



PATIENT PRESENTING CLINICAL SIGNS

Toby Ortiz Frequent urination, hematuria. History of bladder stones and prostatic calcifications.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN AND PELVIS (SOFT TISSUE)

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

American Bulldog Mix The prostate gland is extensively globular enlarged and moderately heterogeneously enhanced, with multifocal small intraparenchymal hypoattenuating fluid-filled lesions, and small cysts, associated with multiple mineralizing foci. 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.

SEX

Neutered Male The descending colon and rectum are empty, filled with minimal content of heterogeneous fecal material and gas. Normal wall thickness.

AGE

11 Years, 9 Months The urinary bladder is moderately distended with multiple mineral structures, mixed hypoattenuating fluid material, and contrast media on the later phase series. The multiple mineral structures show rounded, linear, and irregular shapes with different sizes. They measure between 0.6cm to 1.8cm. There is mild diffuse thickening of the urinary bladder wall, however, more prominent thickening is seen adjacent to the bladder neck, close to the prostatic urethra. The bladder wall measures 0.48cm.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet Multiple pelvic lymph nodes are enlarged, rounded in shape, and heterogeneous and include the medial iliac lymph nodes and the sacral lymph nodes. The major medial iliac lymph node measures approximately 5.1cm x 2.4 cm. The sacral lymph nodes measures approximately 1.4cm x 1.5cm.

HOSPITAL NAME

Mobile Pet Imaging The renal silhouettes are normal in size, shape, contour, and parenchymal attenuation pre- and post-contrast, except for a cortical microcyst in the left kidney. However, even in the last post-contrast series, the right renal pelvis is not enhanced, and it is different from the left renal pelvis. The right ureter is also not evident in the post contrast series, and the left ureter is normal, filled with contrast media, and presents correct insertion in the trigone region. The right ureter is minorly dilatated in comparison to the left one; however, no mineral structures are seen. The renal length is 8.3cm in the right kidney and 7.9cm in the left kidney.

REFERRING VET

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

INVOICE

57998 The stomach is mildly distended and contains a moderate amount of homogeneous and heterogeneously attenuating ingesta material and gas.

DATE

4-26-23 The duodenum and small intestine are mildly dilated and contain a small amount of homogeneous hypoattenuating fluid content and small amount of gas.
The pancreas and mesentery fat attenuation are normal.



PATIENT Both adrenal glands are mildly enlarged with lobular shape, and homogeneous attenuation. The left adrenal gland is measuring approximately 3.0cm x 1.1cm. The right adrenal gland is measuring approximately 2.3cm x 1.2cm.

Toby Ortiz

The remainder of the abdominal lymph nodes are normal.

SPECIES

Canine

A permeative osteolytic lesion is seen centered on the C3 caudal vertebral body and presents mild loss of the ventral cortical border.

BREED

American Bulldog Mix

A multifocal permeative osteolytic lesion is also seen on the sacrum associated with mild palisade periosteal reaction.

L7-S1 presents complete bridging spondylosis deformans.

The visible portion of the collimated thorax is normal.

SEX

Neutered Male

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prostatomegaly with microcalcification and cysts, the differential diagnosis includes prostatic carcinoma*.
- Medial iliac and sacral lymphadenitis, metastatic.
- Polyostotic aggressive mixed osteolytic and proliferative lesion of the sacrum and caudal vertebra C3, differential diagnosis is metastatic lesions.
- The enlarged prostate causes mild extramural compression of the descending colon and rectum.
- Multiple variably sized, mineral opaque bladder lithiasis, with concurrent inflammatory or infectious cystitis. Differential diagnosis: metastatic invasion/infiltration in the bladder neck.
- Mild right side pyelectasia, or concurrent pyelonephritis, and right-side urethritis.
- Bilateral mild adrenomegaly, differential diagnosis includes adenomatous hyperplasia, adenoma.

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11 Years, 9 Months

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are correlated to the present clinical signs. The tomographic characteristics of prostatic mineralization in a neutered male dog is usually associated to prostatic carcinoma. This differential diagnosis has a higher probability, specifically in this patient, due to the associated lymphadenitis and polyostotic aggressive lesion in the spine. Other differential diagnosis includes transitional cell carcinoma.

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An ultrasound guided FNA or biopsy of the prostate gland is suggested. Also, surgical extraction of the bladder lithiasis is suggested.

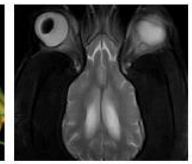
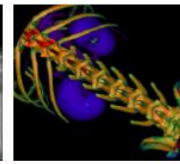
Consider a laboratory test, and investigation for hyperadrenocorticism is suggested due to the enlargement of the adrenal glands. Also, thoracic radiography for metastatic check is recommended.

