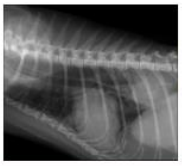
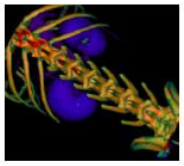
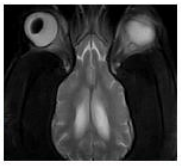

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PATIENT

Cooper Engracia

SPECIES

Canine

BREED

Labrador Retriever

SEX

CM

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Michelle Bartholomew

INVOICE

53500

DATE

8-15-22

PRESENTING CLINICAL SIGNS

Bladder trigone, prostate and full length urethra urothelial carcinoma was diagnosed 6 months ago. Obstructing urethral mass tissue was laser ablated for palliation on 3/1/22 and 5/3/22. Stereotactic radiotherapy (SRT) was performed on 6/8, 6/9 and 6/10/22, 3 fractions of 9 Gy each. Only the bladder trigone, prostate and pelvic urethra were treated. The ischial arch and penile urethra were not treated. Cooper presented today for evaluation for laryngeal paralysis, a CT scan of the chest to check for metastasis, ultrasound of the liver/lymph nodes, and recheck of the urethral TCC. If no metastasis, the owner would like to move forward with brachytherapy today on the remaining urethra. Cooper has been struggling to walk about 3 weeks ago. He has had crate rest and has been improving. He is negative for degenerative myelopathy by genetic testing. The owner reports he has a several year history of weakness in is back end. He would fall over when walking about every 6 months but had progressed to every 3 months. He has an appointment with the neurologist next month. He was also being treated for a UTI. The owner has an appt at East Valley tomorrow for urine culture. He has had a normal urine stream up until about 2 weeks ago. Still a stream but weaker than normal. His ALT is elevated at 781. Both energy level and appetite are normal. Current Medication: Clindamycin finished 8/13/22. Rimadyl (yesterday PM).
Abnormal PE/Chem/CBC/UA Results: PE: **Neurologic:** Abnormal: He has lost conscious proprioception in both rear legs, left worse than right; he strains to urinate (small stream); stridorous breathing Lab: Blood work is dated 8/3/22. CBC - PCV = 42.3%, WBC = 10050, neutrophils = 7300, lymphocytes = 1350, monocytes = 710, reticulocytes = 5.4, PDW = 8.7. Platelets = 211,000. Chemistry - ALT = 781, all else normal. ALT (4/27/22) = 395. Urinalysis - not provided. Cystoscopy Findings: The lower urinary tract is imaged with a 7.8 Fr flexible video ureteroscope. Mass tissue is encountered within the distal urethra just within the orifice. The mass tissue nearly covers the urethral mucosa continuously from the distal orifice to the urinary bladder. The mass is white, soft and fimbriated. Mass within the distal urethra appears to be obstructive. Mass tissue within the pelvic and prostatic urethra is tan in coloration and appears to be receding becoming flattened (radiation affect). Mass tissue within the bladder trigone is also receding. Both ureteral orifices are well visualized and normal appearing urine is seen flowing from both sides. There is no obstructive mass tissue within the bladder trigone or pelvic urethra. Remaining urinary bladder mucosa is smooth and pale pink. Mucosa is thin. Three small foci of mass tissue are found over the ventral bladder wall.

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.

COMPUTED TOMOGRAPHIC FINDINGS

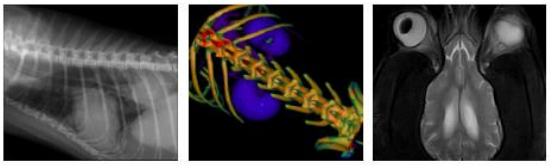
<u>Thorax</u>

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

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

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



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normal limits.

In the medial aspect of the left caudal lung lobe, a well-defined roundish, soft tissue attenuating nodule is seen, measuring 9 mm in diameter. A second small nodular lesion is seen in the cranial part of the left cranial lung lobe, level with the 3rd left intercostal space, measuring 3.5 mm in size. The remainder of the pulmonary parenchyma are aerated and present the expected architecture with randomly interspersed pinpoint mineralization of the pulmonary parenchyma.

