



PATIENT

Maui Villa

PRESENTING CLINICAL SIGNS

With foster family. Chronic straining to defecate with bloody discharge. No response to medication.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

BREED

Great Dane

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

SEX

M

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 enlarged and occupying approximately 75% of the height of the cranial aperture of the pelvic canal. The prostatic parenchyma is mildly heterogeneous contrast enhancing.

AGE

3 Years

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

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

HOSPITAL NAME

Animal Medical
Center of Mt.
Pleasant

The osseous lining of the pelvic canal presents with moderate to marked solid but irregular periosteal new bone formation. The periosteal new bone formations are partially following the internal obturator muscle and the psoas minor muscle. The cross-sectional area of the pelvic canal is narrowed by the mineralizing protrusions. Bridging new bone formation is seen along the ventral aspect of the sacrum and cranial caudate spine.

REFERRING VET

Steven Epstein, DVM

The rectum within the pelvic canal is empty and evaluation of the wall is limited.

Both coxofemoral joints present moderate osteophyte new bone formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Hyperostosis and hyperostosis along the attachment sites of the ligaments of the pelvic canal
- Prostatomegaly
- Secondary stenosis of the pelvic canal
- Spondylosis deformans lumbar spine
- Degenerative osteoarthritis coxofemoral joints bilaterally

DATE

3-15-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mineralizations – following the course of pelvic ligaments and muscles and the cranial caudate spine – can present a form a extraspinal manifestation of diffuse idiopathic skeletal hyperostosis (DISH). Other potentials include fibrodysplasia ossificans, myositis ossificans, Hepatozoon canis infection, (fluorosis). The mineralizing proliferations cause stenosis



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of the pelvic canal, explaining the presenting clinical signs. The prostatomegaly is likely exacerbating the clinical signs as well – underlying benign prostatic hyperplasia is likely.

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If not done so yet, recommend rectal exam to rule out intramural changes of the rectal wall. (Chemical) castration is considered beneficial to decrease prostatic size. Biopsy of the mineralizing tissues can be tried, and lab work should be complemented by testing for Hepatozoon infection. If any underlying pathology can be ruled out, follow up radiographs or CT study in 3-6 month can be used to check if mineralization are progressive – likely in case of DISH or fibrodysplasia ossificans.

