



PATIENT

Arnold Evans

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11Y

WEIGHT

28lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

JD

HOSPITAL NAME

Parrish Creek
Veterinary Clinic

REFERRING VET

Dr. Shuck

INVOICE

74932

DATE

5-8-26

PRESENTING CLINICAL SIGNS

Anal mass with intermittent bloody stools.

History: Presenting for hematochezia and altered defecation. Owner reports intermittent bloody stools and straining, suspected secondary to a perianal mass. Symptoms have not resolved and defecation remains abnormal. Owner notes mass may be causing difficulty with bowel movements. No vomiting reported. Appetite is selective; prefers beef and rice, refuses kibble, chicken, carrots, and pumpkin. Last meal was at 7 pm the prior day; may have had water the morning of presentation. No current medications or recent changes in medication history reported. Owner cleans anal area after defecation due to inability to self-groom, attributed to obesity and mass location. No mention of prior surgeries, vaccine history, or travel.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient's body condition score is significantly elevated.

An ill-defined soft tissue mass is identified dorsal to the anus measuring approximately 30 x 25 x 15mm. The lesion is heterogeneous in attenuation and enhancement and contains multifocal areas of mineralization. The mass is caudal to and distinct from the anal sac. There is no clear evidence of direct anal sphincter involvement, however, this cannot be definitively excluded due to close proximity. No evidence of osseous pelvic invasion or distant metastatic lesions is identified in the abdomen.

Regional perianal and sublumbar lymph nodes appear within normal limits in size and attenuation.

Moderate generalized hepatomegaly is present with left lateral hepatic lobe appearing more prominent. The hepatic parenchyma is uniform in attenuation and enhancement.

Mild periportal and duodenal lymphadenomegaly are noted.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Perianal soft tissue mass with internal mineralization meeting neoplastic criteria.
- No CT evidence of regional lymph node metastasis.
- Periportal and duodenal lymphadenomegaly of uncertain significance.
- Moderate generalized hepatomegaly: reactive, metabolic, inflammatory/infectious, and less likely neoplastic.



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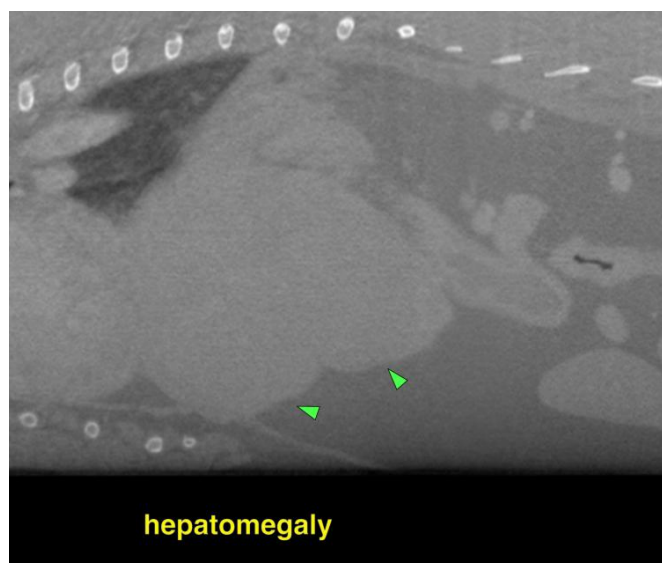
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for perianal neoplasia. Perianal gland adenoma or carcinoma is a primary differential diagnosis. Soft tissue sarcoma, mast cell neoplasia, chronic inflammatory, or granulomatous lesion with mineralization are potential but less likely differential diagnoses.

No overt lymph node metastasis is identified.

The periportal and duodenal lymphadenopathy may suggest systemic inflammatory response, reactive change due to other disease, or early metastatic spread and should be interpreted cautiously.

The absence of obvious sphincter invasion is a favorable imaging feature although microscopic infiltration cannot be excluded. Histopathology of the submitted biopsy sample is essential for definitive diagnosis and grading. Staging could be completed with thoracic imaging. Surgical excision appears feasible depending on sphincter involvement.





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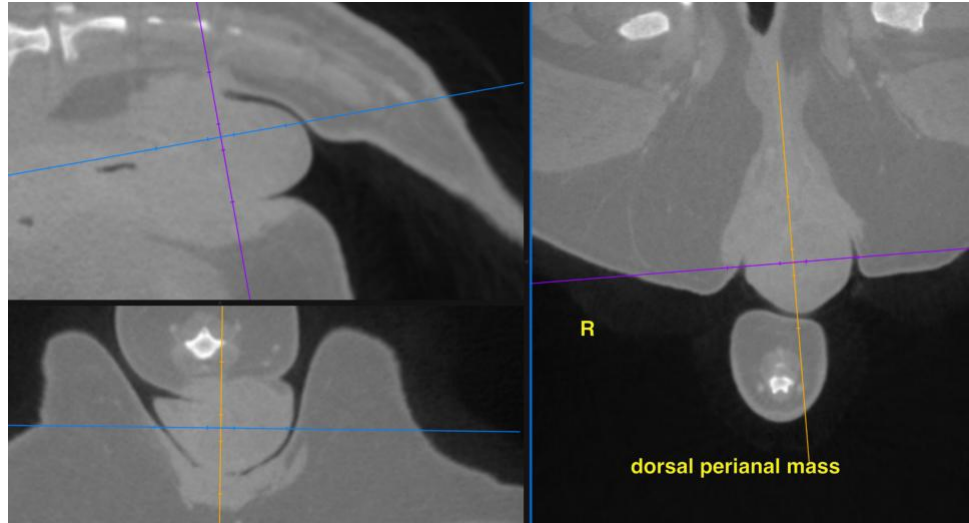
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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