



ProtonVet
VETERINARY RADIOLOGY

COMPUTED TOMOGRAPHY REPORT

REFERRAL CENTER

Referring hospital: [REDACTED]

Referring veterinary: [REDACTED]

E-mail: [REDACTED]

Tel: [REDACTED]

PATIENT INFORMATION

Owner: [REDACTED]

Patient's name: [REDACTED]

Species: Canine

Breed: West Highland White Terrier

Sex: Female

Age: 8y

5m

History: 2/3 weeks ago, dyschezia/tenesmus with diarrhea; signs of pollakiuria (UTI in January, similar signs) and difficulty to jump on the sofa (owners thought it was due to a recent fall from the bed). Lots of gases. She lost 1.5 kg (usual weight 10.5kg. 9.6 kg in January). Abdominal mass identified via ultrasound and XR at her usual veterinary, as well as possible pulmonary nodule.

Region: Head / Neck / Thorax / Abdomen

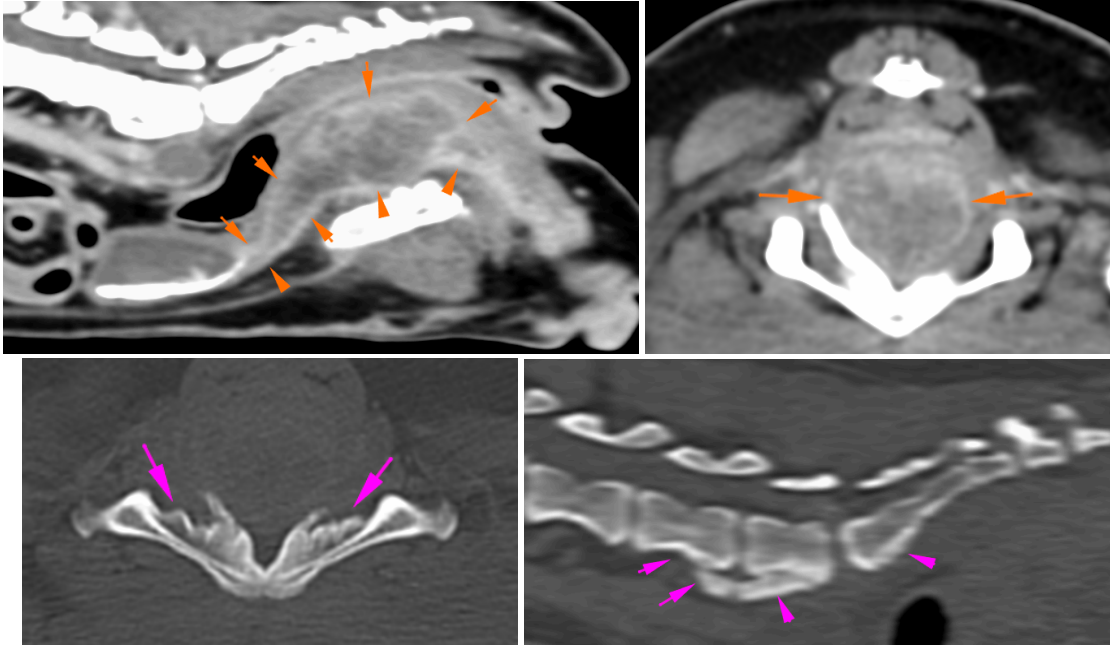
REPORT

Technical comments: Pre- and post-contrast series of head, neck, thorax and abdomen, evaluated with soft tissue, lung and bone algorithms, with slice thickness of 2 mm.

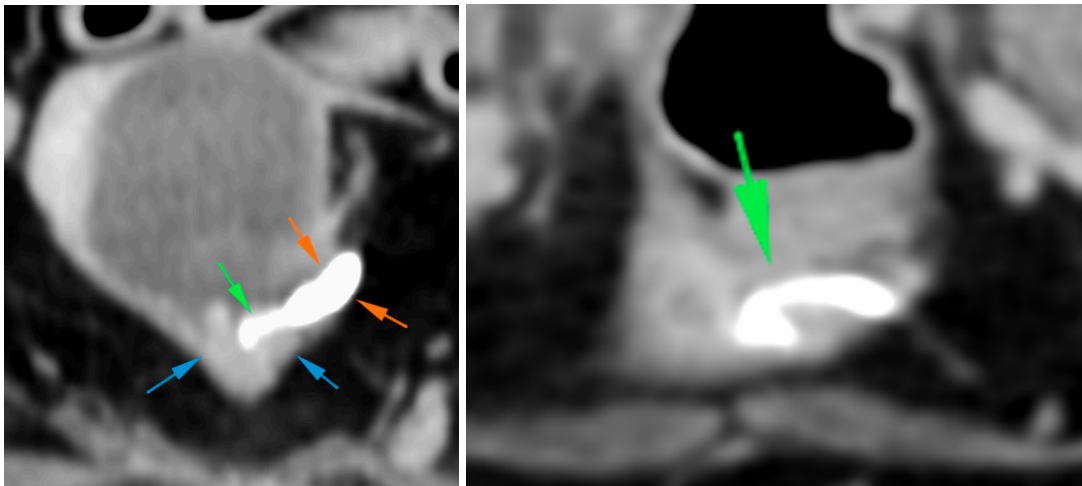
Description:

