



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Beagle

Sex: Male Neutered Age: 8 years

Clinical History:

Recent pelvic limb lameness and lethargy.

Details of study and technical comments:

Right lateral and ventrodorsal images of the abdomen are available for interpretation.

Diagnostic interpretation:

ABDOMEN:

There is good abdominal serosal contrast.

The prostatic shadow is markedly enlarged (red arrows) and has increased opacity (this may be summation vs. mineral). The renal and urinary bladder silhouettes are smoothly margined and within normal limits. There are no radiopaque calculi.

The visible margins of the liver and spleen are radiographically within normal limits. The gastric silhouette contains a small volume of gas and is normal in position. The small intestine is generally soft tissue opaque or contains a small volume of gas; it is within normal limits for diameter and margination. The colon and rectum contain fecal material.

Irregular periosteal reaction is present along the ventral margins of the L5, L6 and L7 vertebral bodies (orange arrows) and sacrum. Irregular periosteal reaction is present along the gluteal surface and medial margins of the majority of the left ilium (yellow arrows). The dorsal cortex of the left ilium is incomplete (green arrowheads) with regions of trabecular lysis ventrally (blue arrows). There is asymmetrical enlargement of the soft tissues lateral to the left ilium (purple arrows).

A thin mineral plane delineates the right and left femoral heads. A smoothly margined mineral focus is proximal to the left greater trochanter.

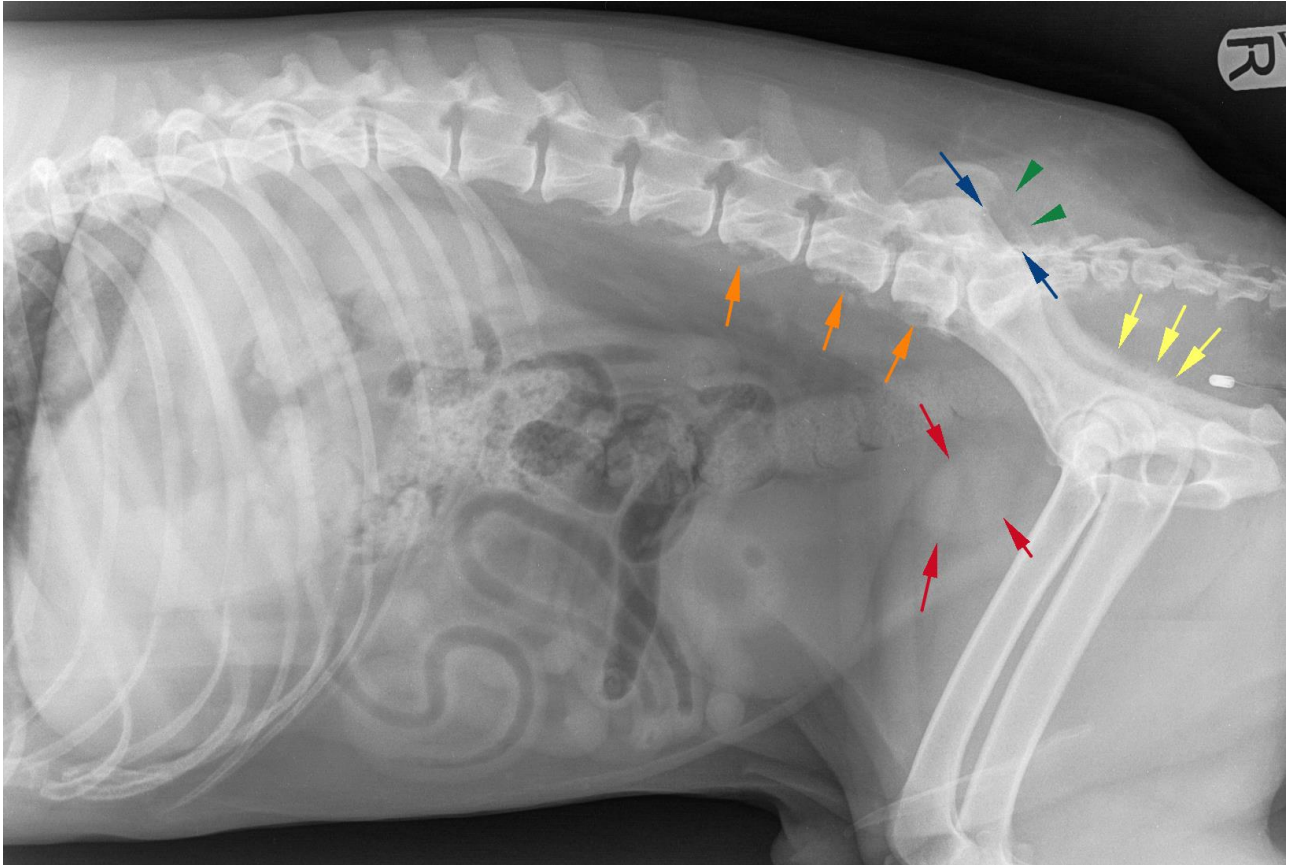


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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

