



## PATIENT

Sammy Thomas

## SPECIES

Canine

## BREED

Husky

## SEX

Female Spayed

## AGE

8Y, 6M

## WEIGHT

75

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Sidney

## HOSPITAL NAME

East Hill Animal  
Hospital

## REFERRING VET

Laura Hall

## INVOICE

73254

## DATE

1-8-26

## PRESENTING CLINICAL SIGNS

Right rear lameness. Congestion. Bloody diarrhea. Rectal mass biopsied today. Right rear hock enlarged. History of hookworms and bladder stones. Presenting complaint of UTI symptoms and fever starting October 2025.

Abnormal PE/Chem/CBC/UA Results: Anemia, Protein in urine and crystals present.

## COMPUTED TOMOGRAPHY OF THE SKULL, THORAX, ABDOMEN AND PELVIS

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

In both nasal cavities, a small amount of fluid attenuating material is attached to a generalized mild thickened mucosal lining.

The lens of both eyes presents mild hyperattenuating zones along the posterior capsule.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are mildly prominent and have a heterogeneous contrast enhancement pattern.

### 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 and contrast enhancement pattern is uniform and considered within normal limits.

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, but zones with dystelectasis of the lung parenchyma.

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

### Abdomen & Pelvis



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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 pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Centered on the caudal rectal wall, a circular, mild irregular contrast enhancing mural mass is seen; measuring approximately 3.1 x 1.7 x 2.7 cm.

The right medial iliac lymph node is prominent.

Multifocal along the lumbar spine, spondylosis formation is seen.

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

The volume of the musculature of the right hind limb is moderately decreased.

The right popliteal lymph node is prominent.

The right tibiotarsal joint presents a significant thickened joint capsule with a heterogeneous contrast enhancement pattern. The periarticular bones of the right tibiotarsal joint present multiple moth eaten defects.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Circumferential caudal rectal intramural soft tissue mass
- Marked thickening of the joint capsule right tibiotarsal joint along with polyostotic semiaggressive osteolytic lesions of the periarticular osseous structures
- Disuse atrophy musculature right hind limb
- Lymphadenopathy right popliteal and medial iliac lymph nodes
- No evidence of pulmonary metastatic disease

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The rectal intramural soft tissue mass is compatible with primary rectal soft tissue neoplasia – rectal carcinoma is most common. Biopsy of the rectal mass has already been performed for specification and results are pending.

The significant thickening of the joint capsule of the right tibiotarsal joint can present a second entity, such as primary synovial neoplasm (e.g. myxosarcoma) or may be related with the rectal mass in case of underlying round cell tumor (e.g. histiocytic sarcoma). A differential is septic arthritis of the right tibiotarsal joint. Tapping/biopsy of the right tibiotarsal joint would be ideal as advanced next diagnostic step. The prominent regional lymph nodes of the right hind limb are equivocal for reactive lymphoid hyperplasia versus metastatic spread.



