



PATIENT PRESENTING CLINICAL SIGNS

- Piper Schutt
- Rectal bleeding noted by owner in January. Full bloodwork including clotting times were normal
 - Ventral colon mass detected on rectal exam at recheck 3 days later
- SPECIES**
- Endoscopic biopsy of mass were suggestive of either carcinoma or ulcerative granulomatous process
- Canine
- Conservative management with steroids and yunnan baiyao to minimize inflammation and bleeding have been initiated with variable improvements in rectal bleeding
 - Steroids discontinued on 3/10/26

BREED

Husky

COMPUTED TOMOGRAPHIC STUDY OF THE CAUDAL ABDOMEN AND PELVIS

Plain and post contrast studies are available for review.

SEX

FS

COMPUTED TOMOGRAPHIC FINDINGS

A soft tissue mass of the descending colon is seen measuring ~ 5 x 5 x 2.5 cm located in the descending colon ~ 5 cm cranial to the anal sphincter. The mass is ill-defined and irregular in shape with undulating surface. Loss of normal wall layering of the descending colon is seen. Strong non-uniform contrast enhancement is noted. Partial luminal obstruction is caused by the mass.

AGE

6yr

The regional sacral hypogastric and medial iliac lymph nodes present within normal limits.

INTERPRETED BY

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

No evidence of additional masses or metastatic disease is seen in the imaged portion of the abdomen.

The spleen, urinary bladder, kidneys and adrenal glands present within normal limits.

L5 L6 L7 and S1 spondylosis are seen.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass of the descending colon with imaging characteristics highly suspicious for neoplasia.
- No CT evidence of regional lymph node or distant abdominal metastasis.

REFERRING VET

Dr Hawkins

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging feature is strongly supportive of malignant neoplasia such as colorectal carcinoma, adenoma, other neoplasia and granuloma cannot be excluded completely but are considered less likely based on the CT presentation. Definitive diagnosis will require histopathology.

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The lack of lymphadenopathy is encouraging. Overt evidence for regional metastatic spread is not seen. The location of the mass 5 cm cranial to the anal sphincter is critical for surgical planning which depends on access and ability to achieve margins. Pull through technique or pelvic osteotomy for colonic resection and anastomosis can be considered with limitations and potential complications to be discussed with the consulting soft tissue surgeon/ surgical oncologist.

DATE

03/25/2026



PATIENT

Piper Schutt

SPECIES

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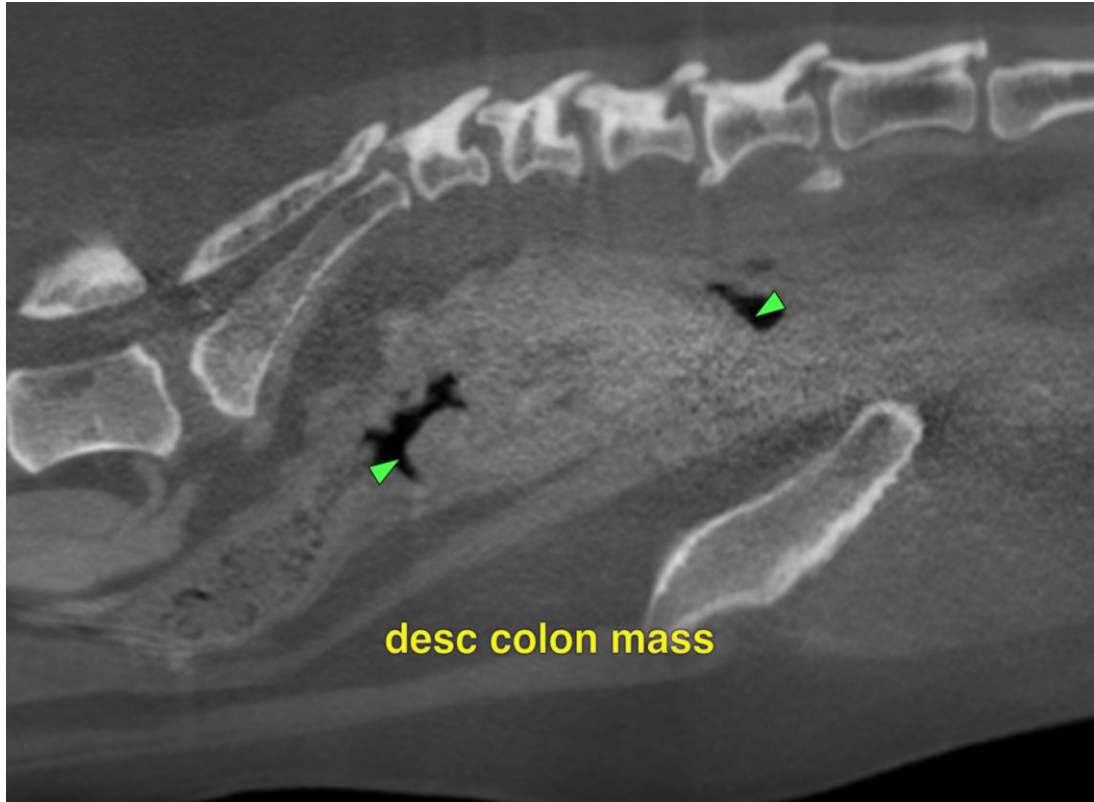
FS

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desc colon mass

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.

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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.

REFERRING VET

Dr Hawkins

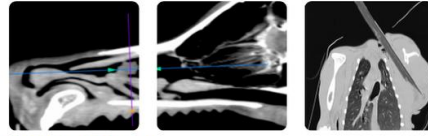
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Teleradiology

Educational Teleconsultation Services™

PATIENT

Piper Schutt

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