SonoPath Teleradiology
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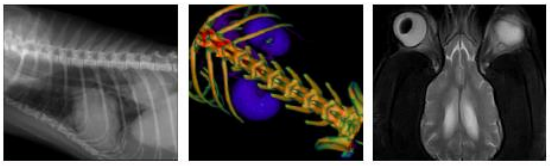

PATIENT

Oakley Jones

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

8 Years, 1 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Blandford Animal Hospital

REFERRING VET

Hazel Holman

INVOICE

53459

DATE

8-15-22

PRESENTING CLINICAL SIGNS

caudal abdominal mass on physical exam

RADIOGRAPHIC STUDY OF THE ABDOMEN

Radiographs of the abdomen in two orthogonal imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

In the caudal abdomen, a bilobed, well-defined soft tissue mass is appreciated, displacing the small intestinal loops cranially and the descending colon laterally. The soft tissue mass is measuring approximately 27.4 x 14.3 x 14.2 cm in size. The caudal margins of the mass cannot be clearly defined, and the mass is extending into the pelvic canal. The urinary bladder cannot be delineated from the mass.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity.

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Caudal abdominal bilobed soft tissue mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the position of the mass in an intact male dog, a mass originating from the prostate is considered likely here and prostatic cyst(s) with paraprostatic extend would be the top differential. Other potentials can include mass originating from the urinary bladder, mesentery, cryptorchid testicle – and neoplasia, cyst, hematoma, granuloma or abscess are considerations. As the urinary bladder cannot be delineated a positive contrast cystography could be used for further evaluation of the position of the urinary bladder; anyway a complete abdominal ultrasound examination or CT study of the abdomen should be considered as advanced imaging techniques and decision making for advanced treatment options. If prostatic cyst with paraprostatic extend can be confirmed, surgical management for marsupialization of the cyst and neutering the patient would be the therapy of choice.

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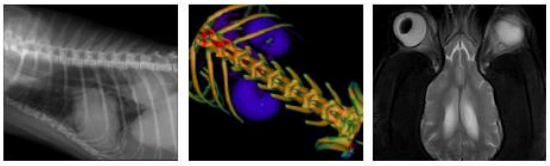

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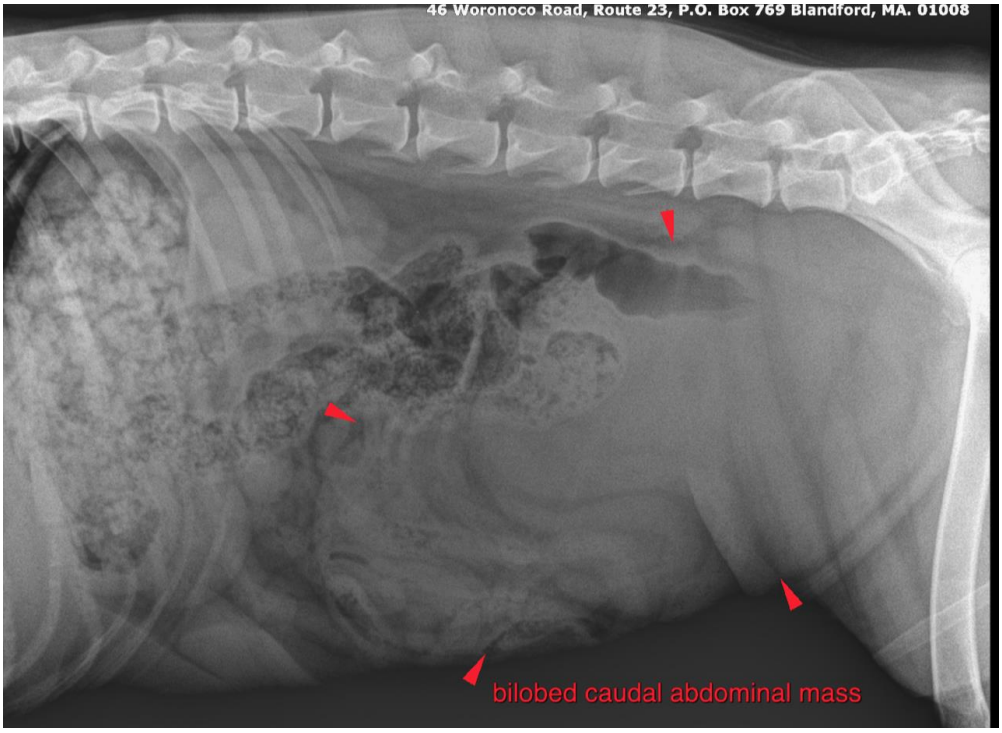

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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