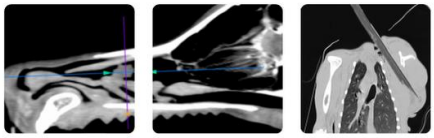


PATIENT

Christopher Miller

SPECIES

Canine

BREED

Coonhound

SEX

MN

AGE

5Y, 6M

WEIGHT

57lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Dr. Laura Baumert

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Outside Clinic

INVOICE

73508

DATE

1-28-26

PRESENTING CLINICAL SIGNS

Pet has been seeing their primary care homeopathic DVM for weight loss of several months duration. General bloodwork was unremarkable. Onconeural cancer screen was borderline positive. Chest x-rays revealed concern for nodules in the lungs. Pet was referred for a full body CT scan to evaluate for possible neoplasia.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, ABDOMEN & PELVIS*

A pre- and post-contrast CT study of whole-body are provided for review totaling 7 series. One pre-contrast series of the abdomen, soft tissue algorithm. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the pelvis, soft tissue algorithm. One pre-contrast series of the head, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the thorax, soft tissue algorithm One post-contrast series of the head, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Nasal cavities and turbinates are within normal limits.

Cribriform plate is intact.

Oropharynx, nasopharynx, and soft palate are unremarkable.

No evidence of intracranial mass effect, falx cerebri deviation, or ventriculomegaly.

Frontal sinuses are unremarkable.

Tympanic cavities and external auditory canals are within normal limits.

Globes and retrobulbar spaces are unremarkable.

Dentition is within normal limits.

Temporomandibular joints are bilaterally congruent.

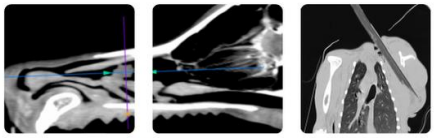
Medial retropharyngeal and mandibular lymph nodes are unremarkable.

Mandibular, parotid, and zygomatic salivary glands are within normal limits.

THORAX

Trachea and main bronchi are within normal limits.

There is a moderate reduction in volume expansion of the left lung lobes, associated with ground-glass attenuation and gravity-dependent peripheral consolidation foci, likely passive atelectasis.
Scattered mineral foci are noted within the subpleural pulmonary regions. The remaining pulmonary parenchyma exhibits normal attenuation.
No pulmonary soft tissue micronodules, nodules, or mass lesions are identified.



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Bronchial tree demonstrates normal branching and tapering, with thin and smooth bronchial walls and a normal bronchus-to-artery ratio.

Sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

Cardiac silhouette and pulmonary vessels are normal, with adequate post-contrast opacification.

Pleural space, ribs, diaphragm, and thoracic wall are unremarkable.

Thoracic esophagus is within normal limits.

ABDOMEN

Prostate gland is mildly enlarged for a neutered male, with normal soft tissue attenuation on pre-contrast images, measuring approximately 3.2 × 2.5 × 2.3 cm.

No enlargement of the medial iliac lymph nodes is observed.

Urinary bladder is partially visualized on post-contrast images, moderately distended with hypoattenuating content; mild cranial wall thickening is noted.

Liver is homogeneously soft tissue attenuating and uniformly contrast enhancing, with normal size and shape.

Gallbladder, cystic duct, and common bile duct are within normal limits.

Kidneys are normal in size, shape, contour, and attenuation pre- and post-contrast; renal pelvises and ureters are unremarkable.

Spleen is of normal size and shape, homogeneously soft tissue attenuating, with mildly non-uniform contrast enhancement.

Stomach is moderately distended with homogeneous hypoattenuating fluid and gas, normally positioned, with no evidence of mural mass.

Duodenum and small intestine are nondilated, containing small amounts of fluid and gas, with normal wall thickness and no mural masses.

Colon and rectum contain gas and heterogeneously soft tissue attenuating fecal material, with normal wall thickness.

Pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

Serosal fat demonstrates normal attenuation.

