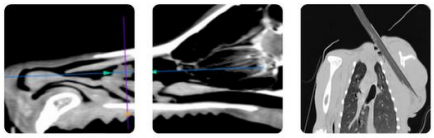


PATIENT

Brooklyn Class

SPECIES

Canine

BREED

American Bully

SEX

M

AGE

9Y

WEIGHT

55.0lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno, CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Marlon Carrillo, DVM

INVOICE

75276

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Brooklyn is an 8 year old male intact Pitbull who presented for evaluation due to inflamed eyes, mucoid ocular discharge and suspected pain/discomfort. Patient presented a month ago to this clinic due
to gastrointestinal problems. Since then, owner noticed is constanlty whinning and looking more quiet/painful.
Patient presented this past week to another clinic, BW and radiographs were taken but all of them were unremarkable (per owner). Owner was told that patient eyes were dried but medical management was not
offered. Owner mentioned that patient is difficult to administer medicine at home. Owner is worried that patient might have a viral infection.
CT Scan of head and neck-thoracic vertebrae. Acting painful with limited evaluation awake (aggressive). Painful upon chewing and neglected to rise head.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable 4Dx: negative for all

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CERVICAL & THORACIC SPINE, AND ABDOMEN.

A pre- and post-contrast CT study of the head, spine, and abdomen is provided for review, totaling 4 series: one pre-contrast series of the head and cervical and thoracic spine, bone algorithm; one post-contrast series of the head and cervical and thoracic spine, soft tissue algorithm; one post-contrast series of the abdomen, bone algorithm; and one post-contrast series of the abdomen, soft tissue algorithm (delayed phase).

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

Within the right frontal lobe, extending ventromedially toward the diencephalon along the midline, there is an intra-axial, poorly marginated, heterogeneous soft tissue attenuating mass effect measuring approximately 2.0 × 1.4 × 1.3 cm. The lesion is visible only on the post-contrast series and demonstrates mild heterogeneous contrast enhancement. Mild regional mass effect is present with slight leftward midline shift.

The nasal cavities, nasal turbinates, frontal sinuses, and nasopharynx are unremarkable. The cribriform plate remains intact.

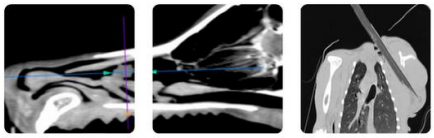
The soft palate is mildly diffusely thickened.

Multifocal linear mineralized foci are present within the walls of both external auditory canals, incidental. The tympanic cavities are unremarkable.

The globes, retrobulbar spaces, tympanic bullae, salivary glands, temporomandibular joints, mandibular lymph nodes, and medial retropharyngeal lymph nodes are unremarkable.

Triadan teeth 107, 207, 308, 311, and 408 are absent.

CERVICAL & THORACIC SPINE



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Normal vertebral count is present (C1-C7 and T1-T13).

Minimal extradural mineralized foci are present along the ventral aspect of the vertebral canal at C7-T1 and T11-T12, without evidence of spinal cord compression.

At the vertebral endplates of T8-T9, there is a small focal area of osteolysis with mild surrounding sclerosis.

The remaining cervical and thoracic vertebrae maintain normal size, shape, alignment, cortical margins, and attenuation.

ABDOMEN

The prostate gland is mildly enlarged, measuring approximately 4.1 × 2.9 cm, with mild heterogeneous attenuation and contrast enhancement. Multiple small intraparenchymal cystic to microcystic hypoattenuating foci are present.

Mild enlargement of the medial iliac and internal iliac lymph nodes is present; nodal shape, attenuation, and enhancement characteristics remain normal.

The liver, gallbladder, spleen, pancreas, adrenal glands, kidneys, ureters, urinary bladder, stomach, small and large intestines, abdominal vasculature, and peritoneal cavity are within normal CT limits.

Normal abdominal serosal detail.

Additional findings:
Bilateral coxofemoral joint incongruity with mild periarticular osteophytosis/ossification, consistent with chronic coxofemoral degenerative joint disease.

Mild incomplete bridging spondylosis deformans is present at L7-S1.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right frontal intra-axial contrast-enhancing cerebral mass with mild mass effect and minimal leftward midline shift. Differential diagnoses include intracranial neoplasm, or granulomatous inflammatory/infectious disease.
- At the T8–T9 vertebral endplates, a small focal area of osteolysis with mild peripheral sclerosis is identified, consistent with incipient discospondylitis.
- Small mineralized extradural foci at C7-T1 and T11-T12, compatible with chronic degenerative disc mineralization, without CT evidence of clinically significant spinal cord compression.
- Mild prostatomegaly with heterogeneous enhancement and multiple intraparenchymal cystic changes, most consistent with benign prostatic hyperplasia and associated cystic/microcyst prostatic change. Less likely concurrent prostatitis.
- Mild reactive or nonspecific enlargement of the medial and internal iliac lymph nodes.
- Mild bilateral coxofemoral osteoarthrosis and mild L7-S1 spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a right frontal intra-axial cerebral mass and is considered the most clinically significant abnormality. Differential diagnoses include intracranial neoplasm, or granulomatous inflammatory/infectious disease. Further evaluation with contrast-enhanced MRI of the brain is

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recommended for better lesion characterization, assessment of lesion extent, and treatment planning. Cerebrospinal fluid (CSF) analysis may also be considered.

