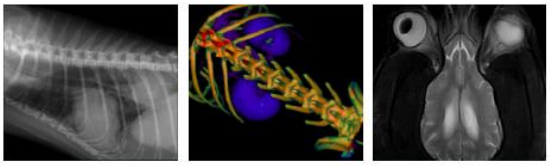
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Monty Palkowski

SPECIES

Canine

BREED

Husky

SEX

MN

AGE

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Ravi Seshadri

INVOICE

56295

DATE

1-22-23

PRESENTING CLINICAL SIGNS

Ravi Seshadri DVM, DipACVECC Monte presented with rectal mass and dyschezia. He is being managed with lactulose. He is coping well at this time. He has a chronic left rear limb lameness. This may or may not be associated with a prior TPLO. On physical exam he has a large mass that is in the dorsal caudal rectum and is extending into the pelvic canal and the end of the mass cannot be felt with the tip of the finger. He had an uneventful anesthesia and CT scan, we followed up with ultrasound-guided biopsy. He has recovered smoothly from the anesthesia. The CT has been submitted to Sonopath for assessment. We are pending the histopath report and the CT report are decide on the best surgical option for this patient. Max is being discharged for care at home at this time.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

In the post contrast CT study, the cranial abdomen is cropped by the field of view.

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The liver is normal in size and shape and the hepatic parenchyma is uniform soft tissue attenuating.

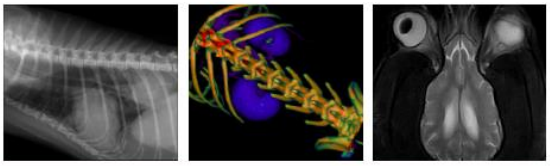
The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

In the dorsal aspect of the pelvic canal, a well-defined soft tissue attenuating mass with a mild heterogeneous contrast enhancement pattern is seen, measuring 8.9 x 6.0 x 5.4 cm in size. The mass is occupying approximately 80% of the cross-sectional area of the vertebral canal. The rectum is compressed and deviated ventrally and mildly to the left by the mass effect.

The vertebral endplates of the lumbosacral hjunction present moth eaten osteolytic lesions. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass dorsal aspect of the pelvic canal
- Mild degenerative lumbosacral stenosis with possible dynamic compression of the caudal equina fibers
- Chronic discopathy L7/S1 with remodeling of the vertebral endplates



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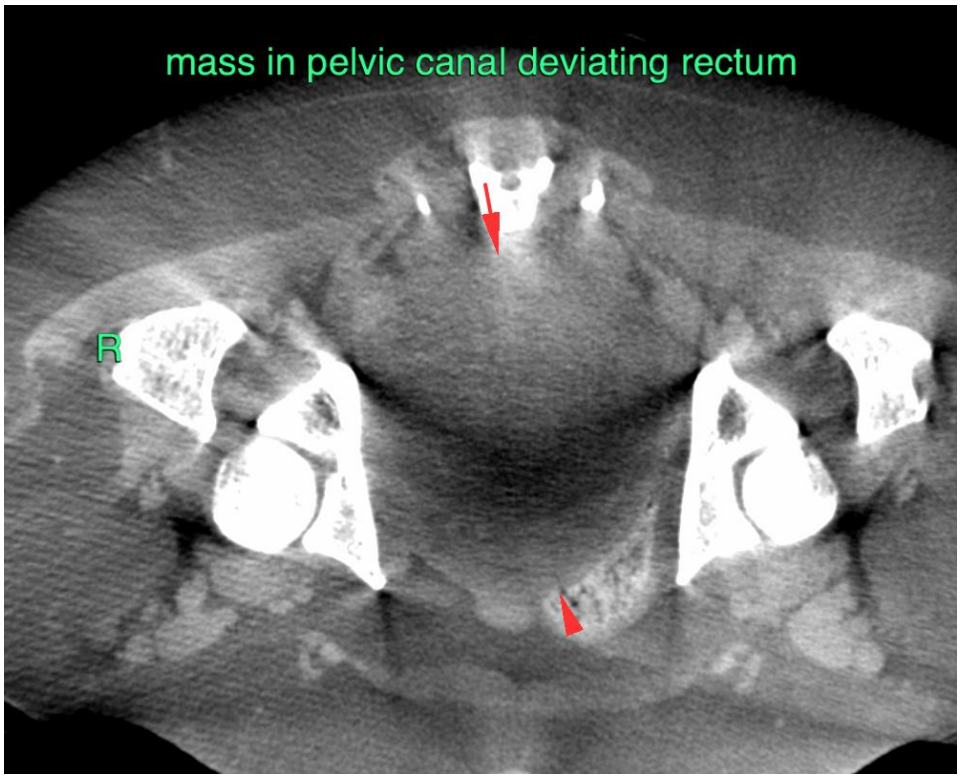
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The organ of origin of the soft tissue mass in the pelvic cannot be defined and it can present a eccentric mural mass of the rectum (e.g. leiomyoma/-sarcoma, carcinoma), primary soft tissue neoplasm (e.g. fibrosarcoma, hemangiosarcoma) or mass originating from the lymph nodes. The anal sacs are compressed/distorted by the mass effect, but I would consider the odds for neoplastic disease originating from the anal sacs low.

