



PATIENT

Nero Marrero

PRESENTING CLINICAL SIGNS

Owner noticed blood from his penis 2/16/23, prostate enlarged on exam. Abnormal PE/Chem/CBC/UA Results: All lymph nodes enlarged today which was not noted on previous examinations. FNA samples were taken of lymph nodes (popliteal, prescapular, and submandibular), prostate, and left testicle for cytology

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the thorax are provided for review.

BREED

Italian Mastiff

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine.

SEX

Male Intact

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

AGE

8 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior, but small zones of dystelectasis of the dependent caudodorsal aspects of the lung.

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

HOSPITAL NAME

Catskill Veterinary Services, PLLC

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The hypogastric, aortic and inguinal lymph nodes are generalized enlarged.

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.

REFERRING VET

Dr. Joseph D'Abbraccio

The prostate is symmetrically enlarged, occupying approximately 70% of the height of the cranial inlet of the pelvic canal. The prostatic parenchyma has a heterogeneous contrast enhancement pattern, sparing multiple well-defined parenchymal filling defects.

The parenchyma of the left testicle has a mild irregular contrast enhancement pattern and a solitary cystic lesion is appreciated.

INVOICE

57000

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.

DATE

2-28-23

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.

Multifocal spondylosis formation is seen along the lumbar spine and multiple facet joints present osteophyte new bone formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prostatomegaly with intraprostatic cysts
- Lymphadenopathy hypogastric lymph, aortic and inguinal lymph nodes
- Suspect neoplastic transformation left testicle
- Multifocal spondylarthrosis lumbar spine
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is symmetrically enlarged and the odds for benign prostatic hyperplasia with intraprostatic cysts ± prostatitis are considered high. FNA sampling of the prostate has already been performed to rule out neoplastic transformation (e.g. carcinoma).

AGE

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The enlarged hypogastric lymph nodes and inguinal lymph nodes are suggestive for a second entity as the affected inguinal lymph nodes are unusual to drain the prostate. Reactive hyperplasia versus neoplastic infiltration (e.g. round cell tumor) are differentials and FNA sampling has already been performed for differentiation.