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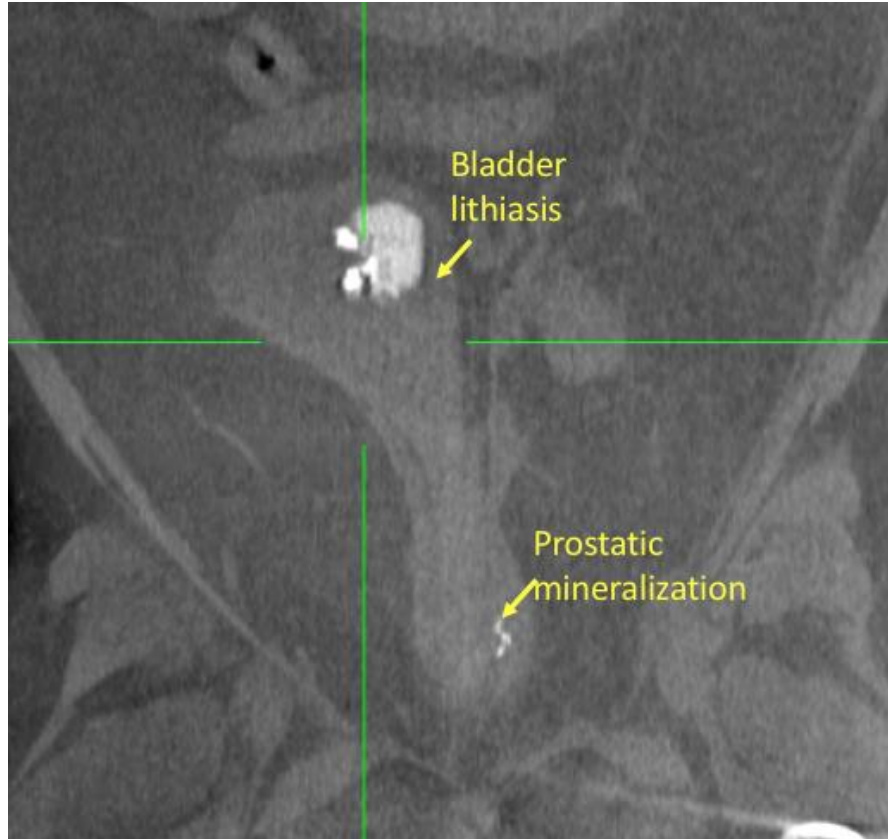
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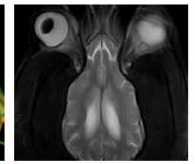
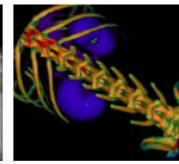
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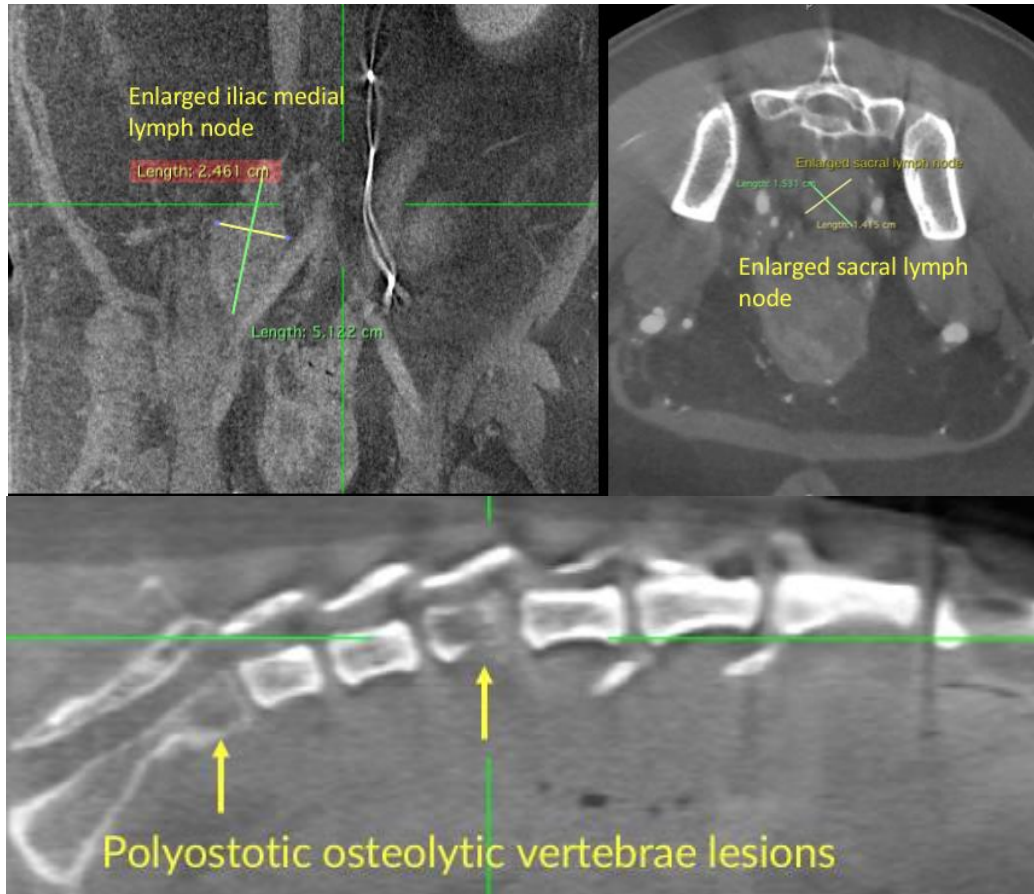
Lorente

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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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