



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Max Luna  
Max presented with a 4 month history of lethargy, pollakiuria, and accidents in the house. He has been straining to defecate and has produced smaller amounts of stool for the past month. They switched to wet food recently and have been giving miralax. Stools are a little softer. An

**SPECIES**  
Canine  
abdominal ultrasound on 1/14/22 shows prostatomegaly, highly suspicious for neoplasia. w Previous diagnosis: prostate cancer Imaging done: Ultrasound Urination pattern: Normal stream initially, followed by frequent attempts to urinate. Hematuria: No Pollakiuria: Yes Therapies tried and response: Baytril and carprofen, - helped with constipation back in November but not as helpful this time. Current medication: Baytril, carprofen, miralax Current symptoms: Lethargic, straining to defecate, pollakiuria. General health status: Eating and drinking. No vomiting or diarrhea. Decreased energy levels.

**BREED**  
Beagle  
Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Bloodwork is dated 1/15/22. CBC - PCV = 50%, WBC = 14500, neutrophils = 12052, lymphocytes = 1162, monocytes = 871. Platelets = 491,000. Chemistry - Calcium 8.6, ALP = 235, GGT = 10, Cholesterol = 483, all else normal. T4 - normal. Urinalysis - USG = 1.017, pH = 6.0, 3+ protein, WBC = TNTC, RBC = 0, 2+

**SEX**  
CM  
cocci bacteria. Ultrasonographic Findings: Urinary Tract: Both kidneys are normal in size and shape. The left kidney measures 68.3 mm and the right 54.3 mm. Renal corticomedullary differentiation and echogenicity are normal. Renal pelvises are not distended. Ureters are not visible. Urinary bladder walls are smooth and thin. There are no visible bladder masses or polyps. The prostate is enlarge, heterogenous and hypoechoic. The left prostatic lobe measures 38 x 23.8 mm in the sagittal plane and the right 34.7 x 19.5 mm. The prostate measures 43.9 x 23.2 mm in the transverse plane. The urethra proximal to the prostate measures 6.8 mm in diameter. The urethra distal to the prostate measures 9.5 mm in diameter. Cystoscopy Findings: The lower urinary tract is imaged with a 7.8 Fr flexible video ureteroscope. Mucosa lining the distal penile urethra is smooth and pale pink. Beginning in the mid penile urethra, there are multifocal areas of mildly raised fimbriated mucosa. Proximally, within the ischial arch, the fimbriated mucosa is generalized. The superficial fimbriated mucosa become thicker and white at the level of the prostate. There is no mass tissue occluding the urethral lumen. Mass tissue slightly extends into the bladder trigone. Throughout the urinary bladder are multifocal areas of very small superficial slightly raised irregular mucosa. Increased vascularity surrounds the multifocal lesions. Urinary bladder mucosa is smooth and pale pink between focal lesions. Mucosa is thin. There is no evidence of increased vascularity. Ureteral orifices are visualized in their normal positions and pulsatile normal appearing urine observed flowing from both sides. Mass tissue does not surround ureteral orifices. Multiple biopsies are obtained of the abnormal urethral mucosa at the level of the prostate. A blood clot formed after biopsy. The clot is removed from the urethra using a stone basket. Clot within the bladder trigone is not removed. Lidocaine is infused into the urethra.

**AGE**  
12 Years

**INTERPRETED BY**  
Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**  
VetMed Consultants

**REFERRING VET**  
Angela Ahlstrom

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

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49882  
A high resolution pre- and post-contrast CT study of the thorax and abdomen is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**DATE**  
1-26-22  
Thorax  
The bony and surrounding soft tissue structures are within normal limits.



**PATIENT** Max Luna  
 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.

**SPECIES** Canine  
 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.

**BREED** Beagle  
 The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization. The right caudal lung lobe presents a zone of compression atelectasis of the most caudodorsal aspect.

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

**CM** Abdomen

**AGE**  
 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.

12 Years  
**INTERPRETED BY** Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI  
 The prostate is moderately enlarged, measuring 4.2 x 3.2 x 3.4 cm in size with mild irregular margins. The prostatic parenchyma is heterogeneous contrast enhancing and multiple small regions of mineralization are seen throughout the prostatic parenchyma. The surrounding peritoneal fat presents mild fat-stranding.

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

**HOSPITAL NAME** VetMed Consultants  
 The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The right liver lobes, present multiple post contrast parenchymal filling defects. The remainder of the hepatic parenchyma present a homogeneous contrast enhancement pattern. The common bile duct is significantly dilated, measuring 13 mm in diameter and can be follow up to the duodenum.

**REFERRING VET** Angela Ahlstrom  
 The pancreas is prominent and presents mild irregular margins, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

**DATE** 1-26-22 **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Prostatomegaly with heterogeneous contrast enhancement pattern and mild dystrophic mineralization
- Prominent pancreas



**PATIENT**

Max Luna

- Dilated common bile duct without evidence of obstruction
- Hepatic cysts
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are compatible with the history of transitional cell carcinoma, affecting the prostate. At this point there is no evidence of local or distant metastatic disease.

