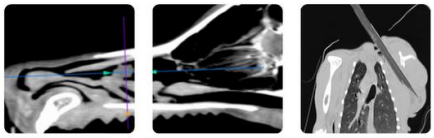

PATIENT

Maggie Leonhardt

SPECIES

Canine

BREED

Boykin Spaniel

SEX

Female Spayed

AGE

7Y

WEIGHT

40.3

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Jenna/Kaylin

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Randall Hutchison DVM

INVOICE

75255

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Chest and Abdomen
>1 year history of mucoid , bloody discharge on normal stool
mass found on colonoscopy approx 20-25 cm proximal to rectum
soft mass
looking for surgical resectability

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. The pulmonary density is within normal limits; there is no evidence of focal or nodular pulmonary lesions.

The mediastinum is regular in width and density. The cranial mediastinal lymph nodes are mildly enlarged. The thoracic trachea and esophagus present as expected.

The heart is inconspicuous as far as can be assessed with CT.

The diaphragm appears normal.

The extra-thoracic soft tissues, the thoracic spine as well as the ribs and sternum are unremarkable. There is no evidence of an aggressive bone lesion and/or abnormal sclerosis.

Abdomen:

The descendant colon presents a locally limited, soft-tissue dense mass in its lumen with diameters of approximately 3.2 x 3.0 cm. This lesion causes circular thickening of the wall and focal loss of the layering with widening of the colon with gas and fluid accumulations proximal to the lesion and a clearly defined margin to the aerated parts caudal to the lesion. The periphery is inconspicuous, as well as the tributary lymph nodes. As far as can be assessed, the stomach and all parts of the intestine are inconspicuous apart from that.

Liver and spleen appear regular in terms of size, surface, shape and contrast behavior. Relevant focal or nodular lesions are not noted. The spleen presents a nodule-like area of increased enhancement without mass effect (considered as not relevant).

The gallbladder is inconspicuous without evidence of cholestasis. The common bile duct is considered to be normal. The pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous.

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Both kidneys and adrenal glands are in normal limits. Both ureters, the urinary bladder, trigone and urethra are presented as expected. There is no evidence of cystic calculi.

The abdominal lymph nodes and vessels show no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

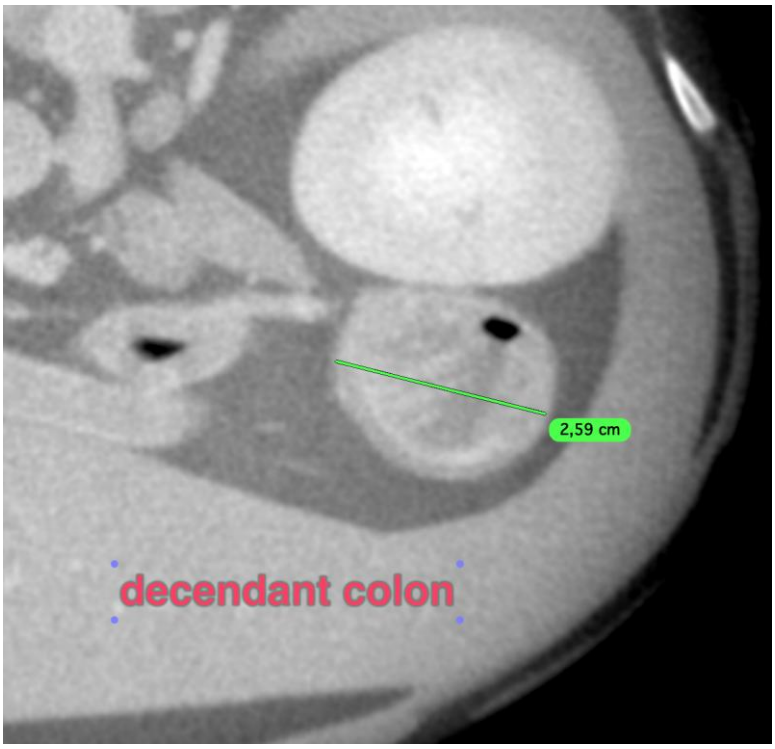
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intra-/luminal, obstructing mass descending colon 3,2 x 3,0 cm
- Mild enlargement cranial mediastinal lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the descendant colon do explain the reported patient's history and present a luminal mass which appears locally limited without peripheral reactions. As far as can be assessed, there is focal loss of the wall layering which could indicate an invasive or aggressive behavior. Signs of metastases in the regional tributary and mediastinal lymph nodes are missing. Pulmonary metastases are not recognized. Differentials include hyperplastic/polypoid changes due to a chronic inflammatory or granulomatous lesion -which I would favor- as well as a neoplastic process such as adenoma, adenocarcinoma, mast cell tumor or lymphoma.