The prostate is mildly enlarged and contains multiple small cystic changes, findings most consistent with benign prostatic hyperplasia and may be considered incidental to the presenting complaint, less likely differential diagnosis concurrent prostatitis.

A small focal osteolytic lesion with mild peripheral sclerosis at T8–T9 is most consistent with incipient discospondylitis. Correlation with clinical signs, infectious disease screening, and blood and/or urine cultures is recommended. Follow-up imaging may be considered to assess for progression.

Fig. 1. Poorly marginated, mildly contrast-enhancing intracraniall mass within the right frontal lobe extending toward the diencephalon, with mass effect and mild leftward midline shift.

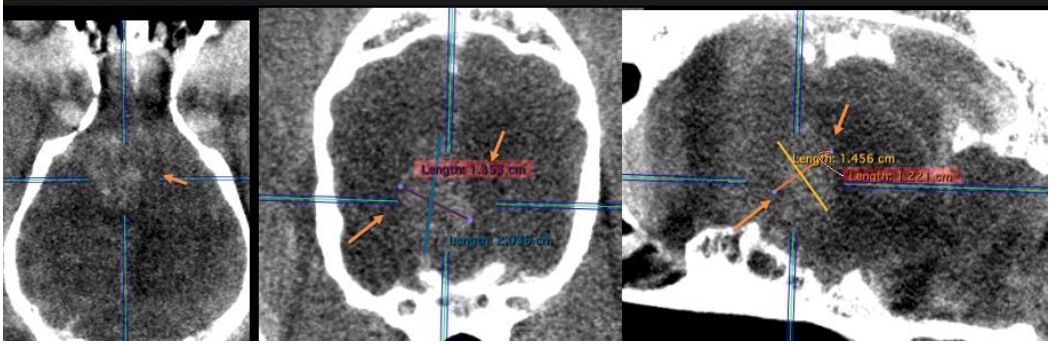
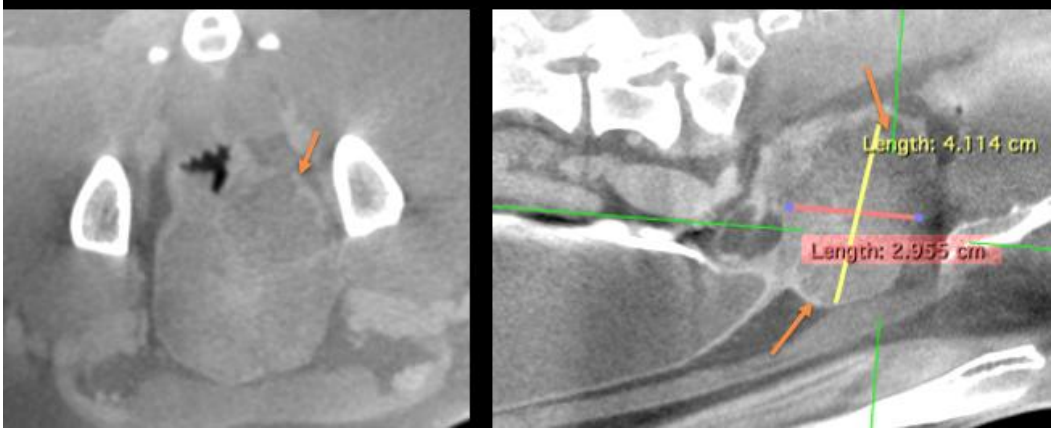


Fig. 3. Mild prostatomegaly with mild heterogeneous enhancement.



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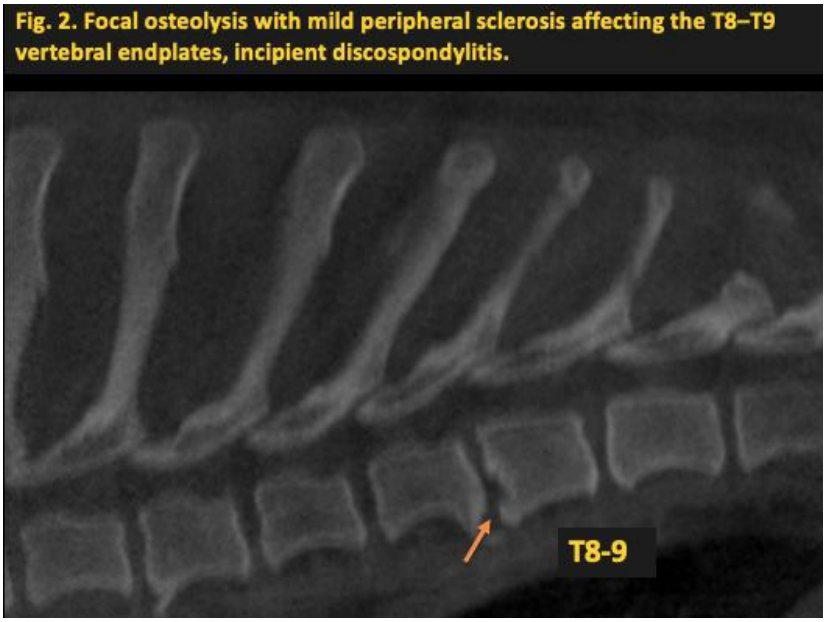

Fig. 2. Focal osteolysis with mild peripheral sclerosis affecting the T8–T9 vertebral endplates, incipient discospondylitis.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com