



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bruno Conforti

SPECIES
Canine

BREED
Rottweiler X

Bruno presented for evaluation of tenesmus and suspect perineal hernia. The tenesmus was initially noticed 2 months ago. Bruno is often straining to defecate and can often be heard yelping. Owners are feeding pumpkin puree to help pass stool. Owners noted that problem is worsening. Appetite is on/off. Normal drinking/urination. No VDSC. Bruno has had a previous history of: Enlarged prostate, Hemangioma (surgically removed; benign), Hematuria Oct 2021 in for potential FB and ran b/w; turned out to be a large hemangioma in caudal abdomen; removed; benign histopathy - huge cystic lesion rDVM hasn't seen patient since last week; owner did decline xrays and lactulose; feels however that there aren't any financial constraints
Abnormal PE/Chem/CBC/UA Results: AFAST indicated an enlarged prostate with fluid around couldn't appreciate prostate on rectal exam swelling in perineal area; suspect hernia after abdominal palpation he urinated a very dark brown/red urine. (Sent for U/A)

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

SEX
M

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

COMPUTED TOMOGRAPHIC FINDINGS

AGE
5 Years

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal lymph nodes are prominently elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

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

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 moderately enlarged and presents a heterogeneous contrast enhancement pattern with multiple hypoattenuating intraparenchymal lesions as well as mild peripheral mineralization. In the periphery of the prostate multiple central fluid attenuating structures, demarcated by a thin contrast enhancing capsule, with variable size and shape are visible – extending caudally up into the pelvic canal. The rectum is displaced to the left by the mass effect. The peritoneal fat level with the urinary bladder & prostate presents moderate to marked fat-stranding and mild amount of free peritoneal fluid.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Jeffery Biskup

INVOICE

50954

DATE

3-15-22



PATIENT

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

Bruno Conforti

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

SPECIES

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

Canine

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

BREED

The bony and surrounding soft tissue structures reveal no abnormalities.

Rottweiler X

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

M

- Prostatomegaly with multiple intraparenchymal cystic lesions and periprostatic extension of large cavitary lesion – secondary stenosis of the pelvic canal
- Mild dystrophic prostatic mineralization.
- Localized peritoneal effusion and peritonitis, level with the prostate & urinary bladder
- Normal thorax

AGE

5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with benign prostatic hyperplasia with multiple intraprostatic cysts and large intraprostatic cysts with paraprostatic extend. The prostatic cysts are extending both cranially and caudally into the pelvic canal – the latter is explaining the clinical signs. Due to the heterogeneity and mineralization of the prostatic parenchyma, chronic prostatitis is a potential. Recommend ultrasound guided drainage of the large prostatic cystic lesions – including sampling for microbial culture – as well as castration. Consider FNA sampling of the prostate to rule out neoplastic transformation. Recommend follow up ultrasound examinations as the cystic lesions might refill warranting repeated drainage – if the cystic lesions persist to refill, surgical marsupialization might be indicated.

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Overall, the findings are considered benign and the odds for neoplastic transformation of the prostate are very low.

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Perineal hernia needs to be ruled in/out by rectal examination.

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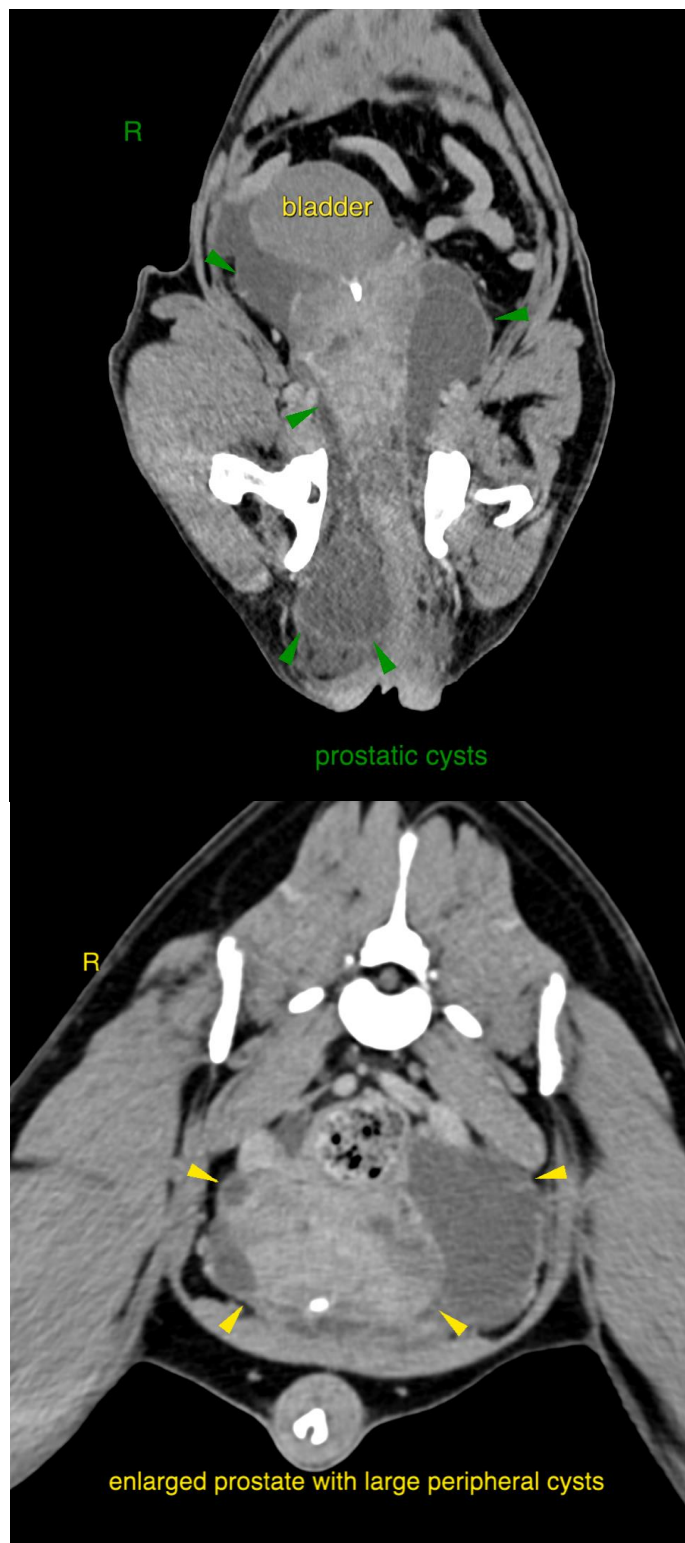
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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