The mild enlargement of the cranial mediastinal lymph nodes is an unspecific finding and still consistent with a reactive/inflammatory process.



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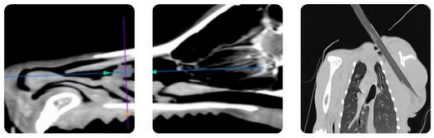

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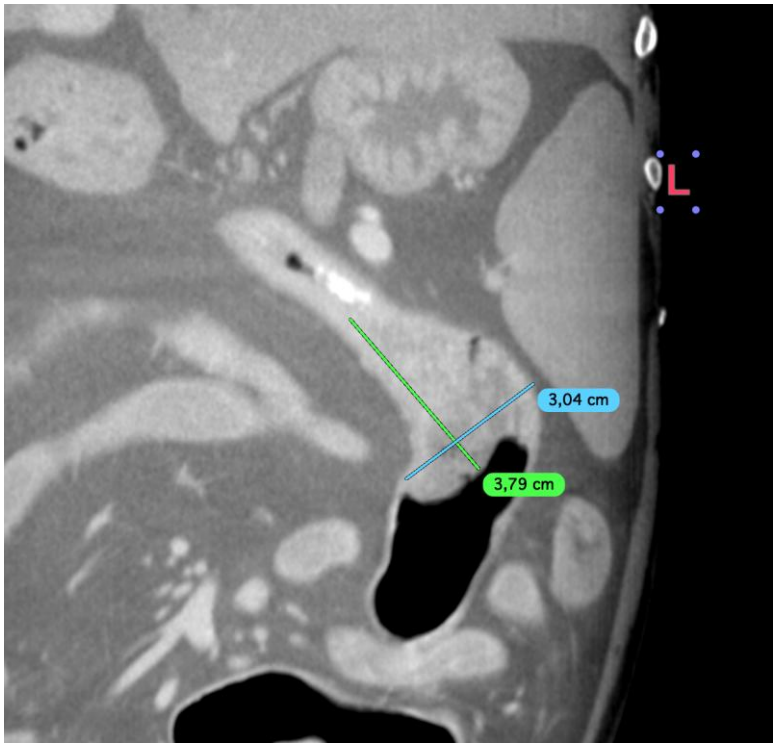

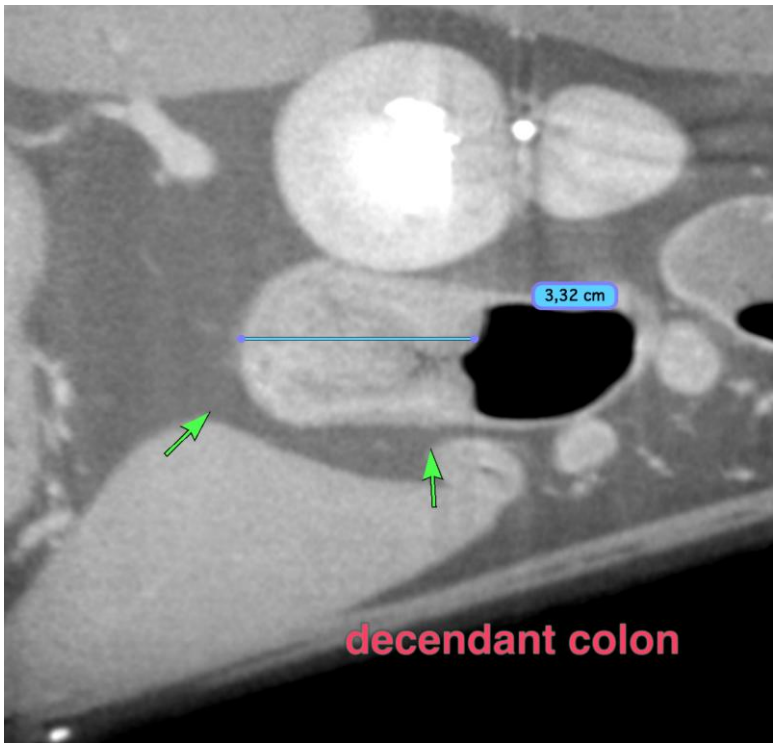

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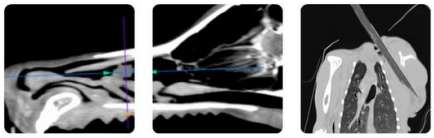

