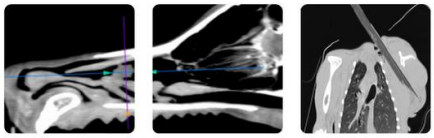

PATIENT

Lenny Vilaythog

SPECIES

Canine

BREED

Kelpie X

SEX

Male

AGE

9Y

WEIGHT

23kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains Veterinary Surgery

REFERRING VET

Dr E Klopp

INVOICE

73773

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- History: Prostatic carcinoma Dx on FNA. From V4P Mawson Lakes for CT met check today.
- Assessment/DDx:
- 1) prostatic carcinoma. Referral CT Chest and Abdomen for met check today

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction 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.

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

Abdomen

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 prostate is mildly asymmetric and prominent, measuring 3.6 x 3.6 x 3.8 cm. The prostatic parenchyma has a heterogeneous attenuating and contrast enhancement pattern, sparing well-defined intraparenchymal fluid attenuating lesions with interspersed punctuate mineralization.

No testicles are appreciated and the patient is considered to be neutered.

The left medial iliac lymph node is prominent and has a heterogeneous contrast enhancement pattern.

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is normal in size and shape. The splenic parenchyma is uniform soft tissue attenuating and has a mild irregular contrast enhancement pattern, presenting two heterogeneous hyperattenuating intraparenchymal areas.

The pancreas is evenly contoured; 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 vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

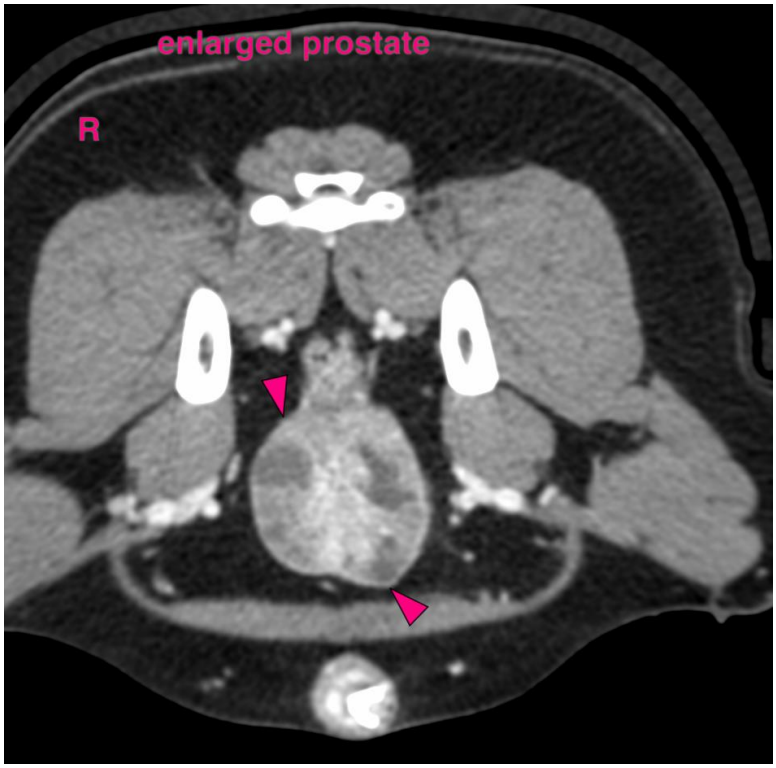
In the subcutaneous tissue at the right cranial aspect of the penis, a well-defined, roundish lipoma is seen, measuring 1.5 cm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of prostatic carcinoma with dystrophic mineralization
- Lymphadenopathy left medial iliac lymph node
- Small subcutaneous lipoma right caudoventral abdominal wall
- Spondylosis deformans L7/S1
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the prostate in a neutered male dog are supporting the diagnosis of primary prostatic neoplasia – such as adenocarcinoma or transitional cell carcinoma. The odds for metastatic spread to the left medial iliac lymph node are high.



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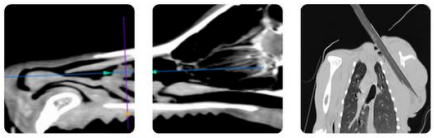

Teleradiology
Educational Teleconsultation Services™

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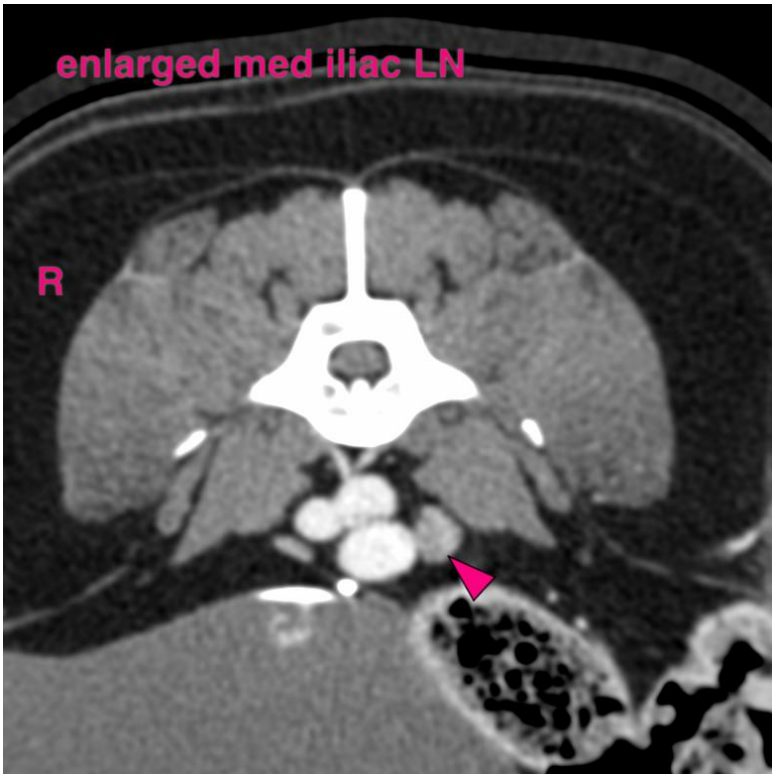

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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