



**PATIENT**

Sasha Simon

**PRESENTING CLINICAL SIGNS**

Constipation Rectal/colonic mass Marked Leukocytosis (neutrophilia/monocytosis)  
Abnormal PE/Chem/CBC/UA Results: Rectal exam prior to CT: palpable pedunculated  
mass/polyp, blood tinge noted on exam glove.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX**

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

**BREED**

DSH

**COMPUTED TOMOGRAPHIC FINDINGS**

**Abdomen**

**SEX**

Female Spayed

Suture material from prior celiotomy is seen in the ventral abdominal midline level with the  
cranial pole of the urinary bladder.

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

**AGE**

10 Years

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

The spleen presents 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.

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Occasional small cystic structures are seen throughout the parenchyma of all liver lobes.

**REFERRING VET**

Meaux

A 4.0 x 2.0 cm sized irregular shaped soft tissue attenuating and heterogeneously enhancing mass  
is seen within the descending colon and rectum approximately 4.0 cm cranial of the anal  
sphincter. The mass occupies and expands the descending colon and rectum. Accumulation of  
fecal material and fluid as well as dilation of the remainder of the colon is seen in an oral direction.

One of the regional colonic lymph nodes is enlarged and rounded at 7mm diameter with mildly  
increased and heterogeneous contrast enhancement. The remainder of the abdominal lymph  
nodes present within normal limits.

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**Thorax**

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

**DATE**

9-23-21

Multiple mediastinal lymphadenomegaly with the lymph nodes measuring up to 1.5 cm in  
diameter and presenting rounded as well as heterogeneous post contrast attenuation is noted.

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

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Multifocal plate-like atelectasis and polygonal shaped soft tissue attenuating structures are seen within the pulmonary interstitium.

A gastroesophageal tube is present. Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**SPECIES**

Feline

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Large expansile colorectal mass meeting neoplastic criteria.
- Regional and distant lymphadenomegaly involving the colonic and cranial mediastinal lymph nodes.
- Obstructive large intestinal ileus.
- Multiple cystic hepatic changes compatible with uncomplicated liver cysts or benign multifocal biliary cyst adenoma.
- Multifocal interstitial changes suggestive for interstitial scarring and fibrotic nodules.

**BREED**

DSH

**SEX**

Female Spayed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are compatible with a colorectal neoplasia. Adenocarcinoma and lymphosarcoma are the most likely differential diagnoses.

**AGE**

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The regional colonic lymphadenomegaly is suggestive for early metastatic disease. Reactive hyperplasia cannot be ruled out.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The pattern of mediastinal lymphadenomegaly is meeting neoplastic criteria as well which is why multifocal neoplasia such as lymphosarcoma and distant metastatic disease are the main differential diagnoses here. Consider sampling for further definition.

The lung changes are likely to be benign and represent multifocal interstitial scarring and fibrotic nodules. Interstitial metastatic disease cannot be ruled out entirely but appears unlikely based on the morphology of the lung changes.