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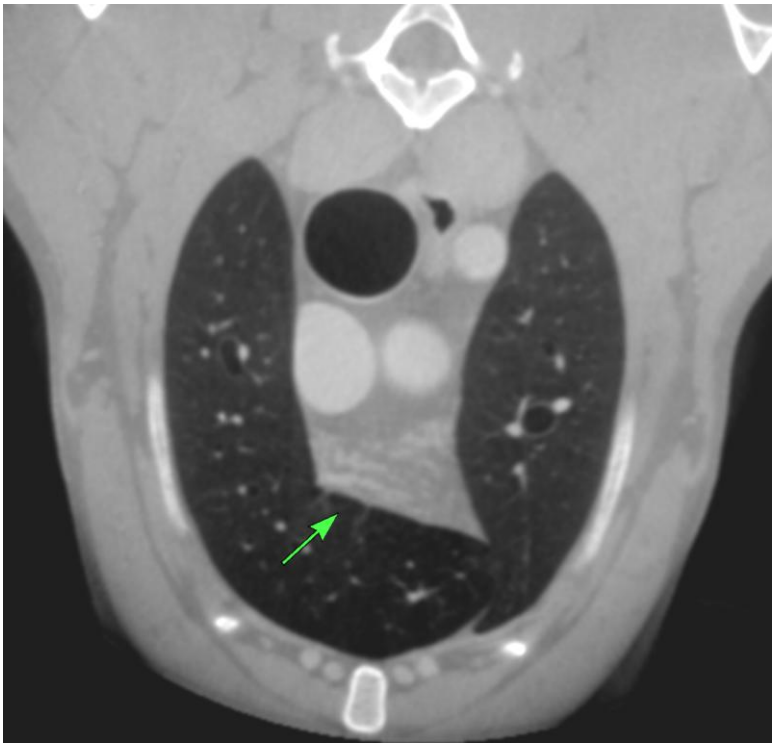

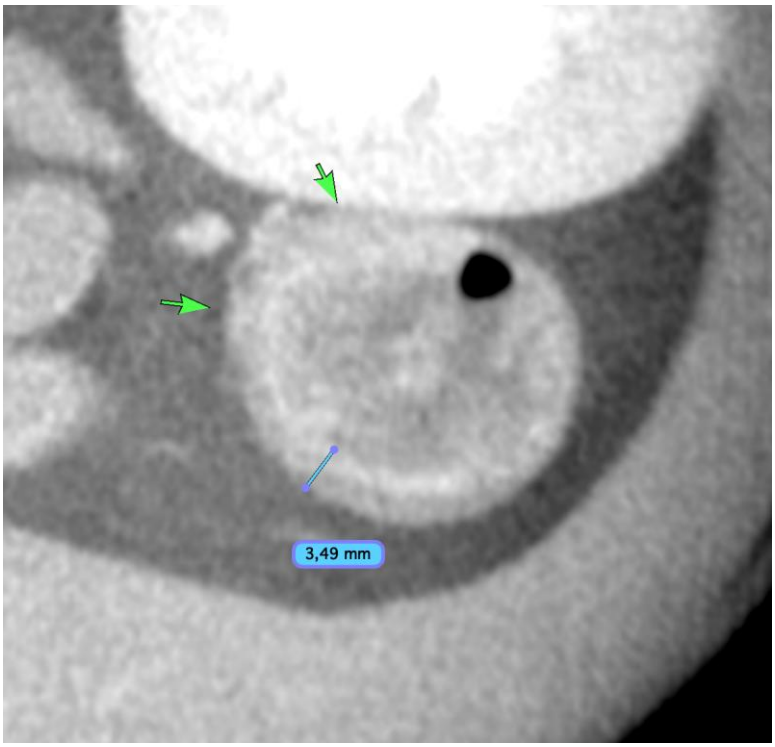

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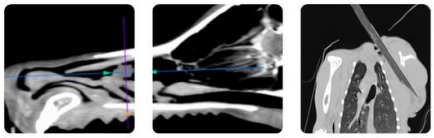

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com