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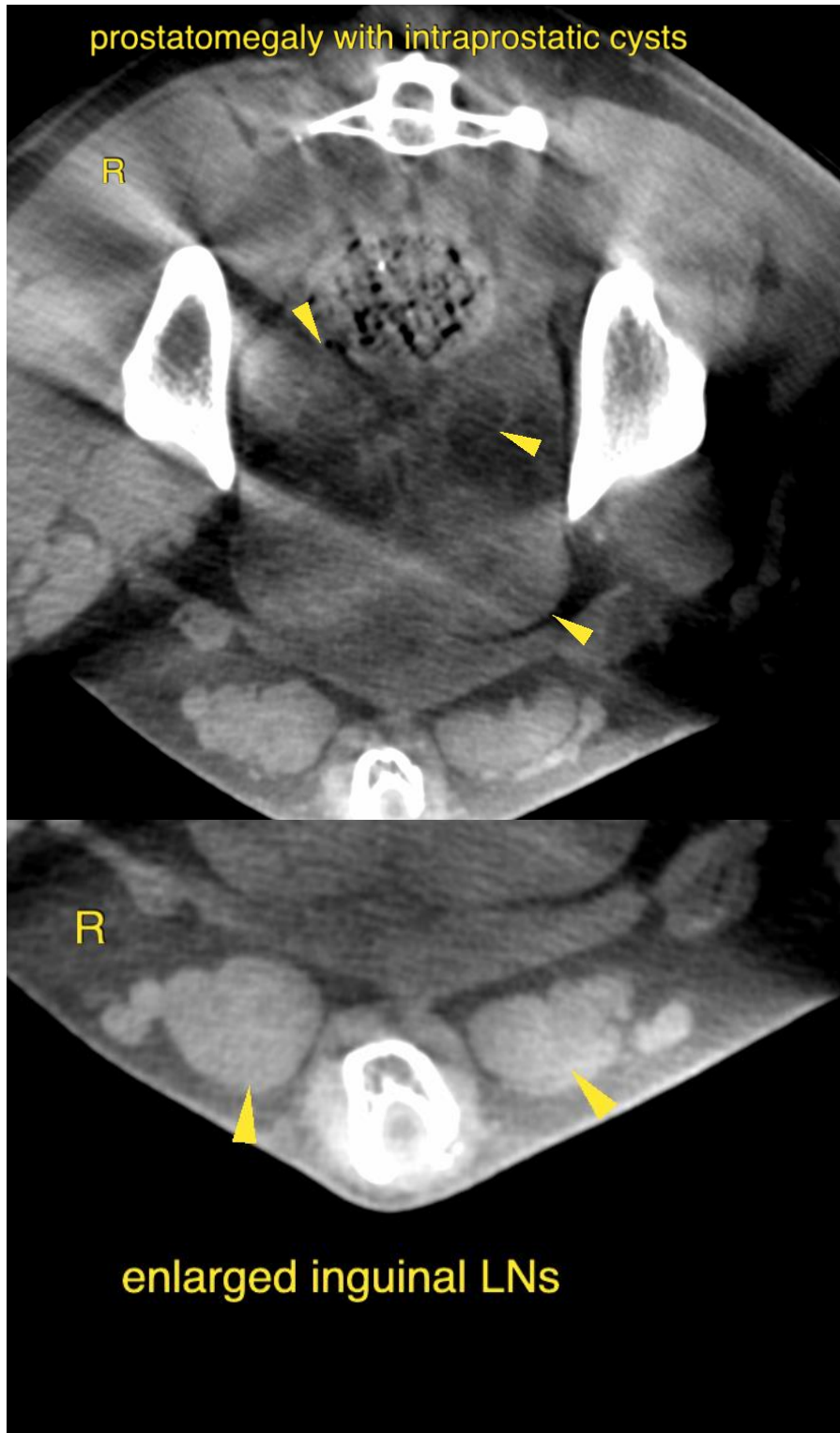
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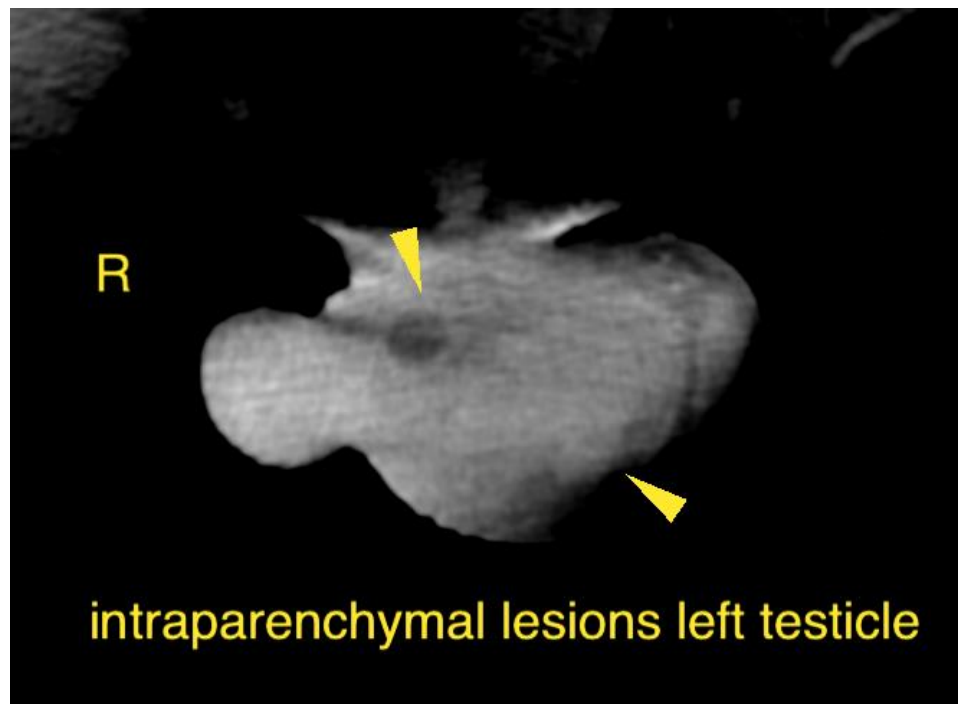
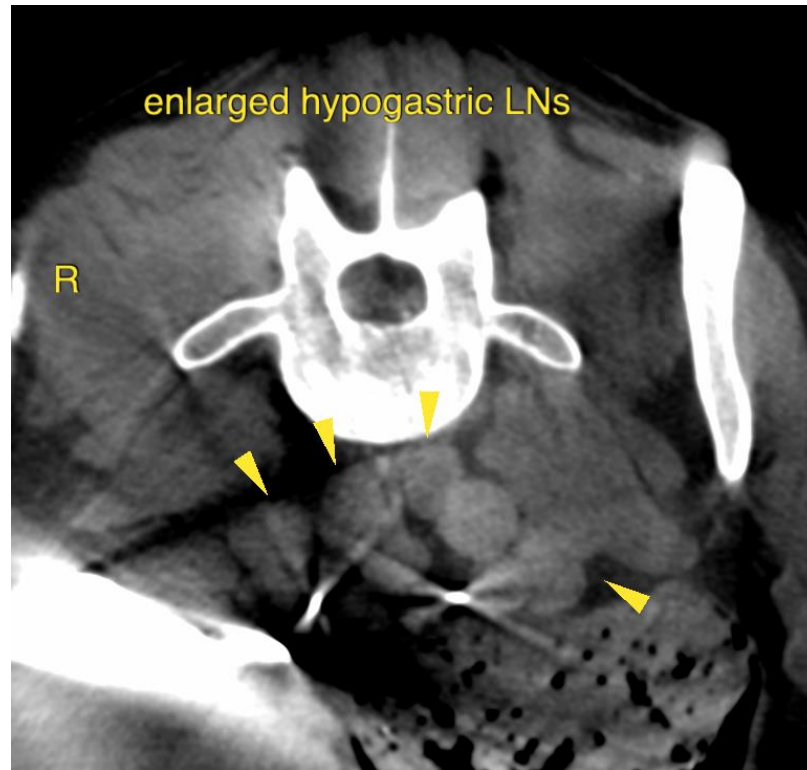
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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