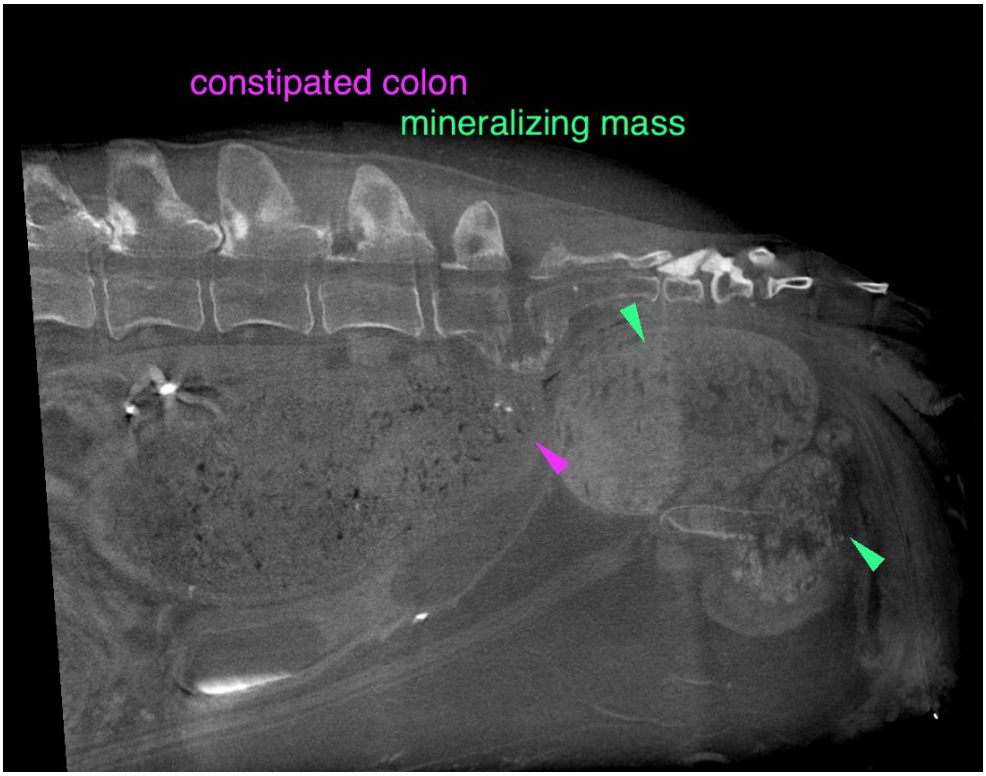

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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