Musculoskeletal structures included in the study are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild prostatic enlargement for a neutered male dog *, without associated regional lymphadenopathy. This finding raises concern for the possibility of early-stage prostatic neoplastic disease, although benign etiologies cannot be excluded based on CT findings alone.

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- Mild cranial urinary bladder wall thickening, partially assessed due to incomplete post-contrast collimation*. Differential diagnoses include cystitis.
- Moderate reduction in aeration of the left lung lobes, characterized by ground-glass attenuation and gravity-dependent peripheral consolidations, most consistent with passive pulmonary atelectasis and/or dependent pulmonary changes.
- Scattered pulmonary mineralized foci, compatible with osteomas or dystrophic mineralization.
- No tomographic evidence of pulmonary nodules, masses, or metastatic disease.
- Normal head CT.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings do not demonstrate a definitive primary neoplastic mass or evidence of metastatic disease within the thorax, abdomen, or pelvis. However, mild prostatic enlargement in a neutered patient is considered atypical and warrants clinical attention, as it may represent early-stage neoplastic transformation, despite the absence of regional lymphadenopathy or overt invasive features on CT. Correlation with clinical signs and confirmation of the patient's neuter status are recommended. Ultrasound-guided fine-needle aspiration for cytologic evaluation may be considered for further characterization.

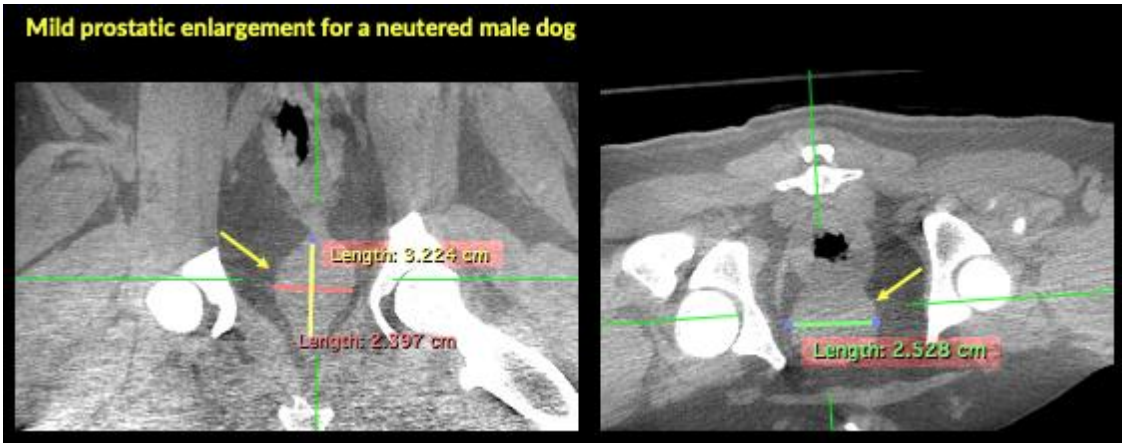
If the patient is intact, a different interpretation should be considered, as the prostate size would be within normal limits for an intact dog.

Mild cranial urinary bladder wall thickening is most consistent with cystitis as the primary differential diagnosis. Correlation with urinalysis and urine culture is recommended.

No tomographic evidence of pulmonary nodules, masses, or metastatic disease is identified.

TECHNICAL COMMENTS

The pelvic and perineal regions are not fully collimated in the post-contrast series. The prostate and urethra are only included in the pre-contrast series. The most caudal portion of the study is not collimated, limiting definitive assessment of the patient's neuter status.



