



PATIENT

Louie Grant

SPECIES

Canine

BREED

Kelpie

SEX

Male

AGE

11Y

WEIGHT

24.7kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

REFERRING VET

Dr N Rasanathan

INVOICE

72568

DATE

11-10-25

PRESENTING CLINICAL SIGNS

27/6/24 Reason: Surgery - Tumour Removal rectal tumor from dorsal aspect of rectum 1/10/25
Reason: Rectal problems History: Different vet removed a 2nd polyp and came back as benign. Owner is unclear what the exact diagnosis is. Whimpered while trying to defecate, rectal bleeding and staining the fur around the rectum as well. Current Medication(s):nil EXAMINATION Thoracic Auscultation: No heart murmurs/arrhythmias, and lungs clear. Upper respiratory tract clear. Lymph: NAD. Sub-mandibular, pre-scapular, inguinal and popliteal nodes all assessed. Abdominal: No palpable masses, pain or reactivity. Rectal: Unable to perform rectal fully due to pain response. Blood-stained fur. Thickening on the caudal rectal wall, left side. Differential Diagnosis/Diagnosis: Rectal polyp vs Tumour CT Abdomen

COMPUTED TOMOGRAPHY OF THE ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The caudal and left part of the rectum presents a broad-based swelling of the colon wall over a distance of estimated 4.5 cm and a width of approximately 1.5 cm. This lesion is clearly defined without relevant peripheral reactions. The surrounding fat tissue is inconspicuous. The lesion is located just cranially to the sphincter. The latter is unremarkable as far as can be assessed, as well as the anal glands on both sides. The tributary lymph nodes in the sacral and inguinal region are mildly enlarged on the left side, presenting a normal shape and contrast behavior. These are without peripheral reactions as well. The abdominal organs, especially the abdominal lymph nodes and the liver, present normal findings. There is no evidence of peritoneal effusion.

The displayed spine shows partially severe degenerative changes with formation of ventral spondylosis in the course of the lumbar spine and the lumbosacral transition. The latter presents a mild protrusion of the disc without compressive character.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unspecific swelling of the caudal and left rectal wall
- No signs of locally invasive or aggressive behavior
- No signs of regional or distant metastases

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the left caudal rectum are unspecific from a CT perspective. Chronic inflammatory changes (for example ulcerative colitis) are potential differentials as well as benign lesions as seen with polyp formation and scar tissue/fibrous changes after surgery. This does not fully exclude initial malignant neoplasia. Currently there are no signs of an invasive behavior and/or local or regional as well as distant metastases.



