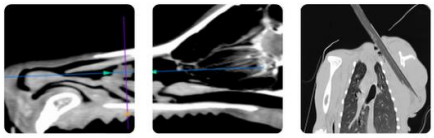

PATIENT

Brandi Drasher

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Female spayed

AGE

7Y, 1M, 26D

WEIGHT

57.80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73289

DATE

1-12-26

PRESENTING CLINICAL SIGNS

History: Owner reports on and off anal gland issues and concern for a possible mass near the anal area. Owner states Brandi is eating, drinking, urinating, and stooling normally at home. Owner reports previous pencil-thin, ribbon-like stool and increased frequency of defecation while on prednisone two weeks ago, with improvement since discontinuation. Current medications include Enrofloxacin one tablet once daily, Amoxiclav half tablet twice daily, Proin half tablet once daily, Proviable chewable probiotic once daily, and thyroxine 0.7 mg one tablet twice daily. Prednisolone was completed prior to the last visit on or around January 27th. Onset of Symptoms: Owner reports onset of pencil-thin stool and increased defecation frequency approximately two weeks ago while on prednisone. Progression of Symptoms: Stool consistency and defecation frequency improved after discontinuing prednisone; currently normal per owner. C/S/V/D (Coughing, Sneezing, Vomiting, or Diarrhea): Owner denies vomiting, diarrhea, coughing, or sneezing. Urination and Defecation Patterns: Urinating normally. Stool previously pencil thin and frequent following prednisone, now improved. Stool described as sometimes thin, in small piles and small pieces at a time, but a good amount. No current straining or housebreaking changes reported.
Abnormal PE/Chem/CBC/UA Results: PE: Fear/Anxiety/Stress Score: 4/5 - Fearful, requires anxiolytics.; Oral Cavity: Mild dental tartar, gingivitis, halitosis.; Rectal: Right anal gland difficult to palpate, feels thickened Patient uncomfortable during palpation No mention of bleeding or discharge during rectal exam; BCS: 6/9; CBC: WNL; Chem: Glucose 115; Phosphorus 2.2; UA: Collection Cystocentesis; Color Pale Yellow; Clarity Slightly Cloudy; Specific Gravity 1.020; pH 6.0; Blood/Hemoglobin 50; WBC <1/HPF; RBC 1/HPF;

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

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

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.

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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.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout. The anal sac bilaterally is moderately distended by fluid attenuating material. The wall of the anal sacs is smooth and thin. The mucosal lining of the most caudal aspect of the rectum is prominent, measuring up to 12 mm in width and has an undulating surface.

The medial iliac lymph nodes and the sacral lymph nodes are mildly prominent.

The bony and surrounding soft tissue structures reveal no abnormalities.

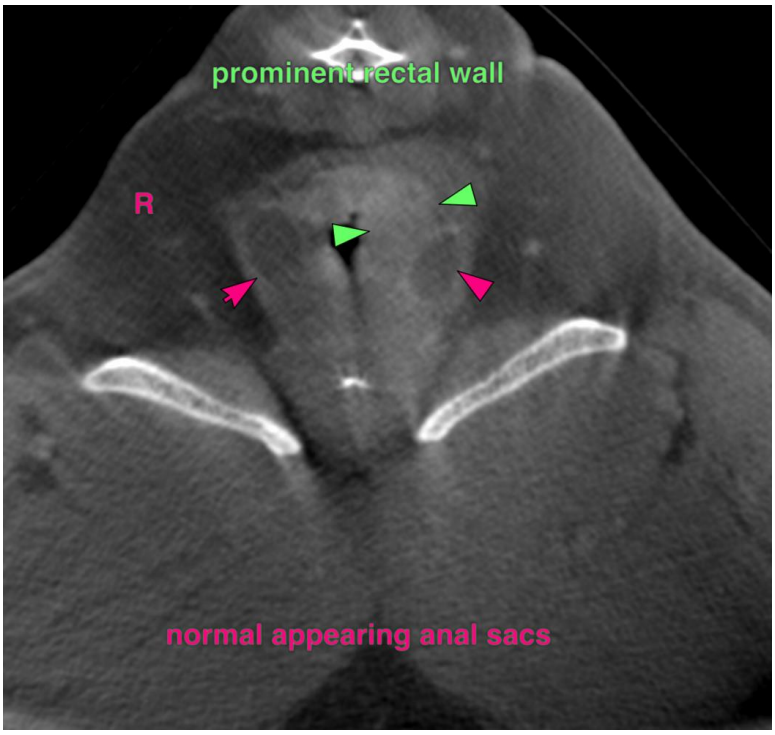
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Prominent mucosal lining caudal segment of the rectum
- Mild lymphadenopathy multiple hypogastric lymph nodes
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent rectal wall can be caused by inflammatory changes – such as proctitis – or be caused by neoplastic mural infiltration (e.g. round cell tumor, carcinoma). Recommend FNA sampling/biopsy of the caudal segment of the rectum for specification.