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. A separate left & right caudal vena cava of the pre-renal segment is seen

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 ureters are within normal limits, no signs for dilation. The prostate is mildly prominent and presents a mild heterogeneous attenuation pattern of the parenchyma with focal punctuate mineralization of the prostatic parenchyma; post contrast administration, the prostatic parenchyma has a heterogeneous contrast enhancement pattern. The wall of the bladder neck is mildly irregularly thickened, measuring up to 3.6 mm in width. The urethra along the ischial arch up to the caudal aspect of the os penis contains a small amount of fluid, focal thickening of the mucosal lining level with the ventral aspect of the ischial flexure of the urethra is seen.

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

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

The hepatic volume, size and shape are normal. In the hilar region of the quadrate liver lobe, a well-defined, roundish parenchymal filling defect is seen, measuring 19 mm in diameter.

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.

The intervertebral discs T12/T13, T13/L1 and L1/l2 are mild to moderately protruding into the vertebral canal, distorting the ventral epidural space at the same level.

The hypogastric lymph nodes are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of transitional cell carcinoma, affecting the urinary bladder neck, prostate and parts of the urethra
- Two pulmonary soft tissue nodules
- Intervertebral disc protrusion T12/T13 to L1/L2 with possible dynamic myelocompression
- Pulmonary osteomas
- Solitary hepatic cyst

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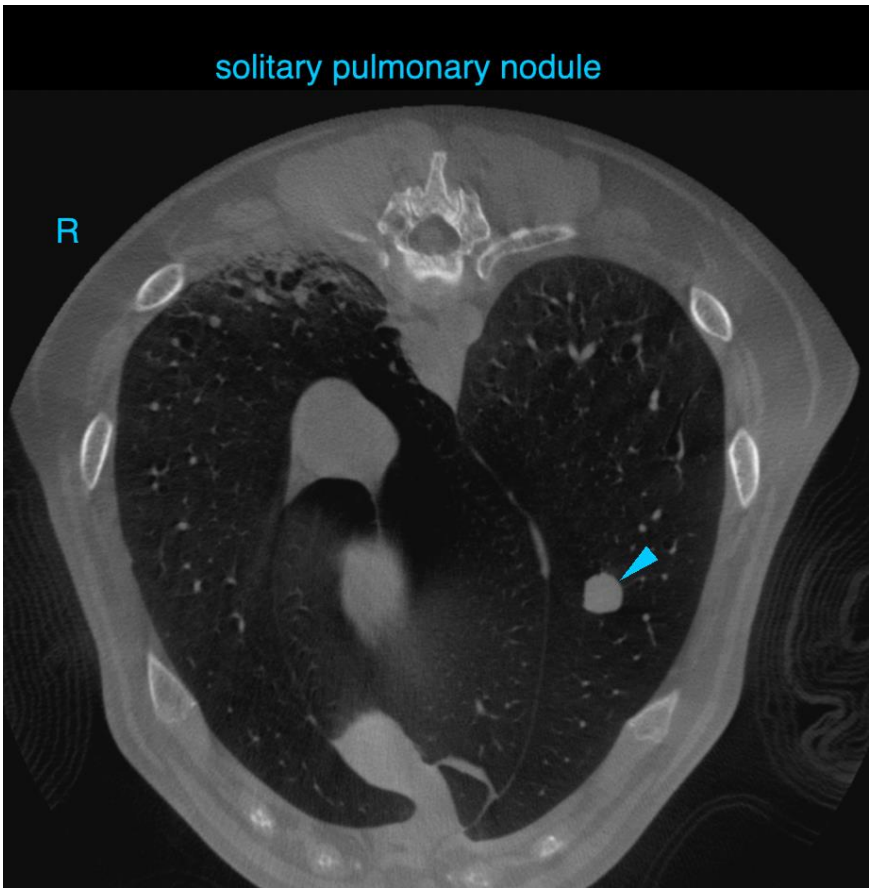
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the wall of the bladder neck, prostate and the soft tissue proliferations along parts of the urethra are fitting the history of transitional cell carcinoma, treated by stereotactic radiation therapy.

