



PATIENT PRESENTING CLINICAL SIGNS

MAXI LUGO HX OF COLORECTAL MASS/POLYP,, MASS ASPIRATE INDICATE A POSSIBLE MESENCHYMAL CELL TUMOR BUT NOT DEFINITIVE DIAGNOSIS.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Canine Plain and delayed post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX
Neutered Male
The urinary bladder and prostate are deviated ventrally and to the right side. The prostate is enlarged for a neutered male measuring 2.0 x 2.2 cm. The enlarged prostate is well delineated with no evidence of peripheral steatopathy. The urinary bladder and ureteral orifices present within normal limits.

At least one testicle appears to be present within the scrotum.

AGE
10
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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

HOSPITAL NAME

JDAH

A large ovoid soft tissue attenuating mass is seen in the pre-pelvic caudal abdomen and dorsal aspect of the pelvic canal. The mass measures approximately 6.0 cm in length and 3.0 cm in diameter. Multifocal mineralization is seen. There is mild and largely uniform contrast enhancement in the delayed post contrast study. The mass appears to be continuous with the dorsal wall of the caudal descending colon and rectum. Ventral and leftward deviation of the lumen of the descending colon and rectum is seen.

REFERRING VET

DR JOSE RIVERA
TORRES

No evidence of regional lymphadenomegaly is noted in the caudal abdomen.

INVOICE

47370

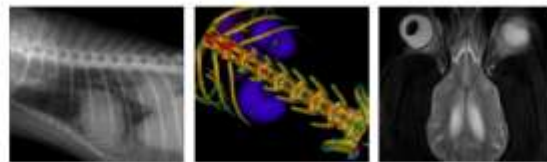
The pelvic and sacral bones present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

9-11-21

- Pelvic canal mass with presumed origin from the colon/rectal wall.
- Suspect benign prostatic hyperplasia and questionable neuter status.
- No evidence of regional lymphadenomegaly.



PATIENT

MAXI LUGO

SPECIES

Canine

BREED

Mixed

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Neutered Male

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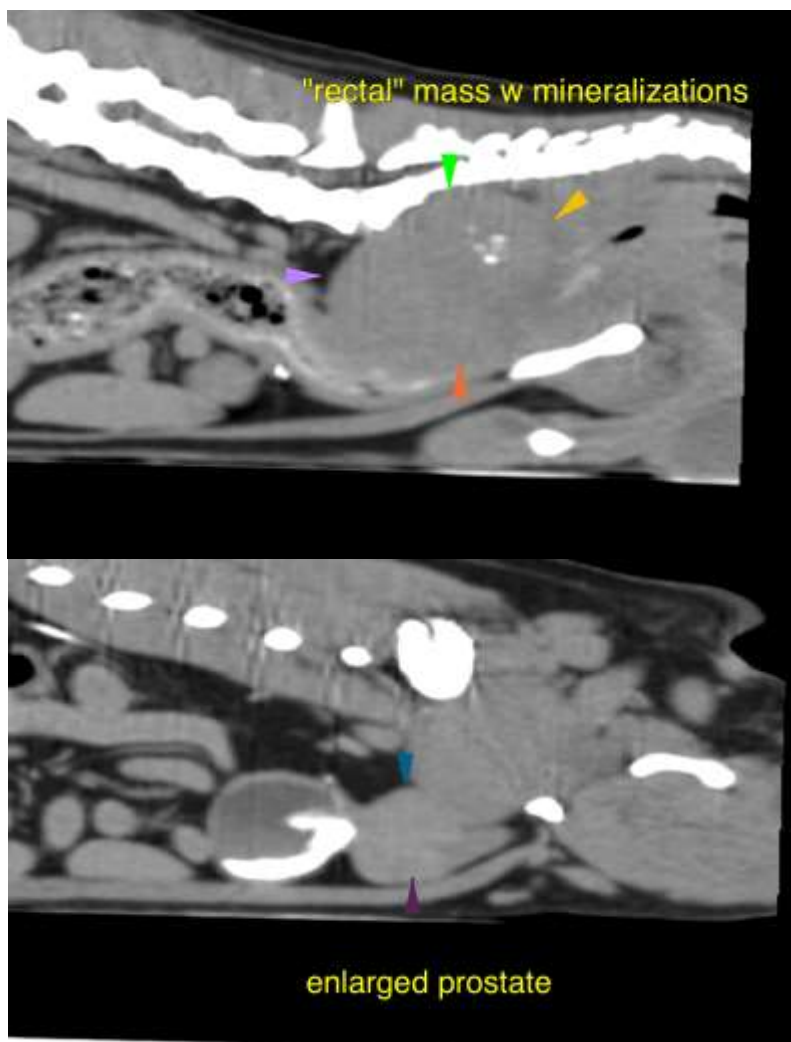
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study confirms the presence of a soft tissue mass with origin from the descending colon/rectum. The mass causes deviation and obstruction of the descending colon and rectum. The asymmetric position of the mass is commonly seen in leiomyoma / leiomyosarcoma; however, the presence of mineralization is less typical for mesenchymal neoplasia and adenoma/ adenocarcinoma or other cannot be ruled out. Final diagnosis will require sampling for histology.

Based on the CT study, there was no evidence of peripheral tissue invasion and no evidence of metastases to the regional lymph nodes.

The presentation of the prostate would fit an unneutered male. The findings do not necessarily meet neoplastic criteria; however, should this be a long term neutered male, prostatic biopsies should be considered in order to rule out neoplastic enlargement.





PATIENT

MAXI LUGO

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.

SPECIES

Canine

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.

BREED

Mixed

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SEX

Neutered Male

AGE

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