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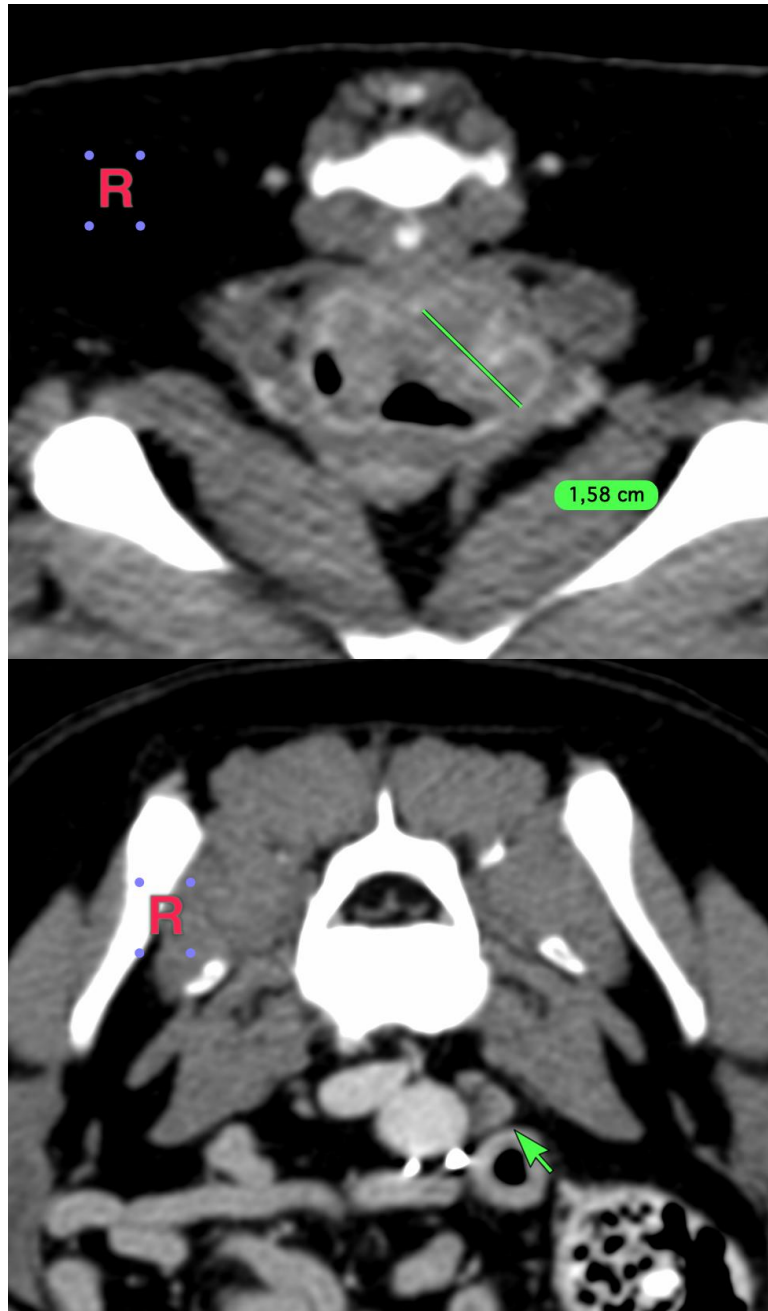
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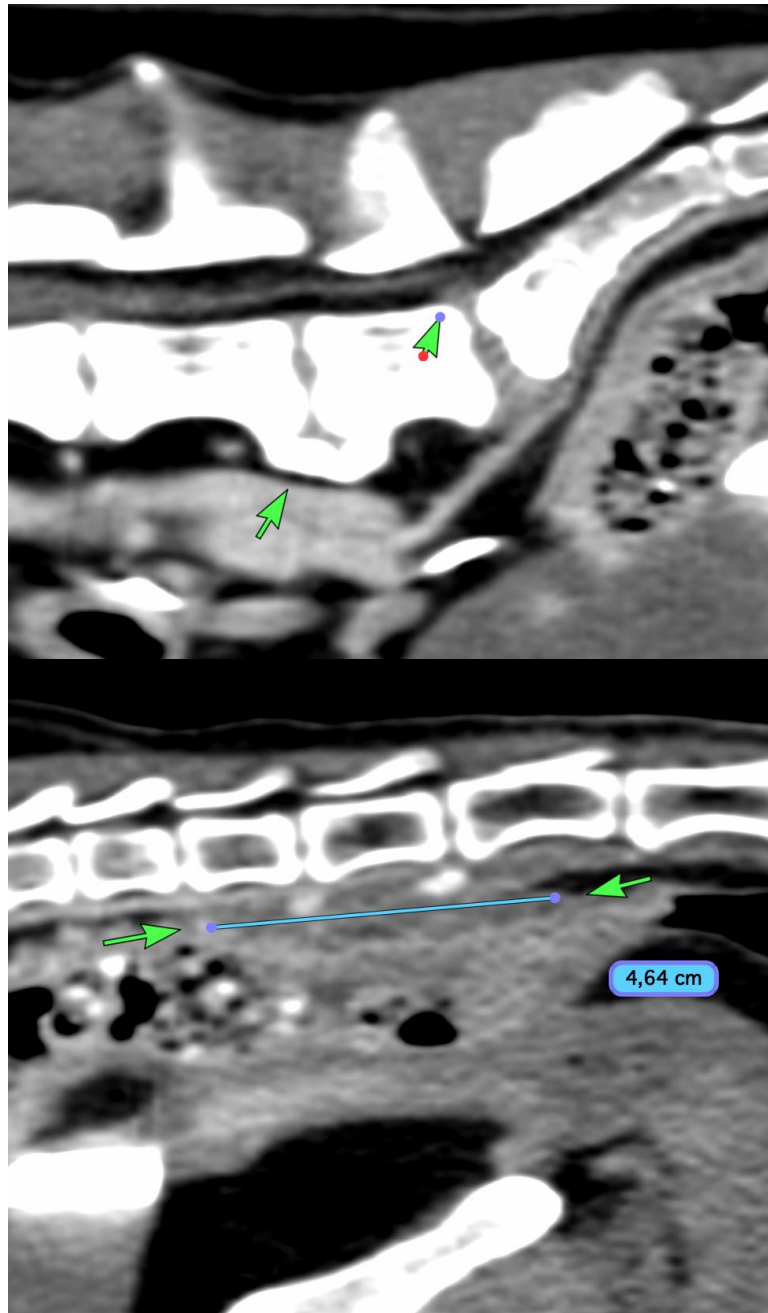
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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