Biopsy has already been performed for further definition of the mass. Decision making if the mass can be completely excised will warrant diagnostic celiotomy – if the mass is well defined and can easily be separated from the surrounding tissues complete surgical excision is considered feasible.



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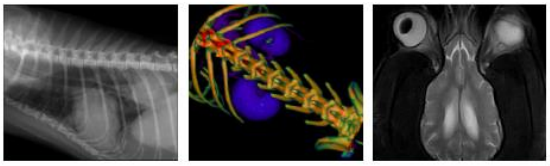

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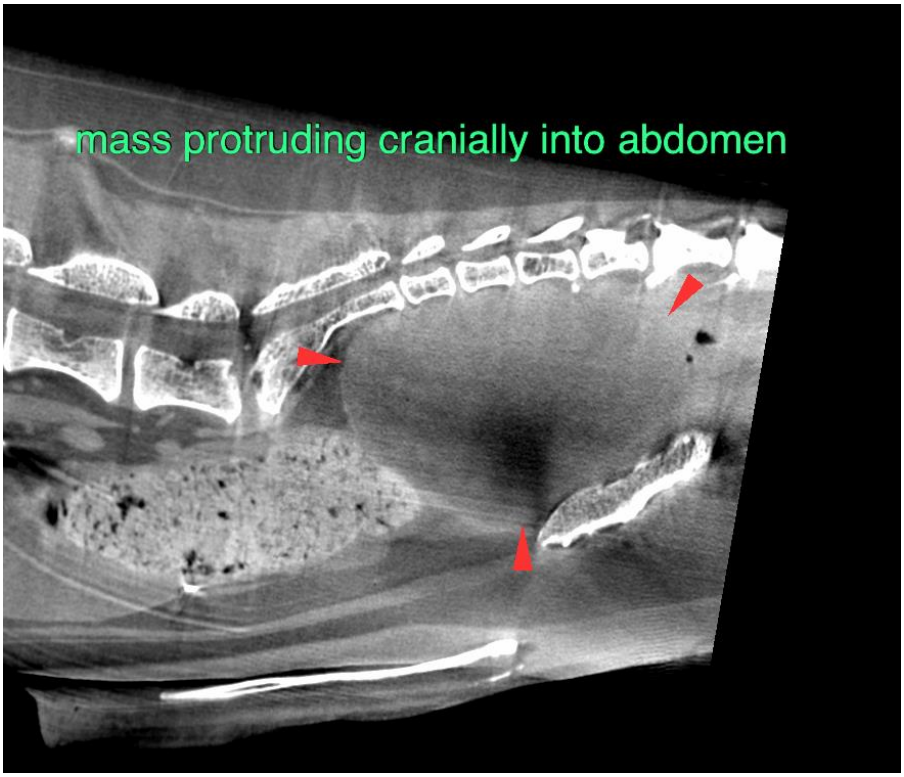

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com