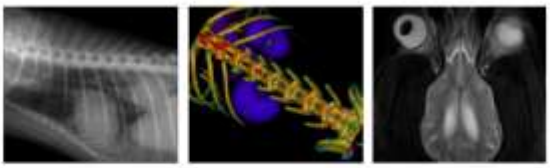
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**

Quincy Gardner

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Critical Vet Care/Suncoast Veterinary

**REFERRING VET**

Dr. Young

**INVOICE**

48656

**DATE**

11-29-21

## PRESENTING CLINICAL SIGNS

Patient presents for a consult for CT. Patient was seen at BP on 11/24, patient was defecating blood he was also vomiting. Owner states that he was straining that whole weekend than blood was coming.

## COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen 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 urinary bladder is mildly distended by fluid attenuating material. Level with the prostate a soft tissue attenuating ovoid shaped mass, measuring 5.4 x 5.4 x 6.4 cm in size, is visible. The prostate is occupying approximately 80% of the height of the cranial aperture of the pelvic canal. The colon level with the prostate is displaced dorsally and distorted. The prostatic parenchyma is mildly heterogeneous contrast enhancing.

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.

A separate left & right caudal vena cava of the pre-renal segment is seen.

The pictured parts of the caudal lumbar spine present with multiple hemivertebra. L1 presents a wedge shaped conformation. Multiple intervertebral discs of the lumbar spine are mildly protruding into the vertebral canal and multifocal moderate spondylosis formation is seen along the lumbar spine. The sacrum is foreshortened and malformed.

The pictured parts of the stifle joint are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass level with the prostate
- Multifocal intervertebral disc protrusions along the lumbar spine, without compressive myelopathy
- Multiple hemivertebra thoracic & lumbar spine
- Double caudal vena cava, pre-renal segment

**PATIENT**

Quincy Gardner

**SPECIES**

Canine

**BREED**

English Bulldog

**SEX**

MN

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Critical Vet Care/Suncoast Veterinary

**REFERRING VET**

Dr. Young

**INVOICE**

48656

**DATE**

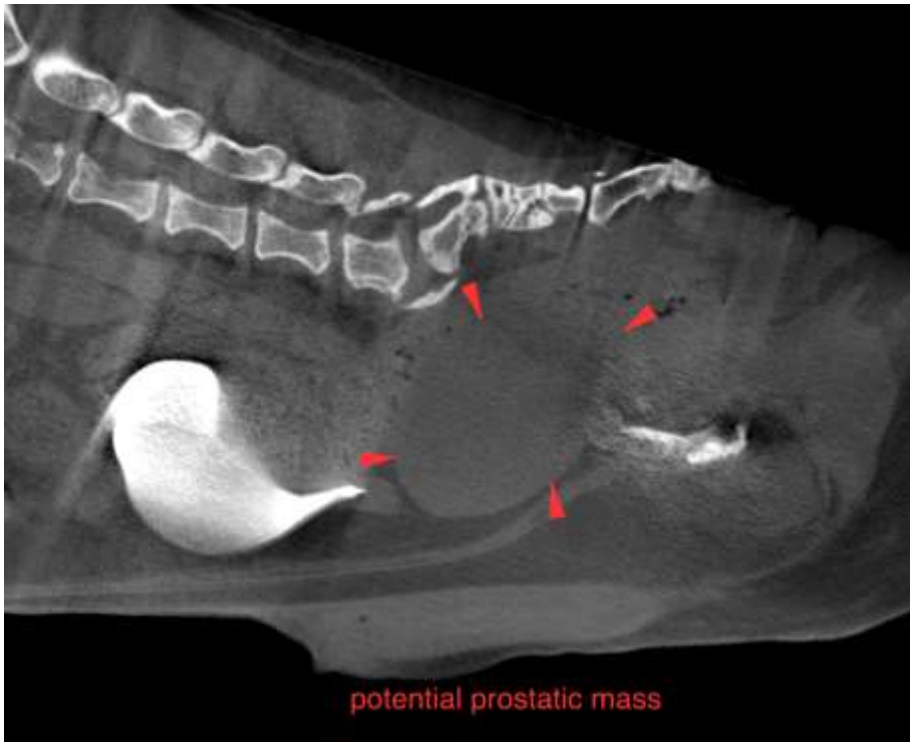
11-29-21

- Degenerative osteoarthrosis stifle joints bilaterally
- Spondylosis deformans

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass appears to originate from the prostate and prostatic carcinoma ± cystic component would be the top differential. However, as the mass is also in close contact with the colon, an eccentric mural mass of the colon – such as leiomyosarcoma, leiomyoma or less likely colonic carcinoma or round cell tumor – are potentials. Ultrasound can be used for further definition. A positive contrast retrograde urethrography/placement of a urethral catheter can be used for further definition as well by delineating the course of the urethra. FNA sampling/biopsy is mandatory for further definition.

The mass is explaining the straining to defecate.




**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.**

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