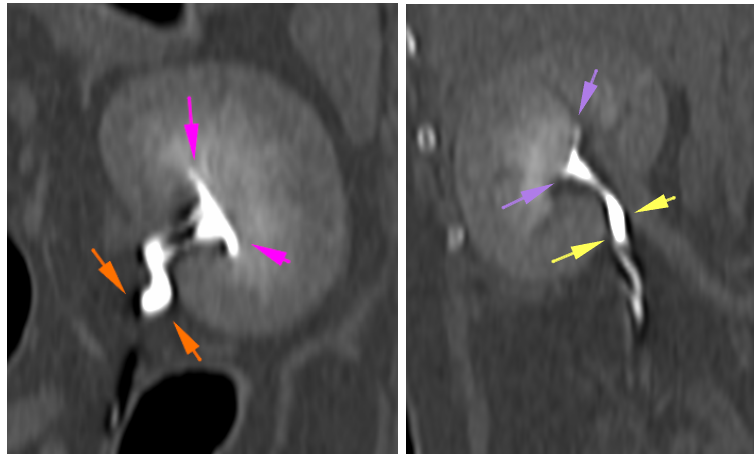
Abdomen:

The cranial portion of the urethra is markedly and diffusely enlarged, continued by a mass like lesion (5,5 cm CrCd x 2,2 cm DV x 2,3 cm LM) at intrapelvic level (orange arrows). The lesion appears to be intra-luminal. This lesion shows irregular and well-defined margins, with a heterogeneous soft tissue attenuation, and a marked and heterogeneous contrast enhancement. At intrapelvic level, the mass causes a marked mass effect on the rectum, displacing it dorsally. Associated with this lesion, there is a marked new bone formation, with smooth and slightly irregular margins, that extends along the pelvic floor (affecting ilium, pubis and ischium), as well as along the ventral aspect of the sacrum and along the vertebral bodies of L6-L7 (pink arrows).

