



**PATIENT PRESENTING CLINICAL SIGNS**

**Max Boymel** Stranguria and hematuria not responsive to antibiotics. Piroxicam has helped but recently the pet is experiencing symptoms again. Radiographs and ultrasound report attached.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: Assessment: 1. Prostatomegaly with possible mineralization. Consider neoplasia such as prostatic carcinoma. Alternatively, prostatitis with dystrophic mineralization. 2. The round hypoechoic structure in the left cranial abdomen could represent an enlarged lymph node. Consider neoplastic or reactive lymphadenopathy. Alternatively, mesenteric mass or less likely pancreatic nodule. Further imaging to confirm could include contrast-enhanced abdominal CT. Cytologic sampling could also be of benefit to aid in a definitive diagnosis. 3. Renal peridiverticular dystrophic mineralization. 4. Mild left adrenomegaly, consider adenomatous hyperplasia. 5. Otherwise, unremarkable abdomen. 6. Unremarkable thorax. No evidence of pulmonary metastasis or intrathoracic lymphadenopathy.

**BREED**

**Portuguese Water Dog**

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN**

**SEX**

**Male**

A high-resolution pre- and post-contrast CT study of the abdomen are provided for review. One pre-contrast series and two post-contrast CT series are evaluated.

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE**

**8 Years, 9 Months**

The prostate gland is enlarged and moderately heterogeneously enhanced, with small intraparenchymal hypoattenuating fluid-filled cysts and multiple pinpoint mineralizations. The enlarged prostate dislocates and mildly compresses the final portion of the descending colon and rectum. It measures 4.3cm x 4.2cm x 3.9cm.

**INTERPRETED BY**

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

All portions of the colon and rectum are filled with heterogeneous fecal material and gas. Normal wall thickness.

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 7.6cm in the right kidney and 8.0cm in the left kidney. Normal pelvis. The ureters are normal in size, with correct insertion in the trigone region.

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The urinary bladder is moderately distended with mixed contrast media and hypoattenuating fluid material on the later phase series. No evidence of thickening of the urinary bladder wall; the cranioventral bladder wall measures 0.3cm.

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**Meaux**

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable.

The spleen is diffusely enlarged and mildly heterogeneously soft tissue attenuating with a few small enhancing and hypoattenuating nodules. A more rounded hypoattenuating nodule is identified in the head of the parenchyma, which measures approximately 3.8cm x 4.1cm in diameter.

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The stomach is mildly distended and contains a small amount of homogeneous attenuating fluid material and gas.

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The duodenum and small intestine are mildly dilated and contain a small amount of homogeneous hypoattenuating fluid content and small amount of gas.



**PATIENT** The left side hepatic lymph node is enlarged and rounded in shape, with mild heterogeneous attenuation. It measures approximately 3.2cm x 1.7cm.

Max Boymel

The pancreas and mesentery fat attenuation are normal.

**SPECIES** The left adrenal gland is mildly enlarged, with lobular shape, and homogeneous attenuation, measuring approximately 2.3cm x 1.3cm. The right adrenal gland is normal in size, shape, and attenuation, and measures approximately 2.1cm x 0.6cm.

Canine

Only seen on the pre-contrast series, the anal pad and anal sphincters are unremarkable.

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The remainder of the abdominal lymph nodes are normal.

Portuguese Water Dog

No other abnormalities are identified.

The musculoskeletal structures and collimated thorax are normal.

**SEX**

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

Male

- Prostatomegaly with microcalcification, the differential diagnosis includes prostatic carcinoma\*, less likely prostatitis, or concurrent prostatitis with dystrophic mineralization.
- The enlarged prostate causes mild extramural compression of the descending colon and rectum.
- Splenomegaly, few nodules and one major nodule in the head region, the differential diagnosis includes lymphoid hyperplasia, extra medullary hematopoiesis, focal hematoma, infiltrative disease, for example neoplasm.
- Peri-hepatic, more left-side, enlarged lymph node, reactive or metastatic.
- Left adrenomegaly, the differential diagnosis includes adenomatous hyperplasia, adenoma.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings are correlated to the previous ultrasonographic findings. The prostatomegaly with mineralization is confirmed; due to these characteristics in a neutered male dog, there is a higher probability of prostatic carcinoma in the differential diagnosis. Repeat the procedure of FNA or biopsy of the prostate gland is suggested. However, there is no evidence of regional lymph node enlargement or spondylitis.

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The enlarged, round, hypoechoic structures visible on the ultrasound exam correspond to the enlarged peri-hepatic abdominal lymph node. In addition, consider an ultrasound guided FNA of the spleen and peri-hepatic lymph node for cytologic analysis.

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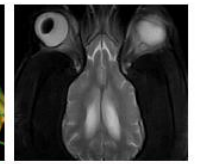
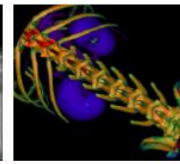
A laboratory test and investigation for hyperadrenocorticism are suggested due to the enlargement of the left adrenal gland.

