



## PATIENT

Buffy Lock

## SPECIES

Feline

## BREED

American shorthair

## SEX

Spayed Female

## AGE

5Y, 5M

## WEIGHT

3.40kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Laila Soliman, Kassidy  
Rubes

## HOSPITAL NAME

Neel Veterinary  
Hospital

## REFERRING VET

Dr. Alyson Fryer, Dr.  
Deseree Rose

## INVOICE

73499

## DATE

1-27-26

## PRESENTING CLINICAL SIGNS

History:

- Presented 01/20/2026 for diarrhea but also seeming constipated (straining to defecate) eating and drinking normally. There was a mass noted in October in the perianal region that would fade and return intermittently but recently became larger (extends from ventral aspect of anus down the the dorsal aspect of vulva and extends 2cm lateral to the left). Rectal exam revealed the mass involved the rectum by 30% approximately. FNA was done that revealed eosinophils, neutrophils, some basophills, and no bacteria (cytology was also sent out to IDEXX)
- 01/27/2026: P returned for CT and biopsy to evaluate if the mass can be surgically removed, what type of mass it is, and possible next steps of treatment. O said the mass did seem to get smaller after last visit (P received a Dex SP inj and went home with onsiore)

Abnormal PE/Chem/CBC/UA Results: - IDEXX Cytology: possible large cell lymphoma - Rectal examination shows mass involving rectum by approximately 30% - Ultrasound: Very dense mass, highly vascularized, dense capsule - FNA (ultrasound-guided): Large number of eosinophils, lymphocytes, neutrophils, few basophils, no intracellular bacteria - CBC: Mild non-regenerative anemia (HCT 26.7%, RBC 6.3), leukocytosis (WBC 25,000), neutrophilia (20,000), monocytosis, thrombocytopenia (platelet count 55,000 with aggregates detected), normal reticulocytes - Chemistry: Glucose 172, creatinine 0.5, BUN 13, low ALT - Urinalysis: Specific gravity 1070, pH 6, protein 30, blood detected, >50 RBCs/hpf, no bacteria, unclassified crystals detected - FeLV/FIV/heartworm antigen test: Negative

## COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND PELVIS

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

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

The sternal lymph nodes are moderately prominent.

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

Generalized mild smooth thickening of the bronchial walls is appreciated.

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 & Pelvis

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 ascending/transverse colon and the descending colon present a circumferential, intramural, uniform soft tissue attenuating and heterogeneous contrast enhancing mass respectively, measuring up to 1.6 cm in thickness and approximately 5.8 cm in length. The wall layering of the affected segments of the colon is lost.

Protruding from the left perineal region, an irregular shaped, heterogeneous contrast enhancing mass is seen, measuring 2.9 x 2.0 x 3.0 cm.

The colonic lymph nodes and left internal iliac lymph node are generalized moderately enlarged and rounded.

The osseous structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple intramural colonic soft tissue masses
- Perineal soft tissue mass
- Lymphadenopathy sternal, left internal iliac lymph node and colonic lymph nodes
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of underlying lymphoma with involvement of the local and distant lymphatic structures. A differential for the colonic soft tissue masses can be carcinoma or sarcoma. Options for colectomy with adjuvant chemotherapy, or chemotherapy alone, should be discussed with an oncologist.