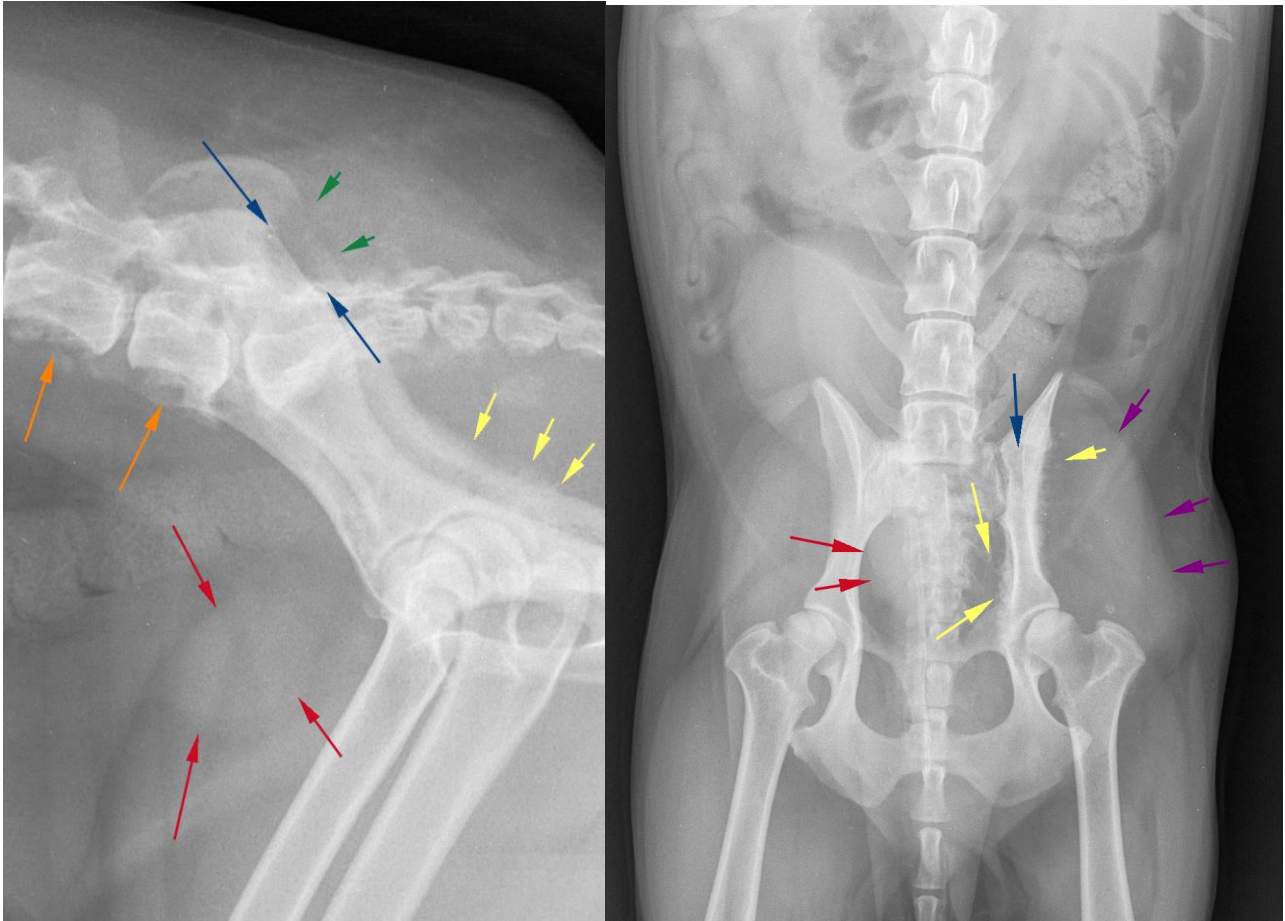


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Conclusions:

Prostatomegaly. Primary differential is prostatic neoplasia (presumed carcinoma). Alternative neoplastic differentials include transitional cell carcinoma.

Regionally polyostotic aggressive bone lesion characterized by periosteal response of the lumbar vertebrae and left ilium with ilial osteolysis. Most likely due metastasis.

Incidental bilateral coxal osteoarthritis and left gluteal enthesopathy.

Additional comments:

Prostatomegaly in a neutered male dog is due to a very short list of differential diagnoses. Neoplasia occupies the top two differentials. Other causes for prostatomegaly include recent neutering without complete involution. In intact males, prostatitis, benign prostatic hyperplasia, and prostatic abscess can also be considered.

The lumbar vertebral column and pelvis are some of the most common sites of metastasis in the dog. This is attributed to the drainage of the prostate by the regional venous plexus. Other common sites include medial iliac lymph nodes and lungs. Complete screening in this patient would include thoracic radiography and abdominal ultrasound.

Sampling of urinary tract carcinomas (transitional cell carcinoma and prostatic carcinoma) are most frequently achieved through catheter assisted biopsy (sometimes called traumatic catheterization). Direct aspiration is controversial as seeding along the needle tract has been documented.



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LITEATURE:

LeRoy, B. E., & Northrup, N. (2009). Prostate cancer in dogs: comparative and clinical aspects. *The Veterinary Journal*, 180(2), 149-162.



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