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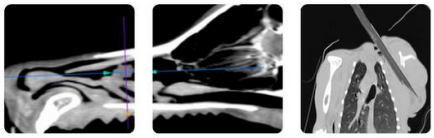

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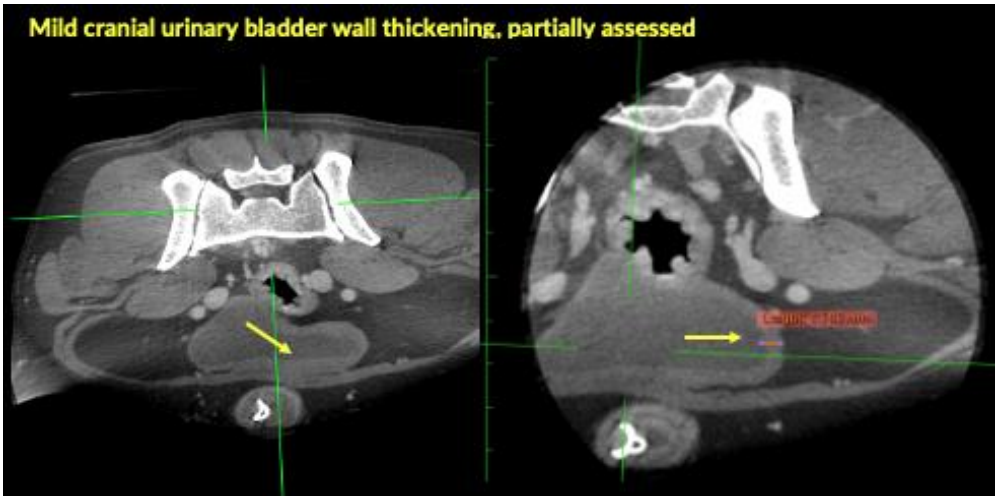

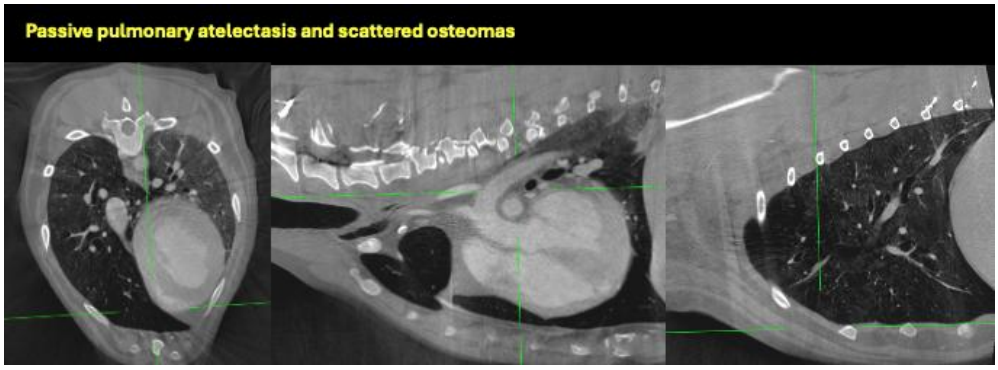

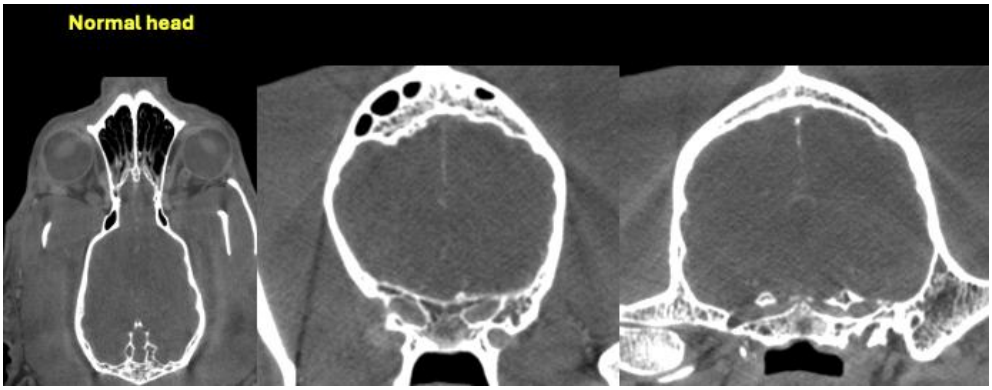

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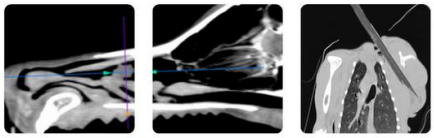

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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