**BREED**

Beagle

The common bile duct is significantly dilated, an underlying cause cannot be appreciated, there is no evidence of an intramural or intraluminal lesion, and I suspect this might be a sequela to preceding outflow obstruction or cholecystitis.

**SEX**

CM

The prominent pancreas is considered as a sequela to chronic pancreatitis ± macronodular hyperplasia.

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**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

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**REFERRING VET**

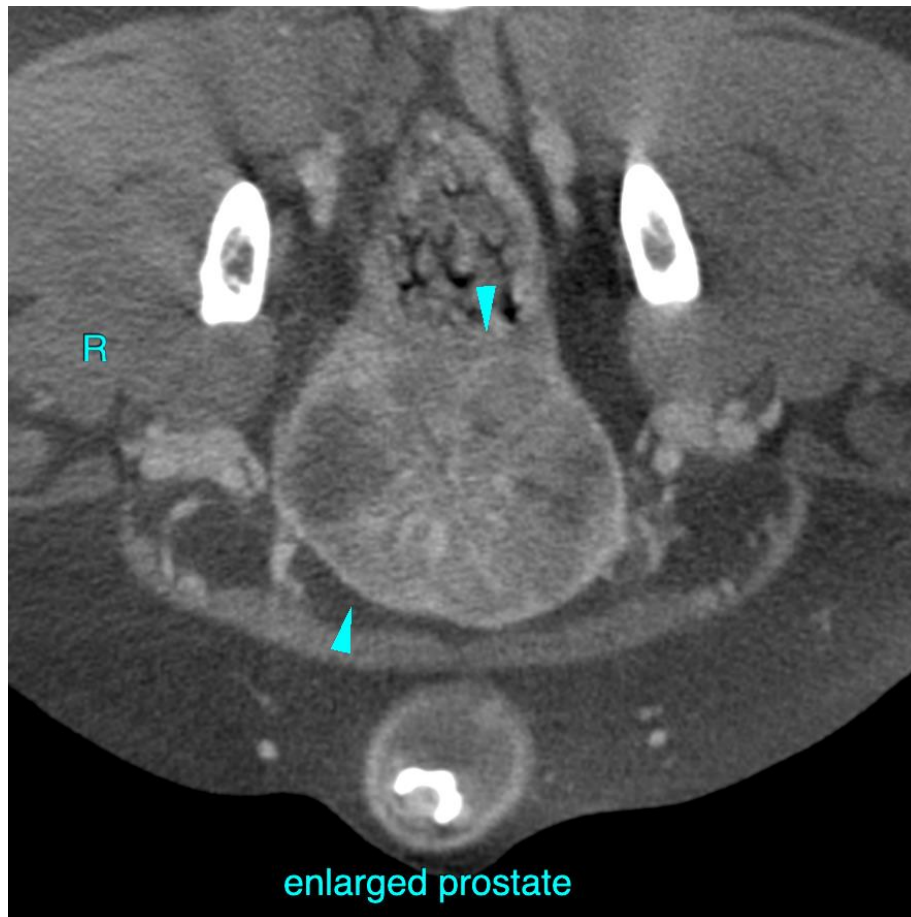
Angela Ahlstrom

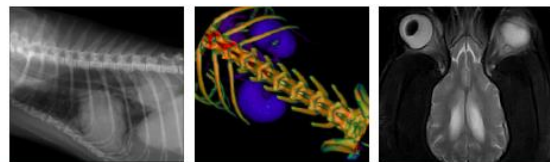
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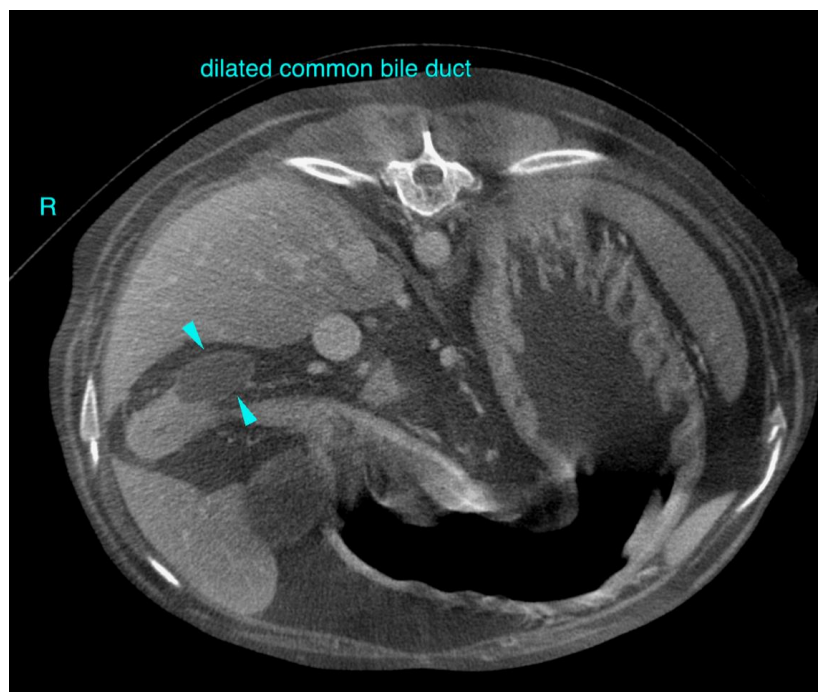
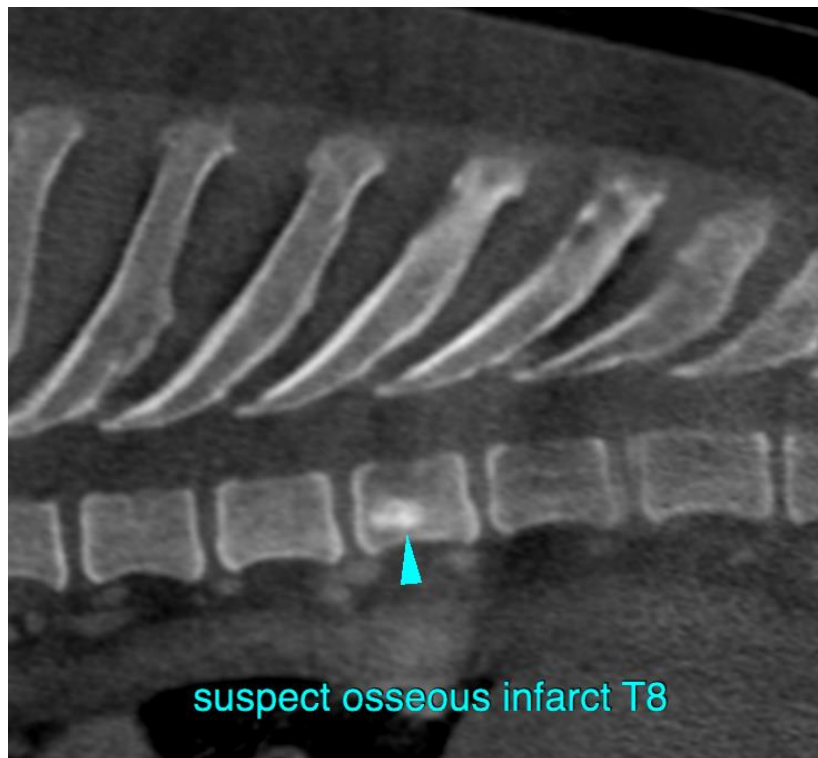
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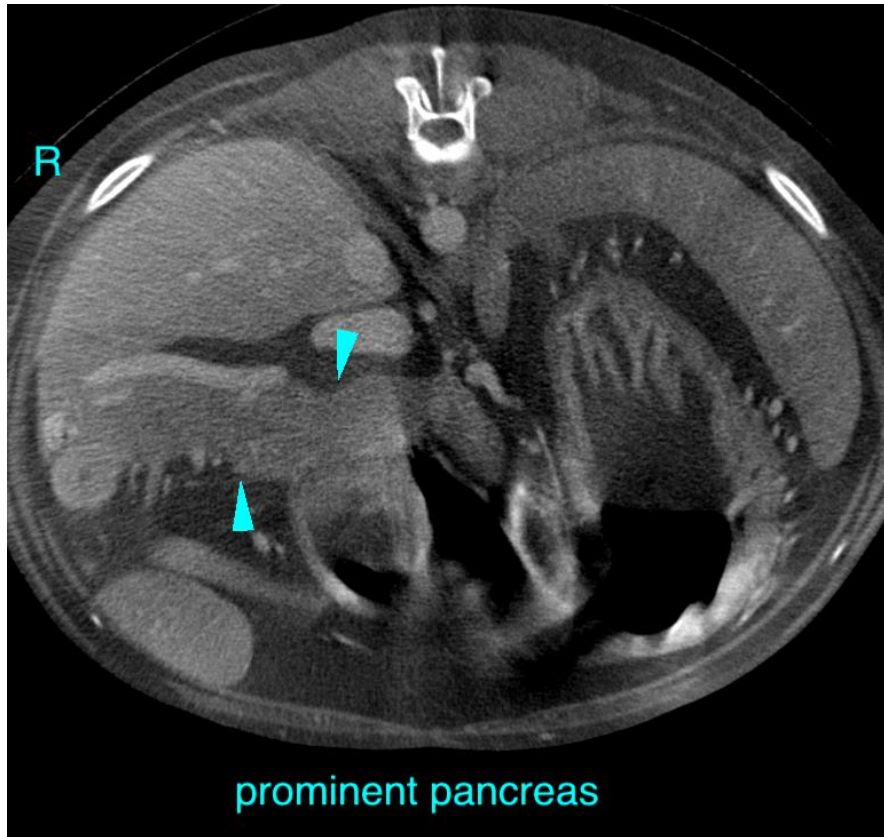
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**DATE**

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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