



PATIENT

Nellie Dickinson

SPECIES

Canine

BREED

Bull Terrier

SEX

FS

AGE

8Y, 1M

WEIGHT

22.2kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

73851

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- External referral
- 6m history of haematochezia, tenesmus, prolapse, non-responsive to diet trials, supplementation, antimicrobial and anti-parasitic treatments
- Previous VPS ultrasound (july 2025): suspected colitis - tiny speckling as well on SI mucosa

Abnormal PE/Chem/CBC/UA Results: RBC $5.29 \times 10^{12}/L$ (5.65-8.87) Haematocrit 0.367L/L (0.373-0.617) Haemoglobin 126g/L (131-205) WBC $31.69 \times 10^9/L$ (5.05-16.76) Neutrophils 26.14 $\times 10^9/L$ (2.95-11.64) Monocytes $1.54 \times 10^9/L$ (0.16-1.12)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

A 16mm thin walled cyst is present at the caudal pole of the left kidney. The cyst has fluid attenuating content with no contrast enhancement. The right kidney presents within normal limits.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

A well-defined, broad based, soft tissue mass is arising from the rectal wall measuring approximately 5 x 2 cm. The mass is located approximately 1.5 cm cranial to the anal sphincter and appears to be more left sided. Uniform soft tissue attenuation with moderate contrast enhancement is noted. Marked luminal narrowing is noted. The interface with the rectal wall is wide based without pedunculated appearance.

The hypogastric and right medial iliac lymph nodes are mildly enlarged maintaining overall shape with slightly increased size.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Rectal mass lesion with partial luminal obstruction suspicious for rectal neoplasia.
- Mild regional lymphadenomegaly: reactive vs early metastatic.
- Incidental simple cyst of the left kidney.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging features are most consistent with a primary rectal neoplasm rather than inflammatory colitis. Primary differential considerations include rectal adenocarcinoma, gastrointestinal stromal tumor, or other neoplasia. Granulomatous disease and colitis are considered less likely.

The renal cyst is an incidental benign finding and unlikely to be of clinical significance.



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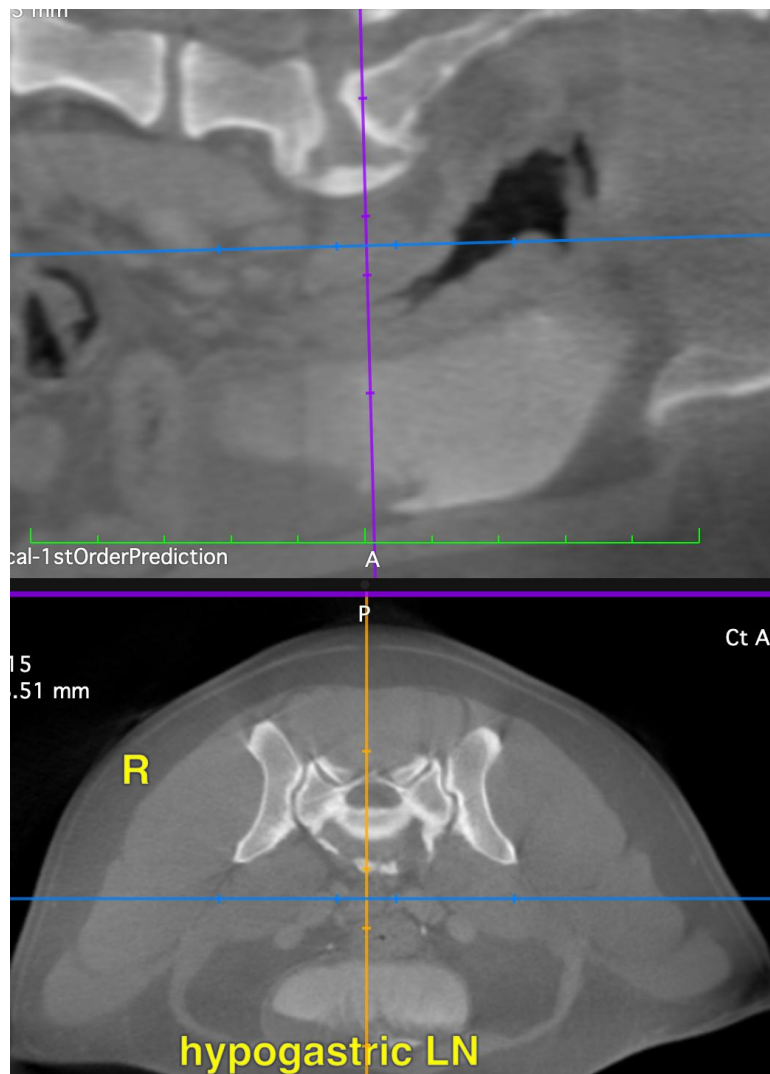
DATE

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Tissue sampling of the rectal mass is essential for definitive diagnosis. Endoscopic or surgical biopsies are recommended if not already obtained. Surgical consultation to assess resectability can be considered.

Sampling of the enlarged lymph nodes is challenged by their small size and position, however, ultrasound guided sampling of the right medial iliac lymph node could be considered under general anesthesia.

Consider thoracic imaging for full metastatic staging prior to definitive treatment.





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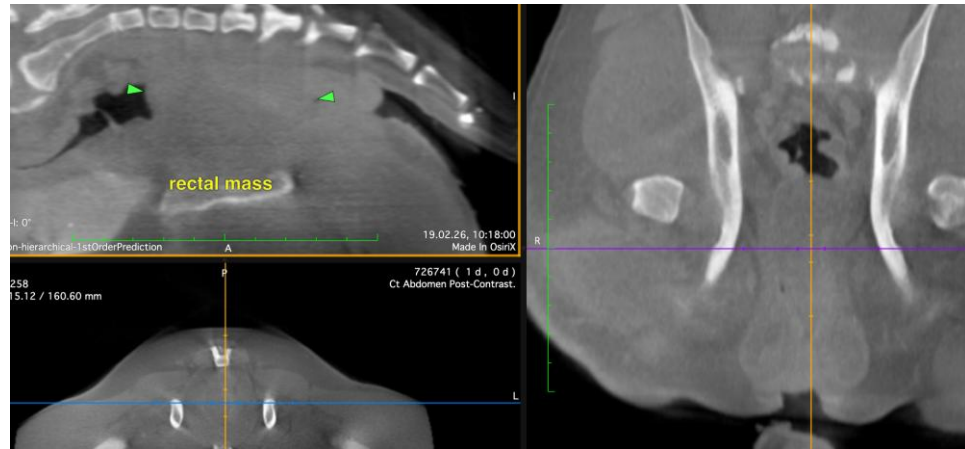
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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