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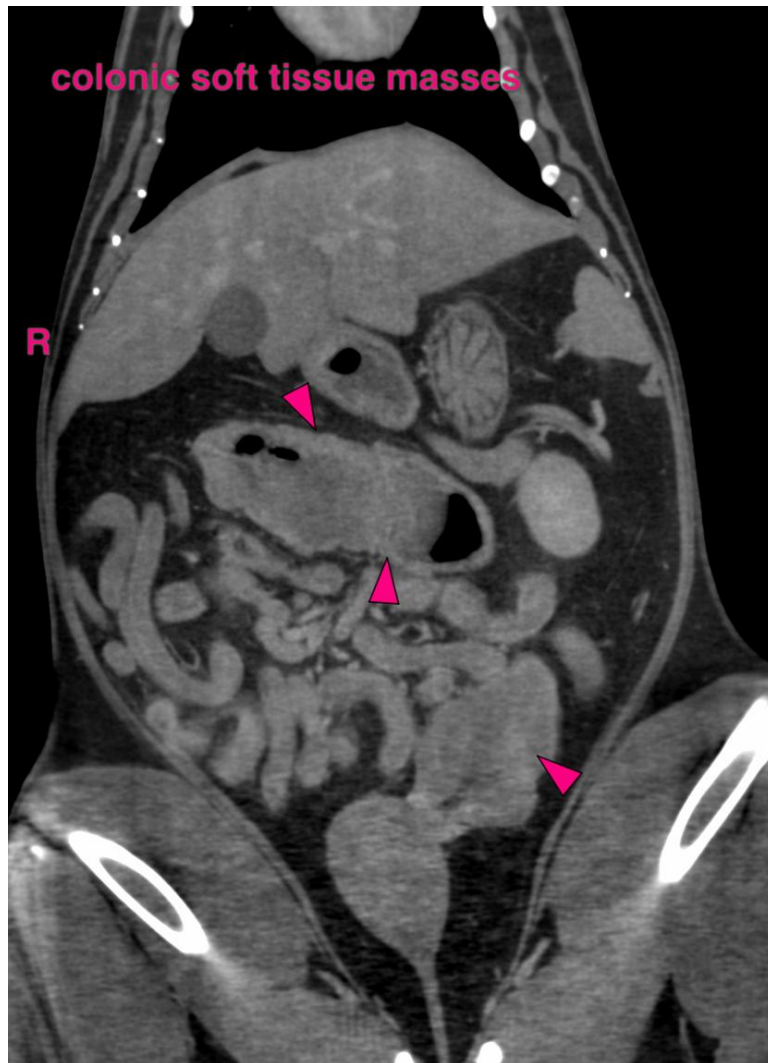
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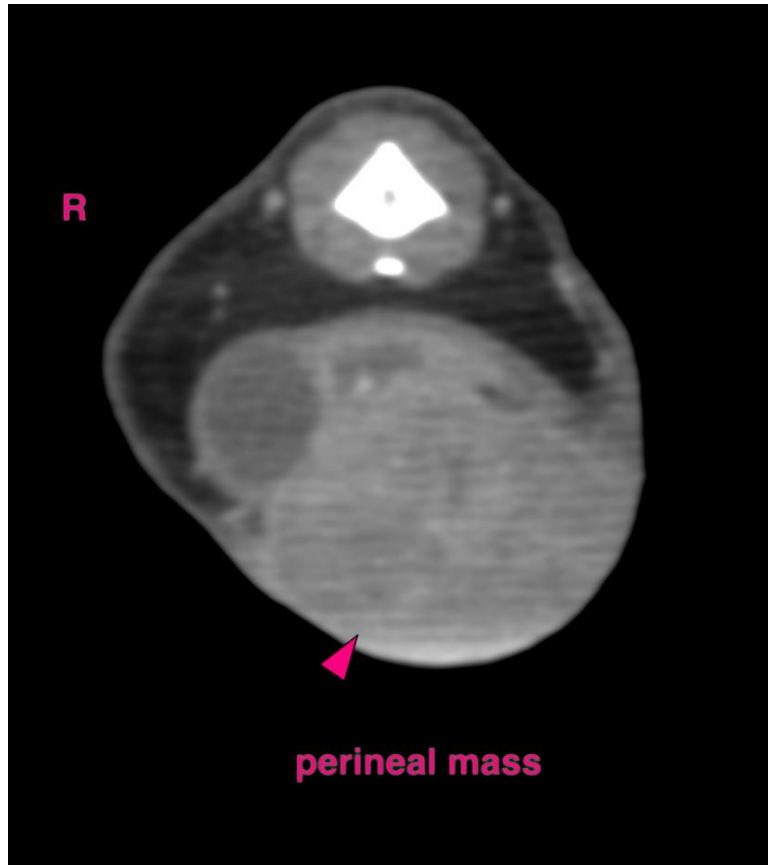
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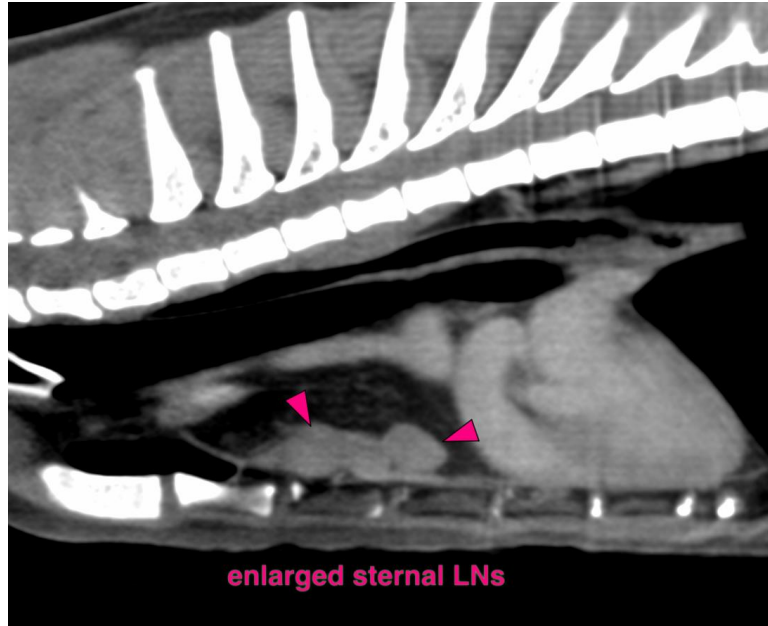
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)