



PATIENT PRESENTING CLINICAL SIGNS

Sofi Gibson Patient presented for evaluation of protruding anal mass.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

SPECIES Plain and post contrast studies of the abdomen and post contrast study of the thorax available for review.
Canine

COMPUTED TOMOGRAPHIC FINDINGS

BREED Abdomen

Yorkshire Terrier An approximately 35 x 8mm sized elongated mass is seen within the rectum approximately 15mm cranial to the anal sphincter. No rectal prolapse is noted at the time of the examination. The mass occupies and expands the rectal diameter. The surface of the mass appears to be cauliflower shaped.
SEX Heterogeneous and severe contrast enhancement is seen within the mass. The mass appears to be attached to the rectal wall between 9-12 o'clock and partial loss of the rectal wall layering is noted.
FS

Both anal sacs are filled with fluid attenuating material.

AGE Mild symmetric enlargement of the bilateral medial iliac lymph nodes is seen.

15 Years Occasional hyperenhancing nodules are seen within the spleen.

INTERPRETED BY 2 x 1 cm sized uniformly soft tissue attenuating tissue is seen next to the splenic head within the epigastrium.

Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI An approximately 17 x 12mm sized cyst is seen in the central division of the liver.

Two 3mm sized gallbladder calculi are seen.

The adrenal glands present within normal limits.

HOSPITAL NAME Occasional small cortical renal cysts are seen.

Mobile Pet Imaging Moderate L2/3 and L4/5 spondyloses are seen. Moderate chronic mineralized extrusion is noted between L3 and L4.

REFERRING VET Thorax

Seraydar The bony and surrounding soft tissue structures are within normal limits.

INVOICE The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.
57718

The cardiovascular structures including the pulmonary vasculature are within normal limits.

DATE

4-10-23



PATIENT The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Sofi Gibson

The lung parenchyma presents the expected architecture and attenuation behavior. Mild generalized dilation of the esophagus is noted.

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FS

AGE

15 Years

INTERPRETED BY

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

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Seraydar

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large rectal mass meeting neoplastic criteria.
- Mild bilateral medial iliac lymphadenomegaly.
- Ectopic splenic tissue versus epigastric lymphadenomegaly.
- Splenic nodules.
- Parenchymal liver cyst.
- Degenerative changes of both kidneys.
- Gallbladder calculi.
- No evidence of pulmonary metastases.
- Anesthesia related dilation of the esophagus.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms presence of a large rectal mass meeting neoplastic criteria. Rectal adenocarcinoma is a primary differential diagnosis. Adenoma and other neoplasia as well as polyp cannot be ruled out entirely but are thought by far less likely. Final diagnosis will require sampling. The mass may be resectable by a rectal pull-through technique. No rectal prolapse was seen at the time of the CT examination.

The mild medial iliac lymphadenomegaly suggest reactive hyperplasia. Early metastatic disease cannot be ruled out entirely.

The splenic nodules are more likely to represent lymphoid hyperplasia or extramedullary hematopoiesis rather than metastatic disease. Fine needle aspiration could be considered for further definition.



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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.

HOSPITAL NAME

Mobile Pet Imaging

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

Seraydar

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
Nele.Eley@sonopath.com

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