



PATIENT PRESENTING CLINICAL SIGNS

Blue Aleman History: Patient presents for abdominal ultrasound for recurrent UTI and weight loss. On ultrasound, it is seen a large, cavitated, irregular mass associated with the right caudal abdominal area. Probably originating from small bowel or lymph node. Cytology was performed and revealed PROBABLE MESENCHYMAL CELL TUMOR. Ultrasound report: PENDING

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable Urine Culture: PENDING

BREED COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Cane Corso A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Male In the right caudal abdomen, adjacent to the cecum. Two multilocular, central fluid attenuating lesions are visible, measuring up to 4.2 cm in size. The central fluid attenuating lesions in the right caudal abdomen are demarcated by a mild irregular shaped contrast enhancing capsule. The surrounding peritoneal fat presents mild fat-stranding.

AGE

6 Years 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.

INTERPRETED BY

Distal to the caudal pelvic urethral flexure, caudal to the os penis, an irregular shaped, mineral attenuating calculus is seen, measuring 6.5 mm in diameter.

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

The prostate is symmetrically enlarged and has a heterogeneous contrast enhancement pattern with multiple variable sized intraparenchymal filling defects.

HOSPITAL NAME

The medial iliac lymph nodes are prominent and have a mild heterogeneous contrast enhancement pattern.

Veterinary Image
Center

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

REFERRING VET

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

Dr. M. Carillo, DVM

A splenic lymph node is prominent.

INVOICE

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

21589

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

DATE

3/10/23



PATIENT

Blue Aleman
The vertebral endplates L2/L3 present moderate spondylosis formation. Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow and the center of the femoral heads is lateral to the dorsal acetabular rim.

SPECIES **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Canine
- Multicameral peritoneal masses right caudolateral abdomen with surrounding mild peritonitis
 - Urethral calculus
 - Prostatomegaly with intraprostatic cysts
 - Lymphadenopathy medial iliac lymph nodes and splenic lymph node
- BREED**
- Degenerative osteoarthritis coxofemoral joints bilaterally
 - Spondylosis deformans

Cane Corso

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX
Male
The multicameral mass appears to be associated with the cecum and can support the diagnosis of mesenchymal intestinal tumor (e.g. gastrointestinal stroma cell tumor). The second mass at the caudal aspect presents the same mixed fluid and soft tissue attenuation pattern and might present lymph node metastasis. Differential for the cavitory lesions can include complex peritoneal cysts or less likely abscess. Complete surgical excision of the cavitory mass lesions is considered feasible.

AGE
6 Years
Recommend FNA sampling of the enlarged hypogastric and splenic lymph nodes to rule out metastatic disease.

INTERPRETED BY

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The prostatic changes are most consistent with benign prostatic hyperplasia with intraprostatic cysts. A urinary calculus is seen in the urethra, caudal to the os penis, being a potential source for urethral obstruction.

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SPECIES

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AGE

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INTERPRETED BY

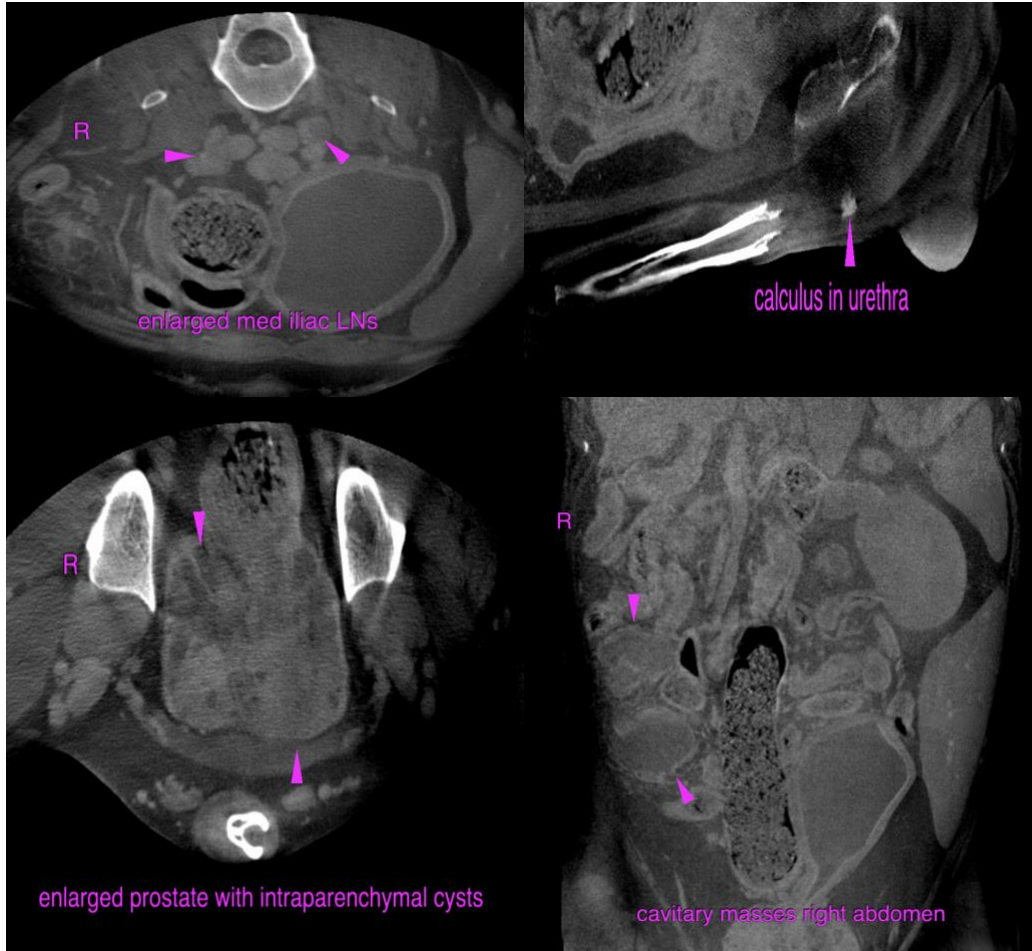
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Dr. M. Carillo, DVM



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.

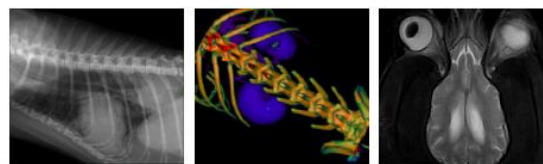
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