The pulmonary nodules are concerning for pulmonary metastatic disease. Other differentials include granuloma, fibrosis, round pneumonia/mucus impaction, pulmonary cyst.

The thoracic & lumbar spine presents without specific abnormalities, explaining the neurological deficits, but the mild intervertebral disc protrusions along the thoracolumbar junction, that can be a source for pain but appear unlikely to be associated with neurological deficits.



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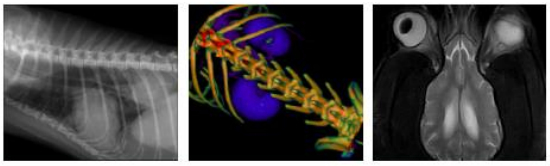

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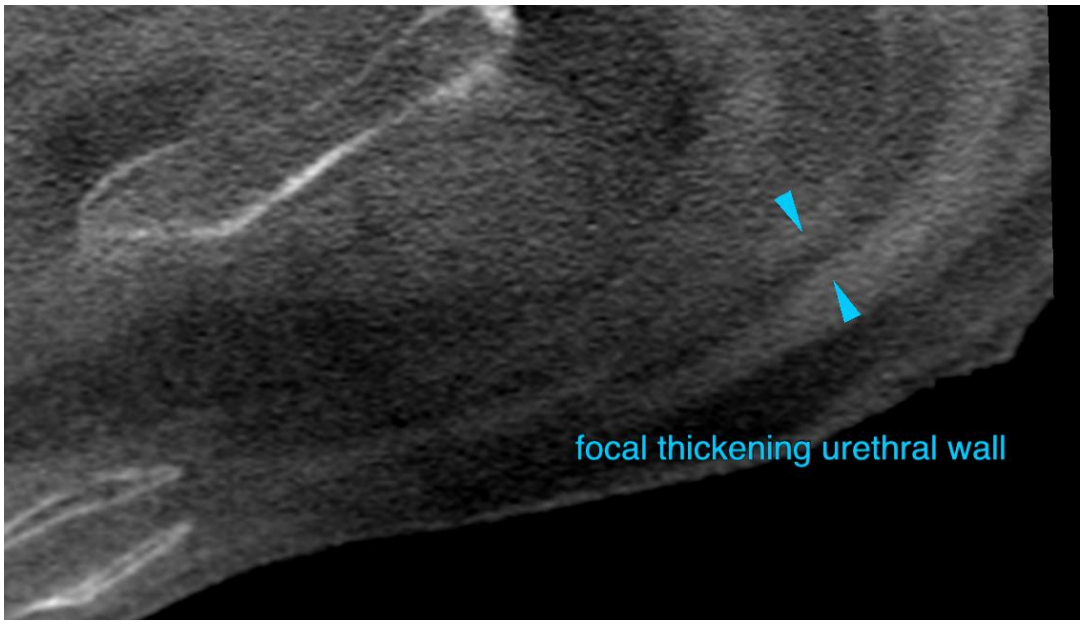