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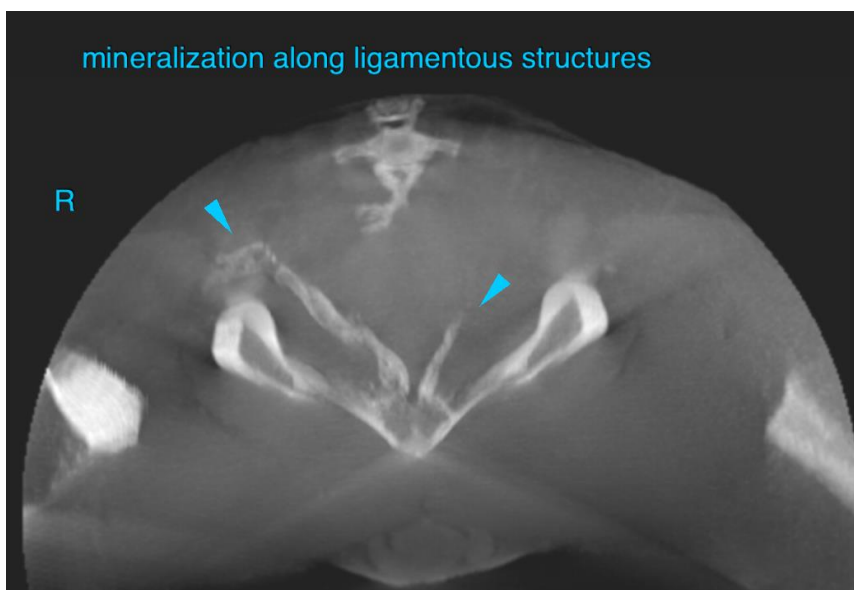
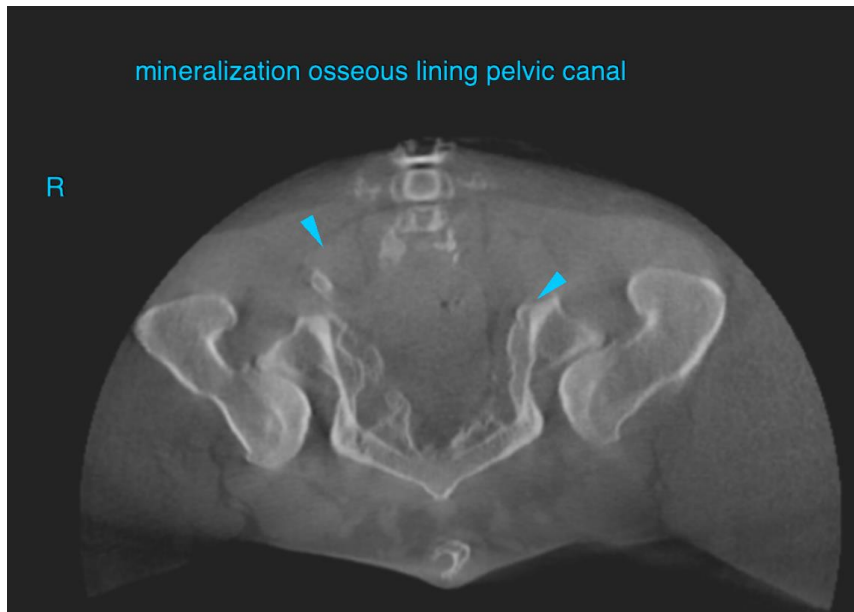
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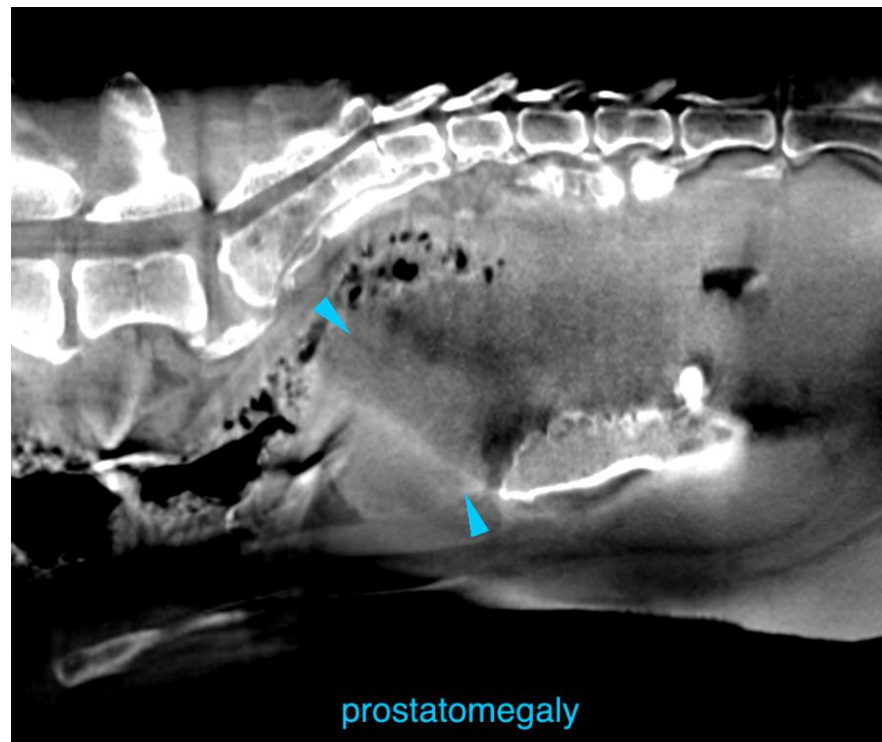
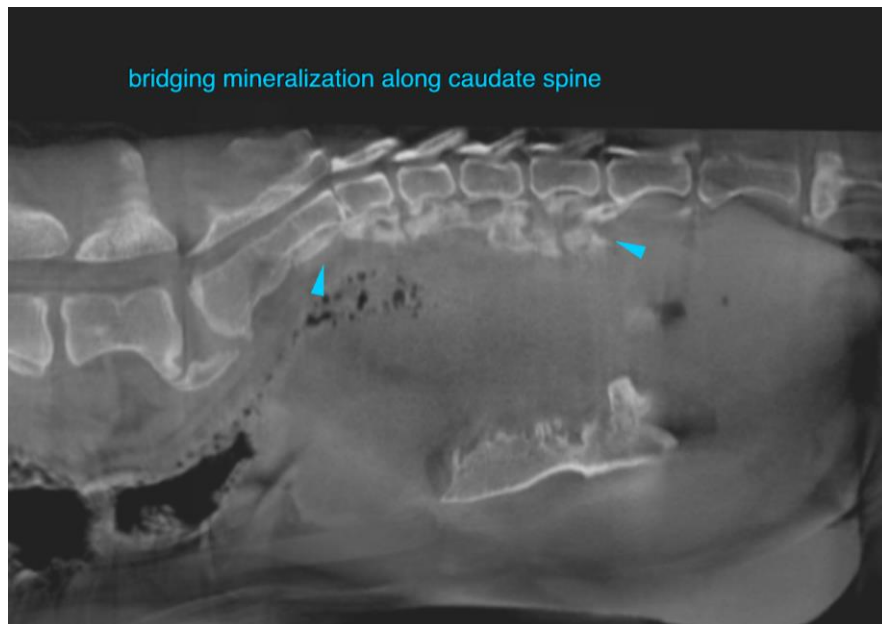
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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