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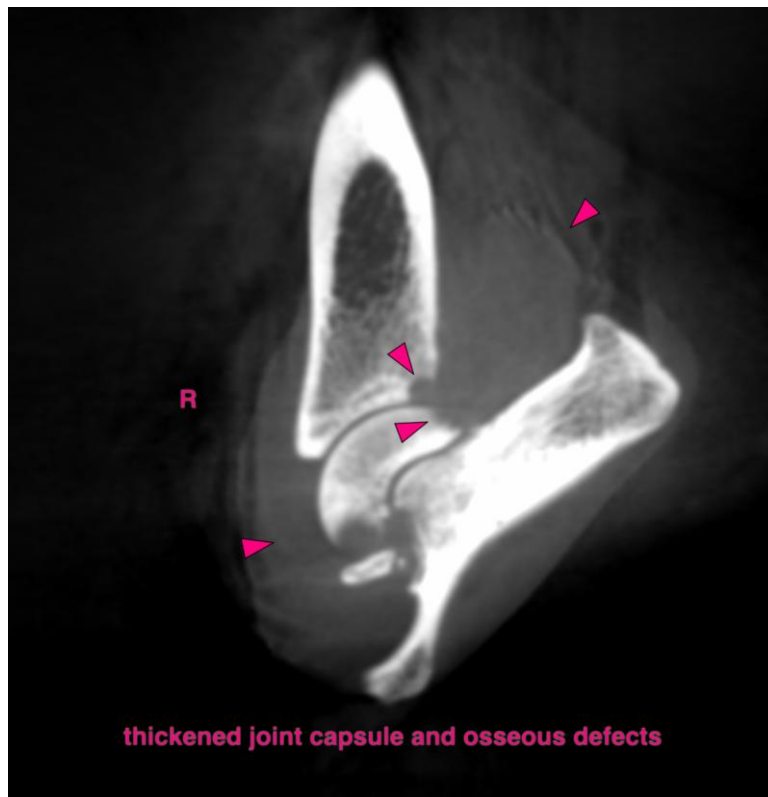
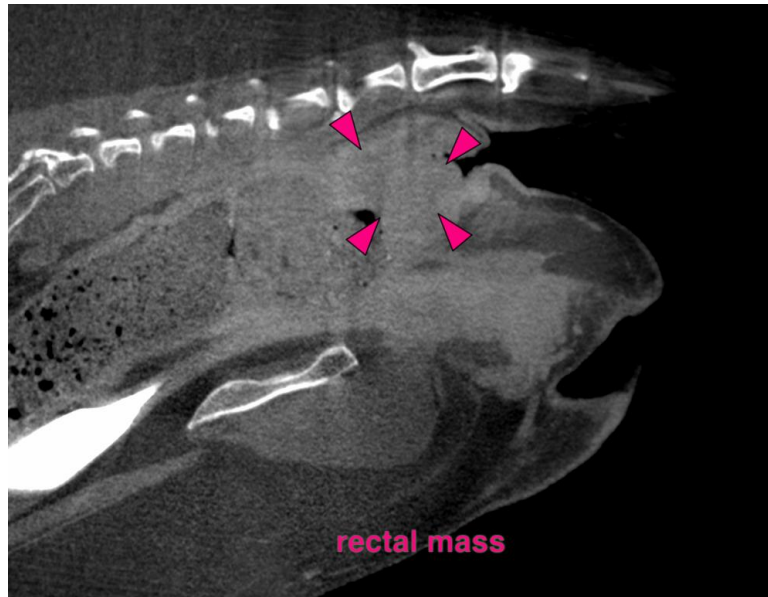
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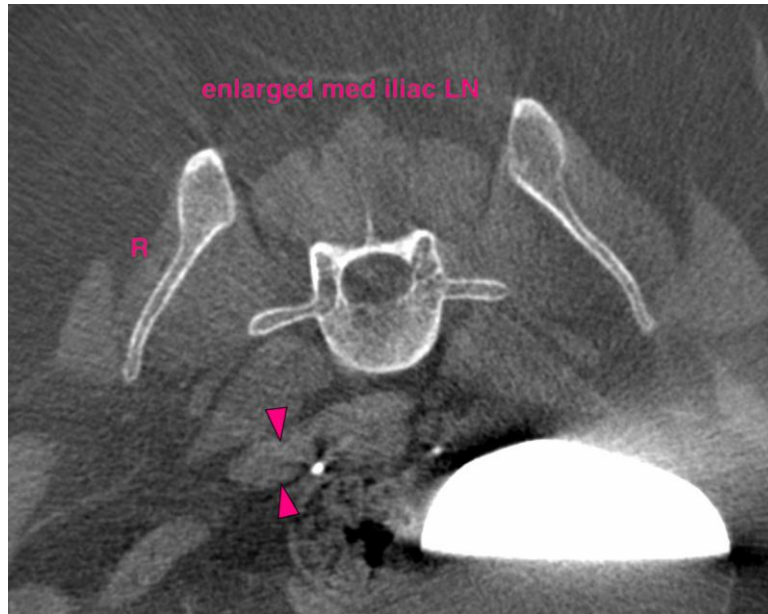
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)