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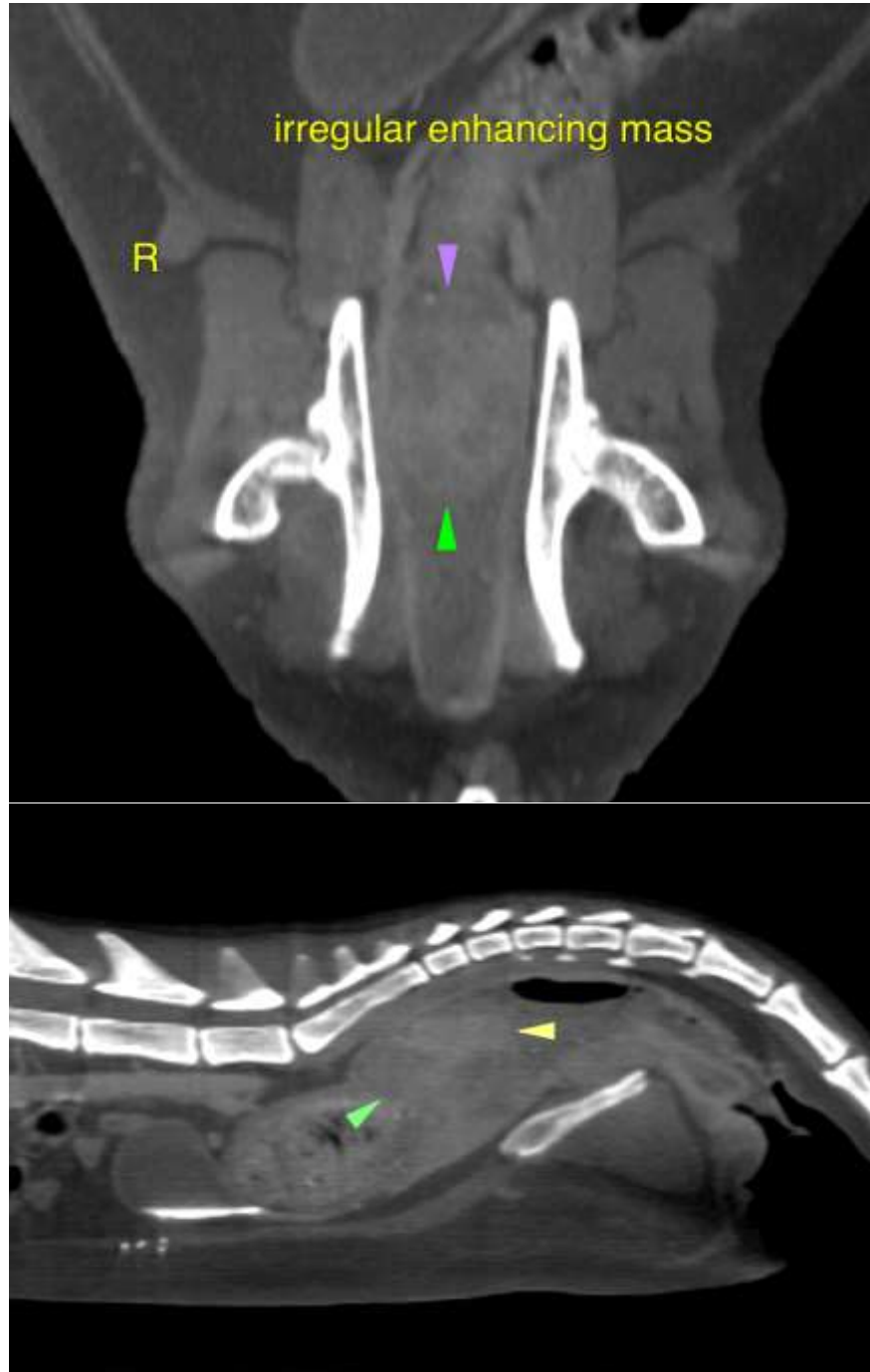
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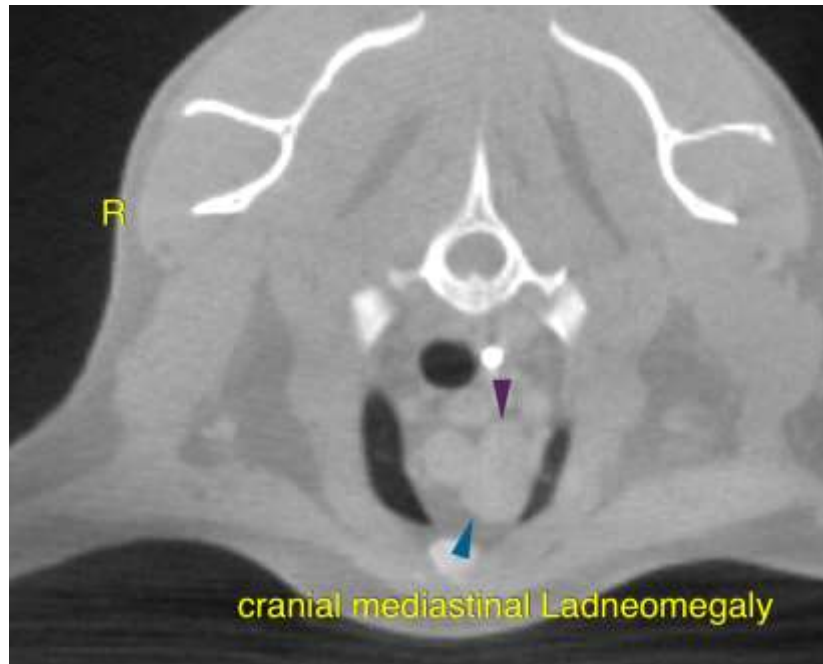
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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