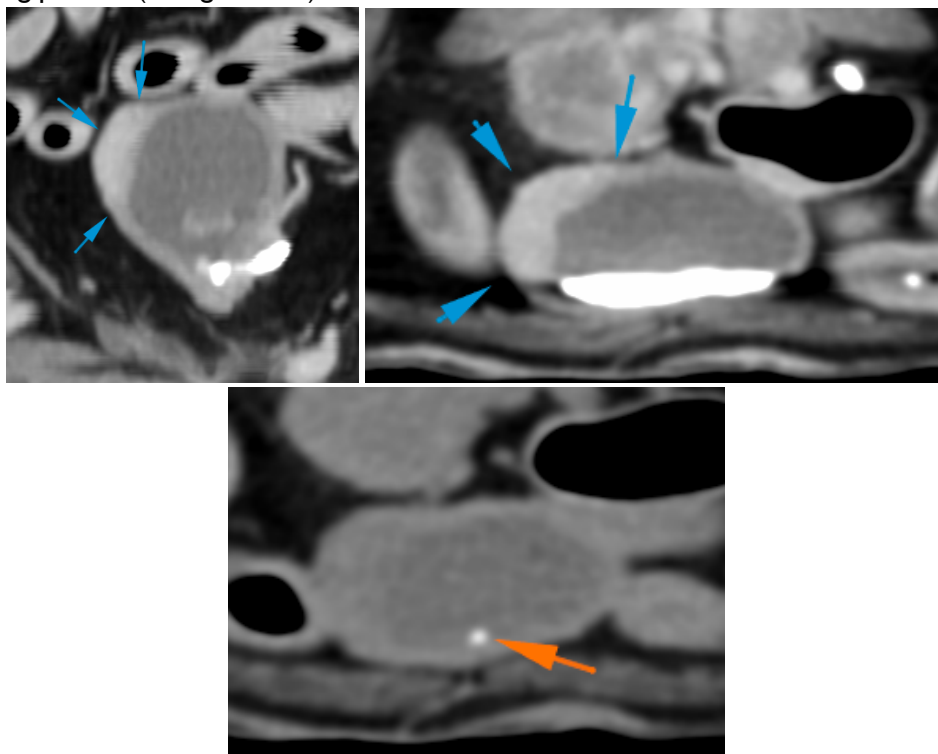


This thickening extends cranially until the trigone of the bladder (blue arrows) where the left ureterovesical junction appears normal (green arrow), although the most distal portion of the left ureter appears slightly distended (3 mm thickness) (orange arrows), extending cranially and preserving the same diameter, with a normal path. The left renal pelvis is also slightly distended (5 mm) (pink arrows). The right ureterovesical junction is not clearly visible. However, the right ureter does not show evident abnormalities (yellow arrows), without signs of distension of the right renal pelvis (purple arrow).

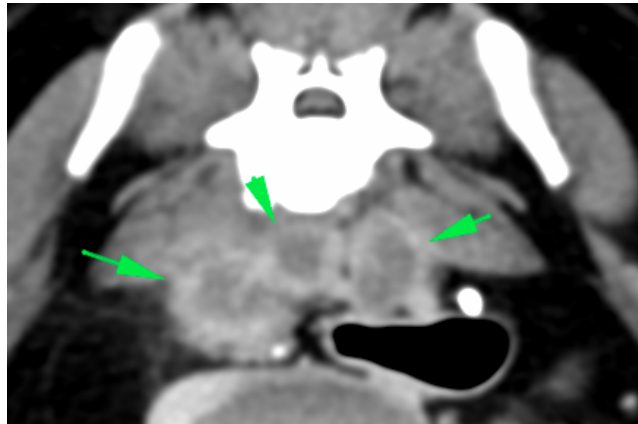




On the right side of the cranial aspect of the urinary bladder, there is an eccentric wall thickening, that shows a marked and homogeneous contrast enhancement (blue arrows). Otherwise, the bladder is slightly distended, with a small mineral attenuating structure in its depending portion (orange arrow).



The uterine horns and both ovaries are normal. The uterine body is only visible at its most cranial aspect and it is subsequently effaced by the mass previously described. Severe enlargement of the medial and internal iliac lymph nodes (measuring up to 1.6 cm thickness), presenting an irregular morphology with a heterogeneous contrast enhancement (green arrows).

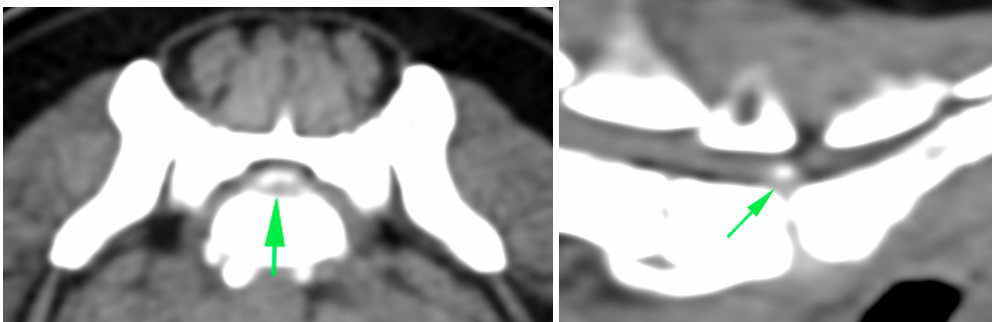


The liver is normal in size and shape, showing a homogeneous attenuation, without evidences of nodules or masses. The gallbladder is unremarkable.

The GI tract is normal. The cecum and colon are slightly distended, filled with gas and normal consistency faeces. Pancreas unremarkable.

