



**PATIENT PRESENTING CLINICAL SIGNS**

Zeus Price Reason for Visit: Diarrhea after eating avocado +/- pit 7 days ago. Still eating well, no vomiting, very active Urinating normally, not straining, no hematuria but her mom noticed his urine was darker than normal yesterday Weaker in rear legs past 2 days In 2018 presented for acute ataxia both rear legs (right side worse) that improved but never resolved with pred. Has had 2 episodes since where become more ataxic right rear that also improved with pred.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR!!! Nice dog, little mouthy, barks if door closed, hard to restrain EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: Firm caudal abdominal mass...suspect prostate. Rectal exam - soft brown stool, unable to feel prostate or sublumbar LN Uro/Perineum: N Musculoskeletal: No hip or stifle pain, no drawer either stifle. No neck or back pain. Neurological: Hard cp deficit and decreased withdrawl right rear. Fecal: NPS CBC: Neurophilia (20,680) - r/o UTI, prostatitis, stress Chem WNL T4 WNL 1.6 4DX - neg UA USG 1.040, ph 8, 3 WBC's, 8 RBC's, cocci present

**BREED**

Pitbull Mix

**SEX**

Male

**RADIOGRAPHIC STUDY OF THE ABDOMEN**

Radiographs of the abdomen in two imaging planes are provided for review.

**RADIOGRAPHIC FINDINGS**

**AGE**

9 Years, 4 Months

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

The vertebral endplates L2/L3 present moderate spondylosis formation.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

**HOSPITAL NAME**

DPC Veterinary Hospital

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

**REFERRING VET**

Dr. Feldt

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position and multiple small (<2 mm) mineralized calculi are seen in the imaging plane of the urinary bladder. The soft tissue shadow of the prostate is enlarged, well-defined and presents two mineralized foci with irregular mineralization.

The stomach is in its anticipated position and presents normal content.

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The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

**DATE**

11-13-21

**RADIOGRAPHIC DIAGNOSIS**

- Prostatomegaly with dystrophic mineralization
- Cystolithiasis



**PATIENT**

- Spondylosis deformans

Zeus Price

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The prostatomegaly can be a sequela to benign prostatic hyperplasia with dystrophic mineralization due to preceding or ongoing prostatitis or mineralizing intraprostatic cysts. However, prostatic neoplasia such as prostatic carcinoma should be ruled out by the means of FNA sampling/suction biopsy/TruCut biopsy.

Canine

A complete urinalysis is recommended as well. Although the cystoliths are small, urethral obstruction can occur.

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Pitbull Mix

There is no evidence of radiopaque foreign material or signs for gastrointestinal mechanical obstruction.

**SEX**

Male

**AGE**

9 Years, 4 Months

**INTERPRETED BY**

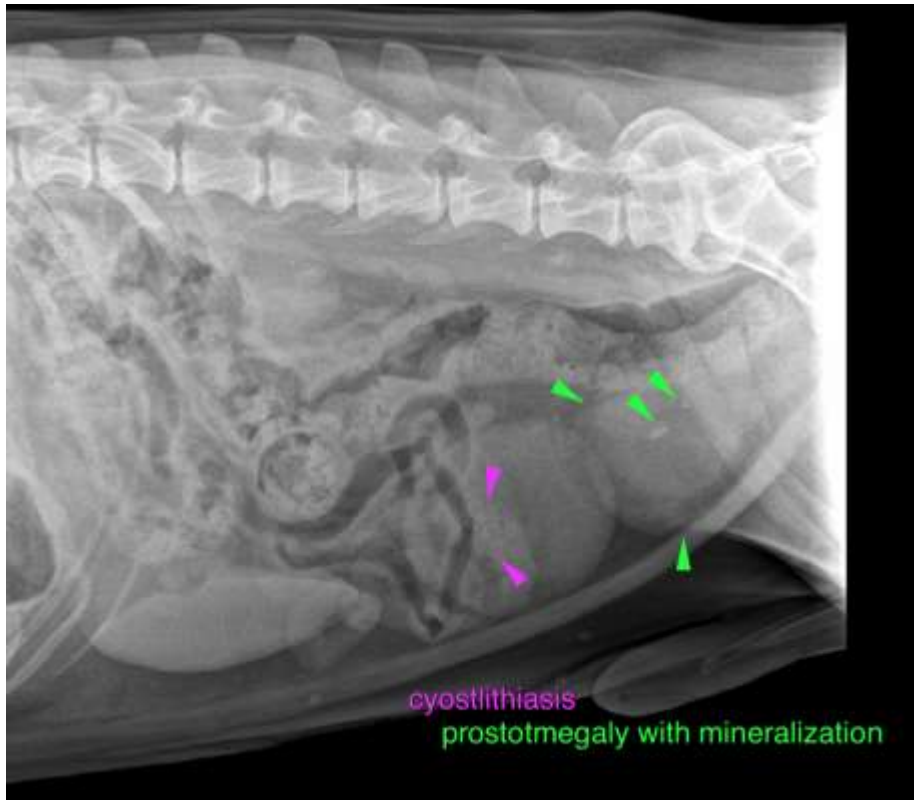
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**DATE**

11-13-21

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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