



PATIENT

Theodore Singh

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

8

WEIGHT

17.9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

74790

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Abdominal mass found upon abdominal ultrasound

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal in the subcutaneous tissue along the thoracic wall, well-defined soft tissue attenuating nodules are seen.

The right tracheobronchial lymph node is moderately enlarged, rounded and has a heterogeneous contrast enhancement pattern.

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.

Multifocal throughout the lung parenchyma, well-defined, soft tissue attenuating nodules are seen; measuring up to 20 mm in diameter.

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 in the parenchyma of the left kidney, multiple well-defined roundish parenchymal filling defects are seen. The prostate is asymmetrically enlarged, measuring 3.4 x 3.6 x 3.7 cm. The prostatic parenchyma has a heterogeneous contrast enhancement pattern along with stippled mineralization.

The right medial iliac lymph node is prominent, rounded and has an irregular contrast enhancement pattern.

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.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

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

Along the ventral aspect of L7 and the sacrum immature palisading periosteal new bone formation is seen.



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In the subcutaneous tissue dorsal to the cranial lumbar spine, two well-defined, ovoid shaped soft tissue attenuating nodules are seen.

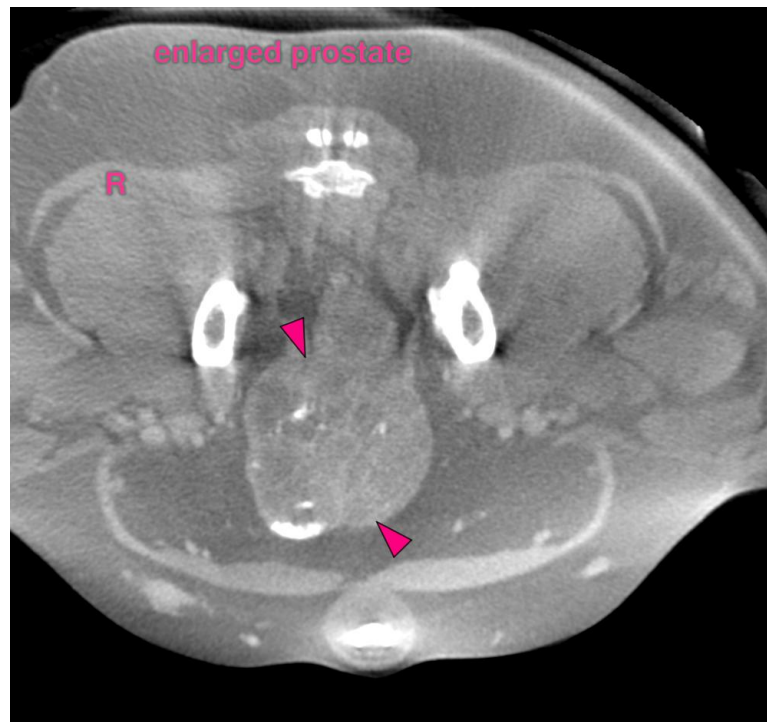
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Asymmetrical prostatic enlargement with a heterogeneous contrast enhancement pattern and dystrophic mineralization
- Lymphadenopathy right medial iliac lymph node and right tracheobronchial lymph node
- Periosteal new bone formation along L7 and the sacrum
- Structured nodular interstitial lung pattern
- Multiple non-specific subcutaneous soft tissue nodules along the thoracic and abdominal wall
- Multiple simple renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlargement of the prostate in a neutered male dog is nearly pathognomonic for neoplastic transformation – such as transitional cell carcinoma or prostatic adenocarcinoma. Workup can be complemented by traumatic catheterization/suction biopsy or TruCut biopsy of the prostate ± testing for BRAF mutation.

The enlarged lymph nodes, nodular pulmonary pattern and the osseous changes along L7 and the sacrum are indicative for metastatic spread.