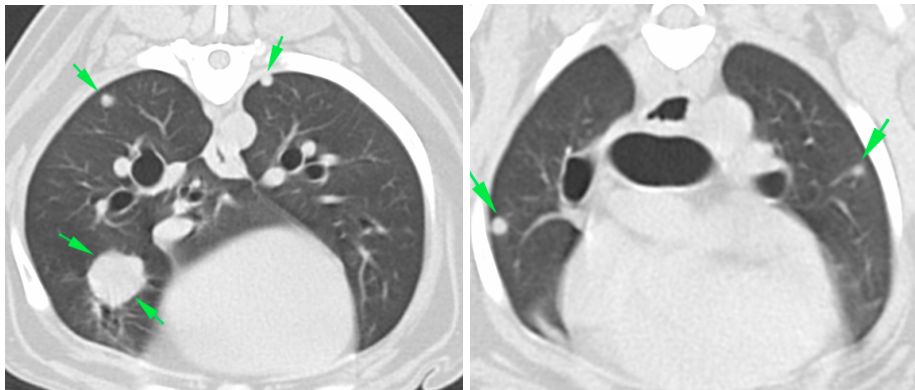
The spleen is unremarkable. Adrenal glands normal. Peritoneum and retroperitoneum unremarkable.

At the level of the lumbosacral joint, there is a moderate dorsal protrusion of the intervertebral disc, causing a dorsal displacement of the nerve roots of the cauda equina (green arrows).



Thorax:

There are multiple, variable in size, soft tissue attenuating nodules, showing a slight and homogeneous contrast enhancement, throughout the lung parenchyma (green arrows). The biggest one (1,5 cm x 1,5 cm) is located in the ventral aspect of the right caudal lung lobe.

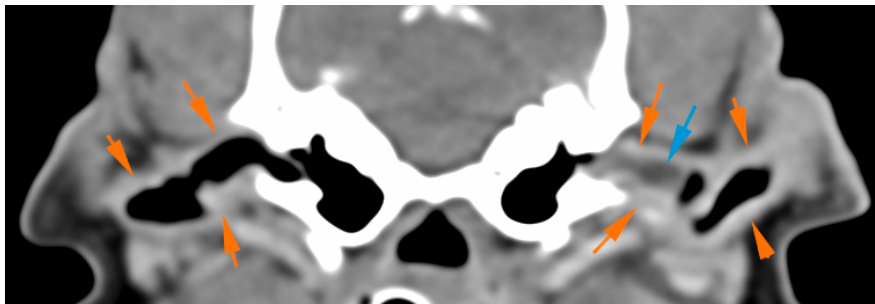


There are no signs of thoracic lymphadenopathy. There are no evident abnormalities at the cardiovascular structures. The oesophagus and trachea are unremarkable. There are no signs of mediastinal or pleural pathologies.

The osseous structures included are unremarkable.

Head:

There is a slight/moderate diffuse thickening of the wall of both external ear canals (orange arrows), with multiple mineral attenuating foci, showing homogeneous contrast enhancement. In addition, the horizontal portion of the left external ear canal is completely obliterated by a non-enhancing, fluid attenuating material (blue arrow). Both tympanic bullae and inner ear structures are normal.



There are no abnormalities at the level of the nasal cavity. The paranasal sinuses are unremarkable. The nasopharynx, oropharynx and larynx are normal.

No abnormalities at the maxilla, mandible, teeth, both temporomandibular joints and masticatory muscles are detected.

The orbits and ocular globes are unremarkable. Salivary glands are normal.

There are no signs of regional lymphadenopathy, with mandibular and medial retropharyngeal lymph nodes within normal limits. There are no intracranial abnormalities.

The cervical spine and soft tissue structures of the neck are unremarkable. The thyroid glands have a normal appearance.

Conclusions:

- Urethral mass of intra-luminal location, extending along the intrapelvic urethra, up until the region of the trigone of the urinary bladder, consistent with a neoplastic process (carcinoma, most likely).
- This lesion causes a narrowing of the left ureterovesical junction, provoking a slight distention of the ureter and of the left renal pelvis. The right ureterovesical junction is not clearly visible. However, the right ureter and renal pelvis are unremarkable.
- Eccentric thickening of the urinary bladder's wall at its cranial and right lateral aspect, most likely consistent with neoplastic infiltration.
- Marked sublumbar lymphadenopathy, most likely consistent with metastasis.
- Periosteal reaction of the vertebral bodies of L6, L7 and sacrum, as well as of the pelvic bones, most likely consistent with metastasis.
- Multiple pulmonary nodules, most likely consistent with metastasis.
- Small urinary urolith.
- Disc protrusion at the lumbosacral joint, consistent with degenerative lumbosacral disease, without evident compression of the cauda equina.
- The findings in both external ear canals are consistent with bilateral chronic otitis externa.

Comments: Sampling of the urethral mass and FNAs of the affected sublumbar lymph nodes are recommended in order to reach a definitive diagnosis.

20th april 2021

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