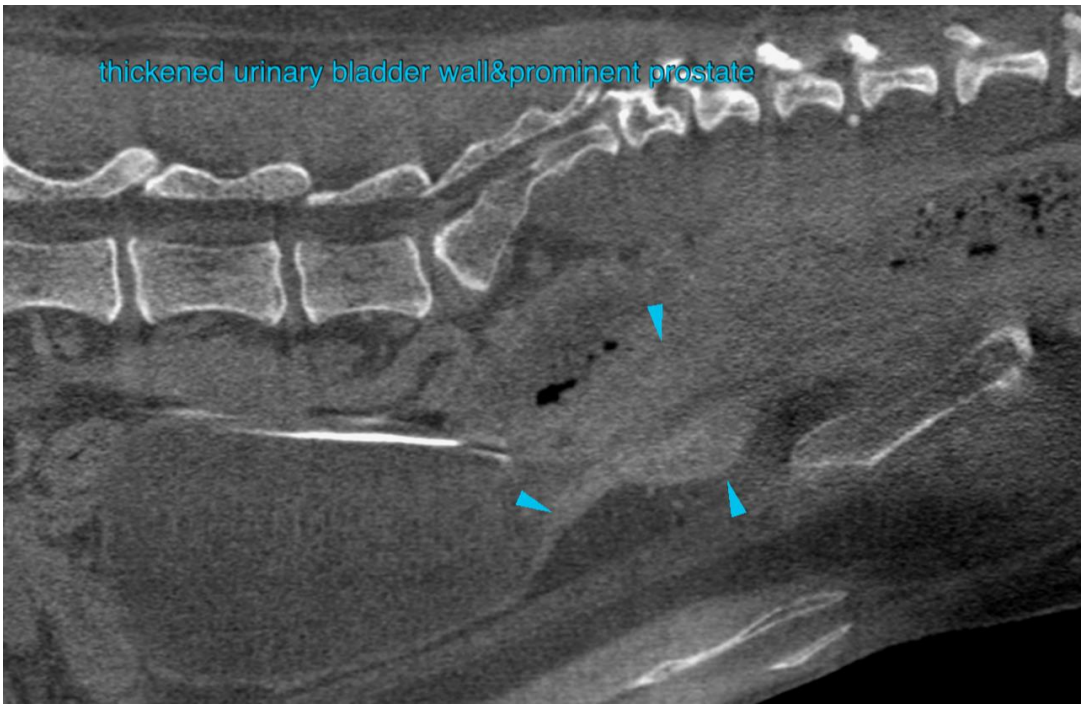

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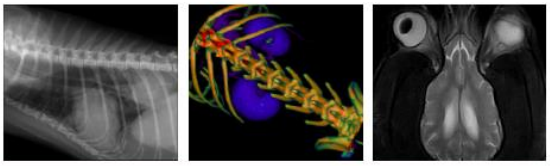

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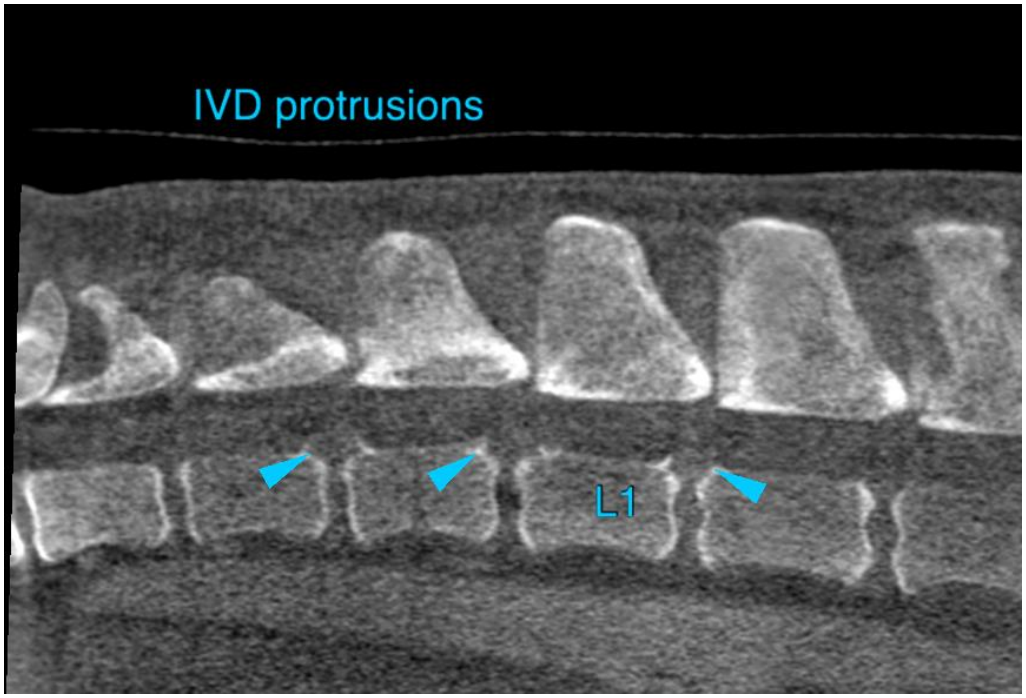

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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