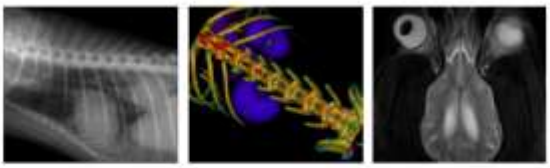
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Kaos Barnert-Loewen

SPECIES

Canine

BREED

Great Dane

SEX

MN

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. Shapera

INVOICE

49319

DATE

12-30-21

PRESENTING CLINICAL SIGNS

Patient presented for straining and unproductive urination, retching, coughing. PE revealed large bladder (urination is produced when any pressure is placed on abdomen). Increased lung sounds in all fields but soft non-painful abdomen. Unable to palpate prostate due to size.

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 moderately distended. The prostate is mildly asymmetric and prominent.

The right adrenal gland is within normal limits for size, shape and organ architecture. Nodular enlargement of the caudal pole of the left adrenal gland is seen, measuring 1.7 cm in diameter; the attenuation and contrast enhancement pattern are uniform.

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The stomach contains two mild hyperattenuating chunks of ingested material. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild asymmetric prostatic enlargement
- Nodular enlargement caudal pole left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild prominent prostate might still represent a normal prostate post castration, however due to the asymmetry FNA sampling ± TruCut biopsy or ultrasound guided suction biopsy of the prostate are strongly recommended to rule out neoplastic transformation. Complementing workup by a positive contrast urethrography should be considered to rule out stenosis or intramural lesions of the urethra, not assessed by CT. If prostatic neoplastic disease or pathology of the urethra can be ruled out, detrusor sphincter dyssynergia is a potential here.

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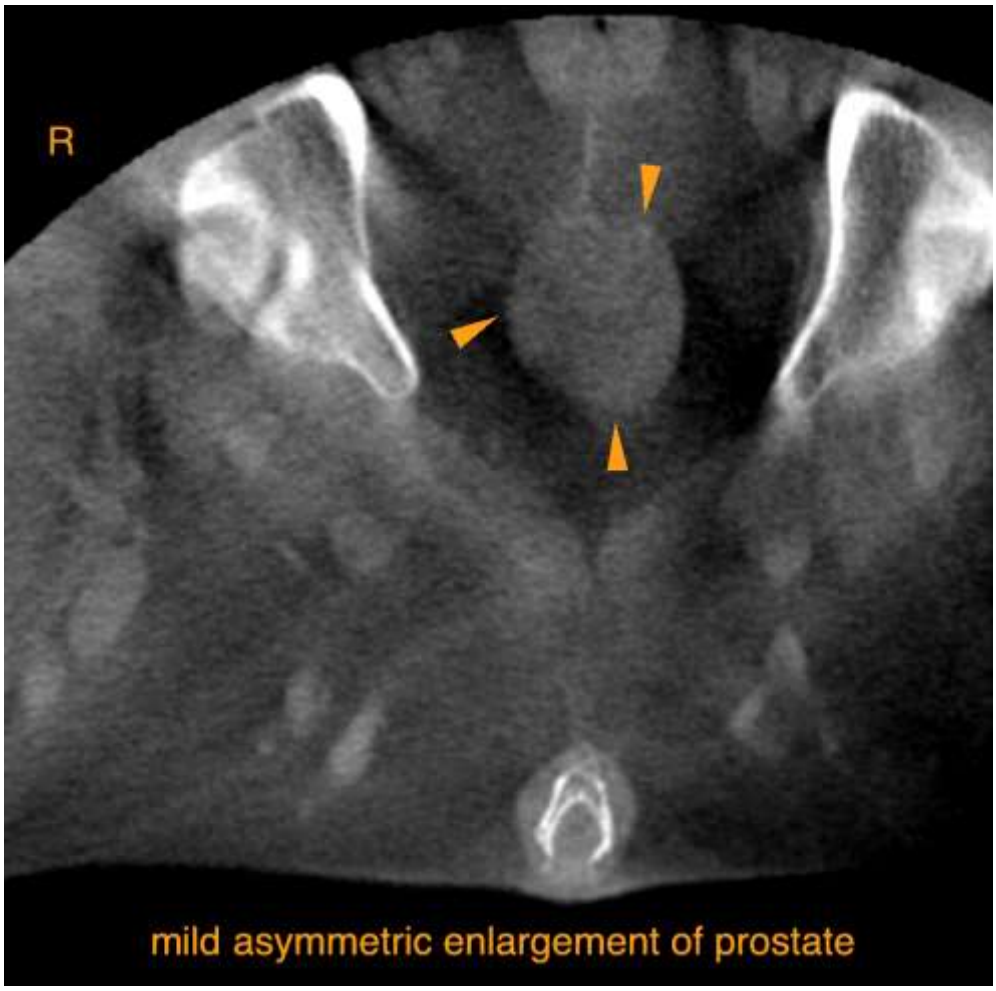
The nodular enlargement of the left adrenal gland can be a sequela to (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis can be considered as advanced diagnostic tests.



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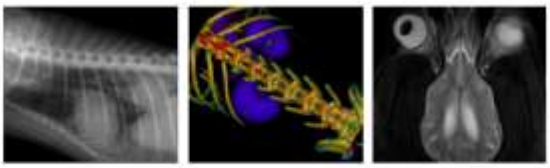

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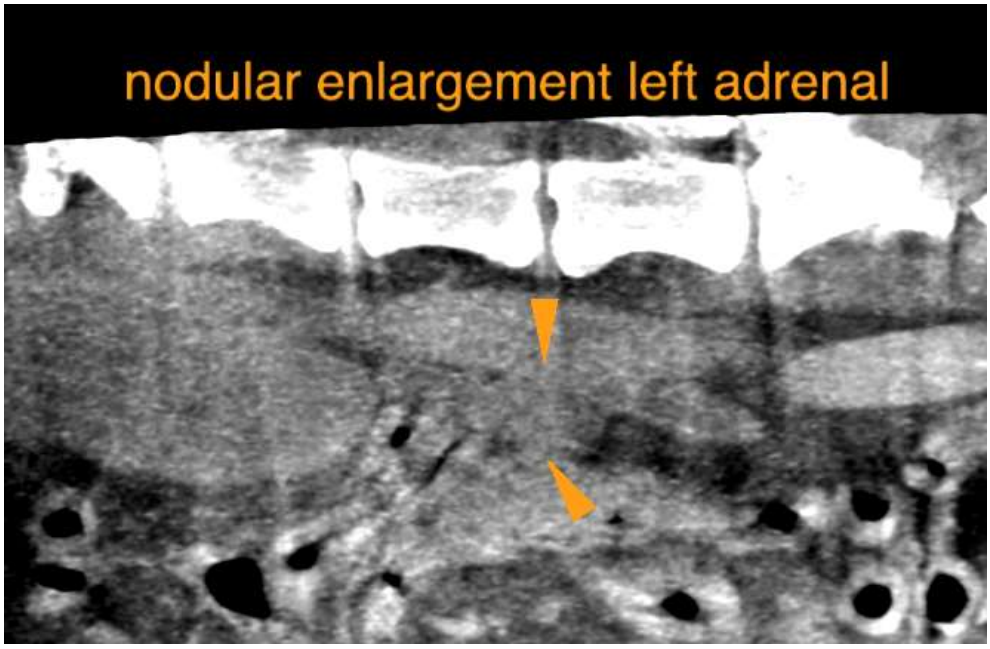

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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