Ultrasound guided FNA sampling of the hypogastric lymph nodes can be tried for further assessment of the regional lymph nodes.



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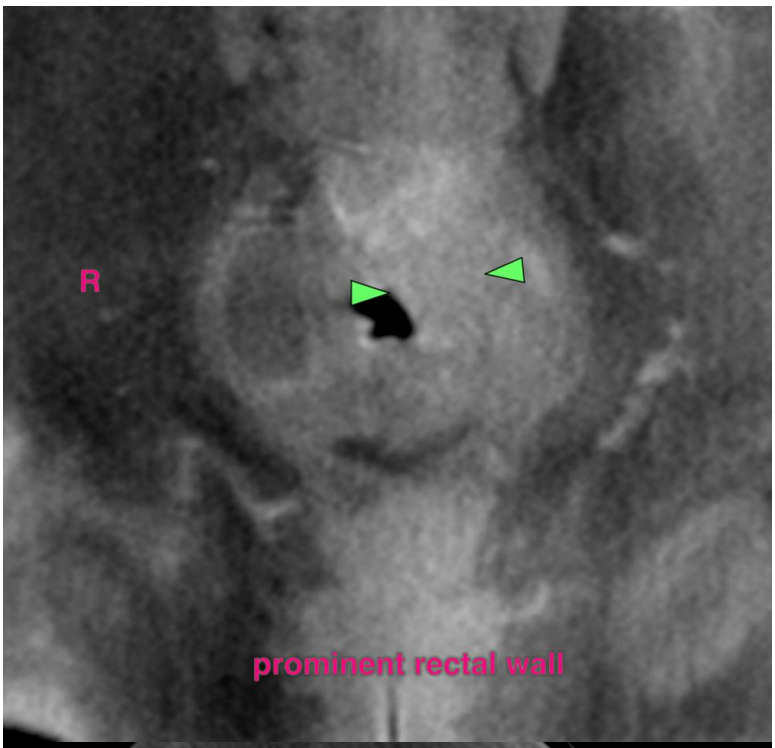

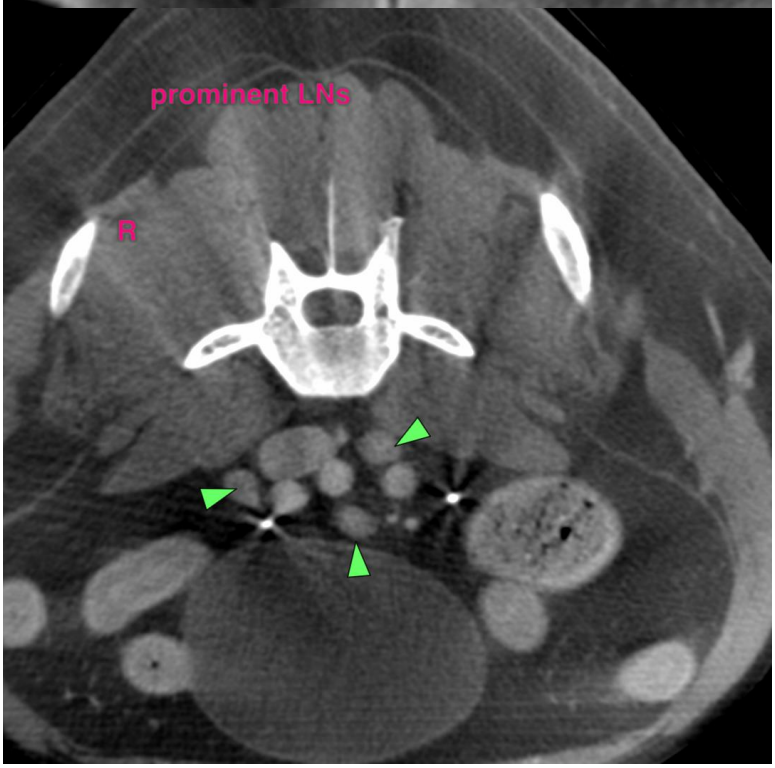

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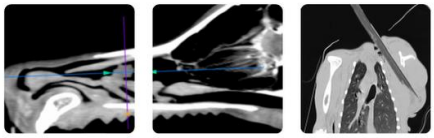

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com