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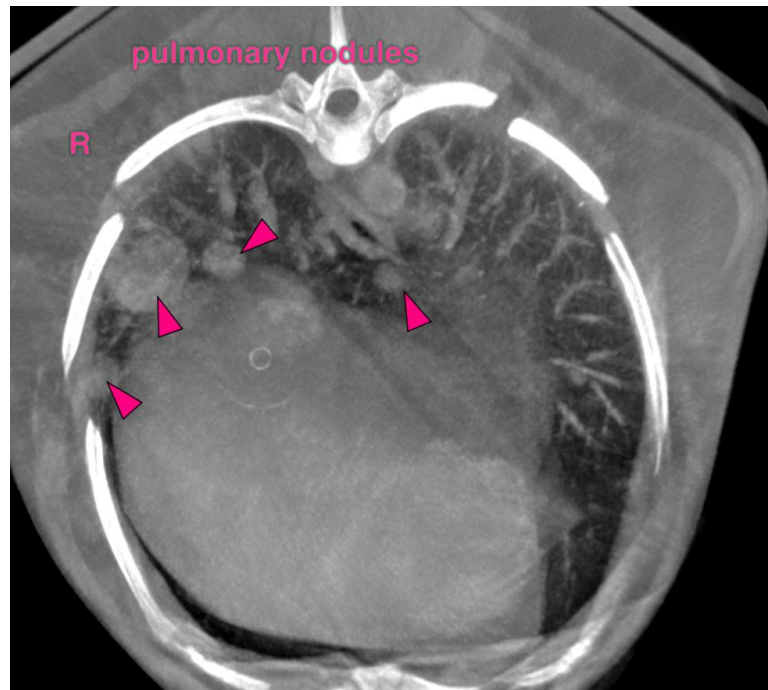
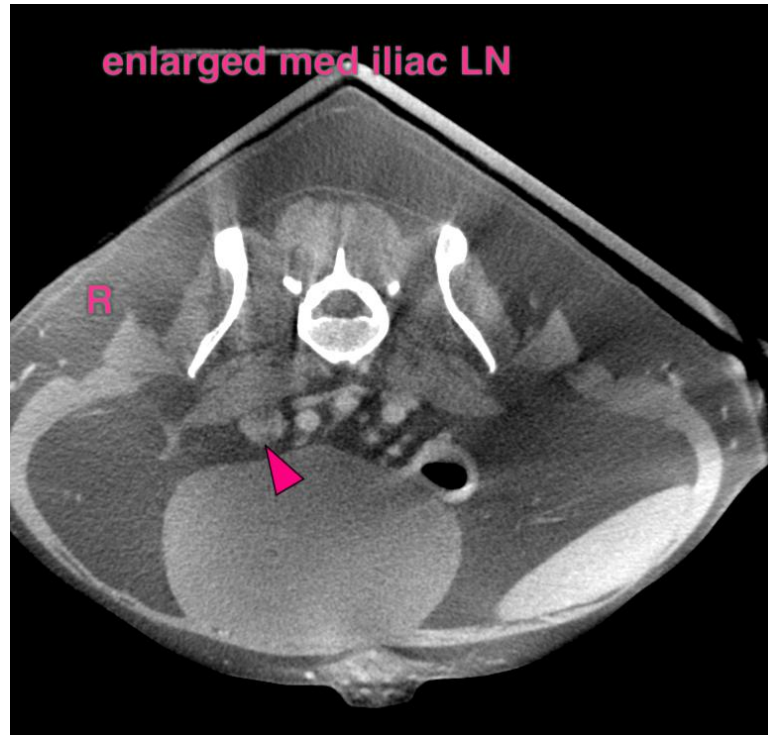
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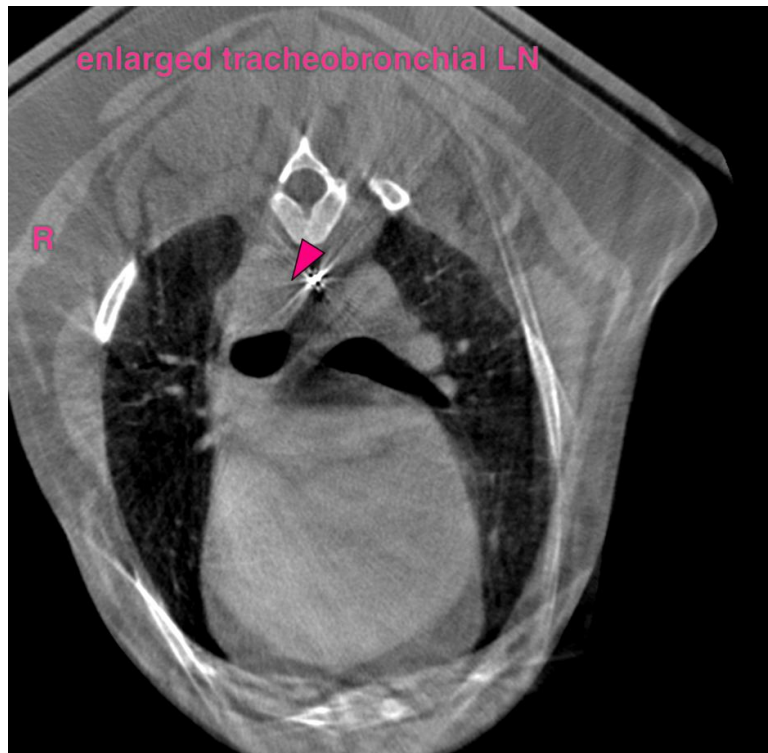
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com