

PATIENT

Annie #24656C-CT
McMillen

SPECIES

Canine

BREED

Schnauzer Mix

SEX

FS

AGE

1Y, 7M

WEIGHT

19.3lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pete Bashara, DVM

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Pete Bashara, DVM

INVOICE

74183

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- Patient presented for bilateral hind limb lameness after being diagnosed with a R CCL rupture a week prior.

Abnormal PE/Chem/CBC/UA Results: Physical exam revealed a palpable enlarged caudal abdominal mass also palpable on rectal exam. X-rays confirmed suspicion.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A caudal abdominal mass is seen between the rectum and urethral /vaginal wall. The mass is situated within the pelvic canal. Mass size is 2 x 1 cm approximately. Lesion margins are ill-defined. Multifocal internal mineralizations and severe nonuniform enhancement are present. There is a mass effect on adjacent structures.

Severe multiple sublumbar lymphadenomegaly with severe mass effect is noted. Heterogeneous enhancement and mineralization within the enlarged lymph nodes are seen. The lymph node mass infiltrates the sublumbar musculature and extends into the vertebral canal through the bilateral L5/L6, L6/L7, and lumbosacral neuroforamina. The right ureter is encompassed and compressed by the mass.

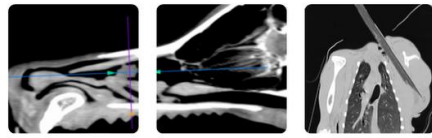
Emerging right hydronephrosis is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive caudal abdominal/intrapelvic mass with mineralization likely neoplastic and nonresectable due to metastatic involvement of sublumbar lymph nodes with extension into spinal canal, compression of right ureter, and early right hydronephrosis.
- Severe sublumbar lymphadenomegaly meeting metastatic criteria.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with an aggressive malignant mass involving the caudal abdomen and pelvic canal as well as the regional lymph nodes with secondary spinal canal invasion. The right ureteral compression explains early right hydronephrosis. The spinal canal invasion may correlate with the bilateral hind limb lameness. Surgical resection of the mass is not feasible due to extensive local invasion and spinal canal involvement. Differential considerations include soft tissue sarcoma, transitional cell carcinoma, rectal carcinoma, or other aggressive neoplasia with lymph node metastasis. Oncology consultation for palliative / urological management can be considered.



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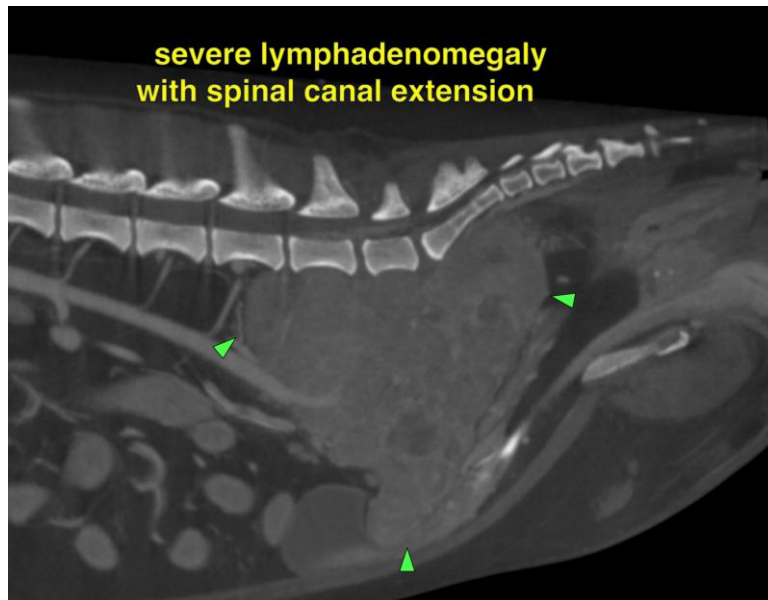
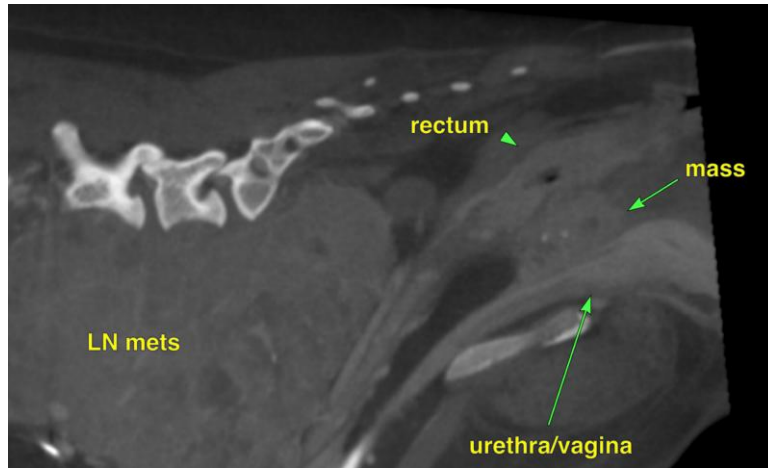
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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