



PATIENT

Kerjack Holston

SPECIES

Canine

BREED

American Bulldog

SEX

Male

AGE

8Y

WEIGHT

97

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Armando Sobrado

HOSPITAL NAME

Miami Springs Animal
Hospital

REFERRING VET

Dra Cuesta

INVOICE

73431

DATE

1-21-26

PRESENTING CLINICAL SIGNS

History:

- p was brought in for not feeling well for a month. o states that p is eating and drinking well. was observed on x ray prostatomegaly.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis of the caudodorsal dependent aspects of the lung. In the subpleural space at the cranial aspect of the accessory lung lobe, an ovoid shaped nodular lesion with central punctuate mineralization is seen, measuring 12 x 5 x 9 mm.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

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 enlarged, measuring 8.6 x 5.3 x 9.5 cm. The prostatic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern. The peritoneal fat surrounding the prostate and caudal abdomen presents moderate soft tissue striation.

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

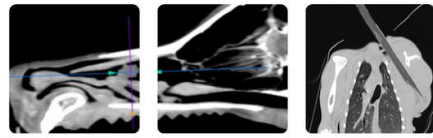
Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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 medial iliac lymph nodes are prominent.

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



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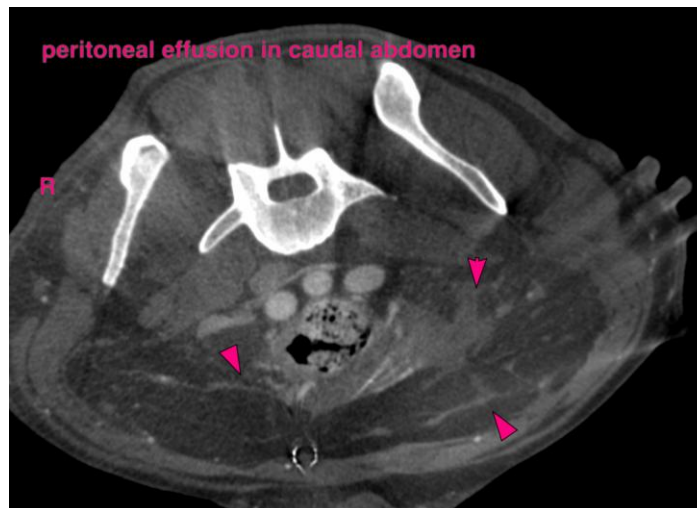
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prostatomegaly with heterogeneous contrast enhancement of the parenchyma
- Localized peritonitis in the caudal abdomen
- Lymphadenopathy medial iliac lymph nodes
- Solitary pulmonary nodule accessory lung lobe with central dystrophic mineralization
- Osteoarthritis coxofemoral joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic changes are concerning for prostatitis ± prostatic cystadenoma formation and secondary peritonitis in the caudal abdomen. Recommend complementing workup by complete urinalysis and FNA sampling of the prostate. The appreciated changes are unusual for malignant prostatic transformation. Castration of the patient appears beneficial as well.

The solitary pulmonary soft tissue nodule is not specific; I consider the odds for granuloma high. A follow up CT of the thorax in 6 month can be used to check if the lesion changes in size.





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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
info@sonopath.com