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Canine

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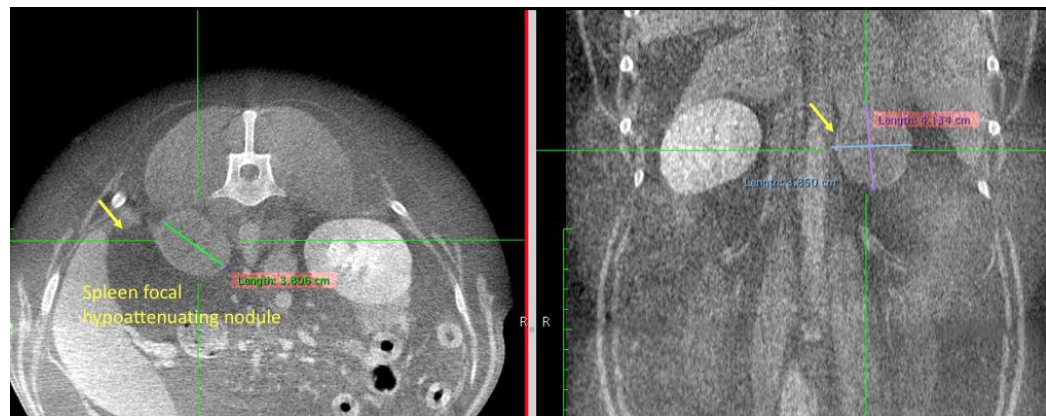
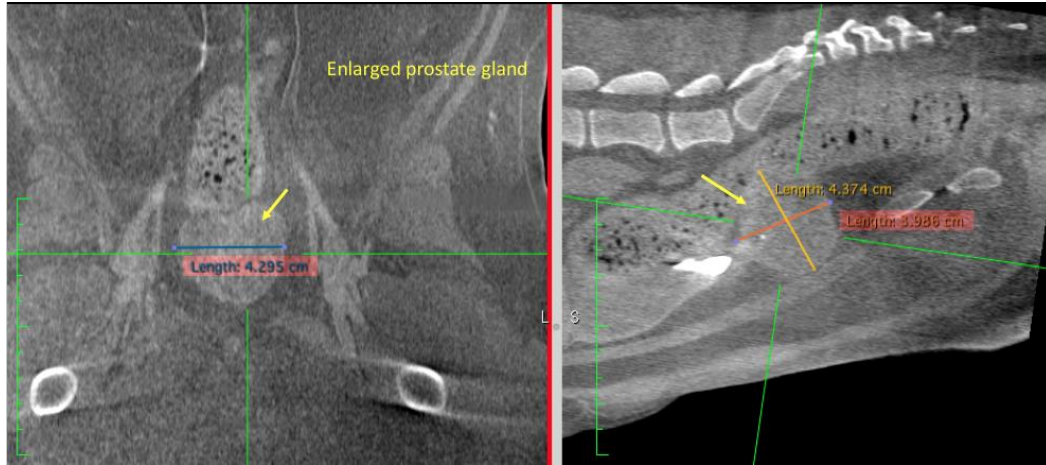
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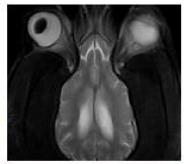
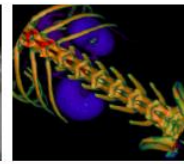
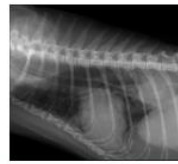
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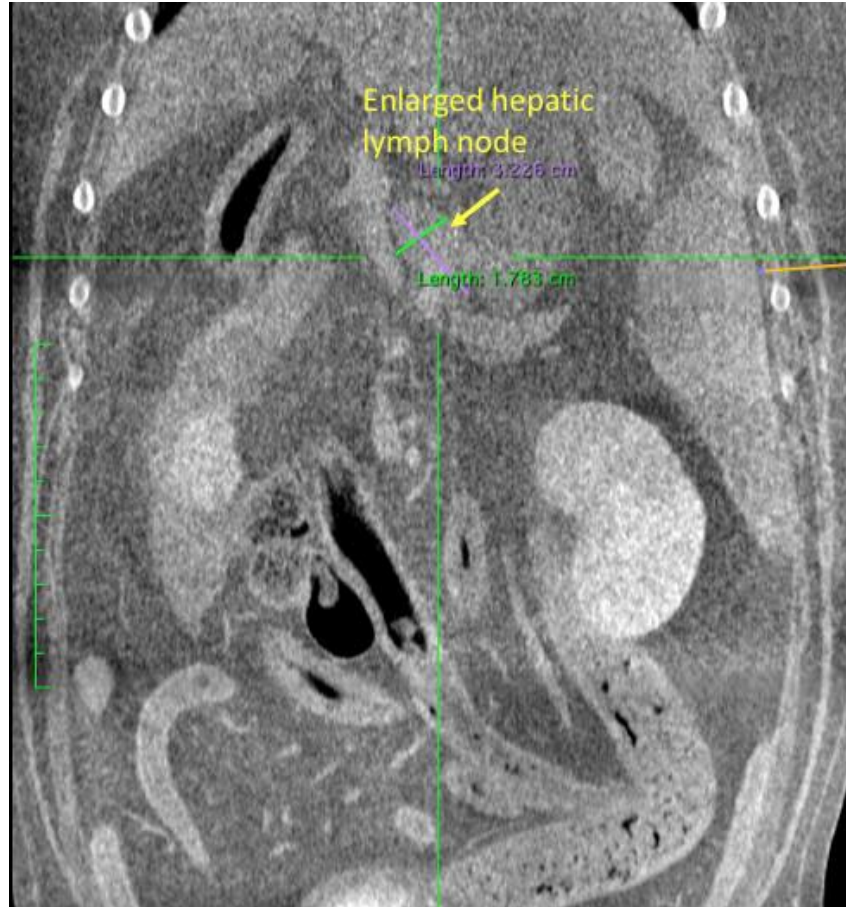
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**Portuguese Water  
Dog

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Male

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