



PATIENT

Duffy Schwarz

SPECIES

Canine

BREED

Pekingese

SEX

MN

AGE

7Y

WEIGHT

15.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Imperial Point Animal
Hospital

REFERRING VET

Dr. Edelson

INVOICE

72521

DATE

11-5-25

PRESENTING CLINICAL SIGNS

CT for evaluation of rectal mass. On rectal exam mass >2cm palpated. Anal sacs unremarkable. Mass is pushing out of rectum when patient defecates.

Abnormal PE/Chem/CBC/UA Results: FNA - non-diagnostic

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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 portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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 – but the rectum – are considered within normal limits throughout. Likely arising from the dorsal and right lateral rectal wall, a sessile, uniform soft tissue attenuating and strong contrast enhancing mass is seen – protruding caudally beyond the level of the anus. The rectal mass is extending 3 cm cranially from the level of the anus. The anal sacs are empty and evaluation is limited.

A colonic lymph node is prominent.

Multiple intervertebral discs along the lumbar spine are protruding into the vertebral canal, occupying approximately ≤15% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mucosal sessile rectal soft tissue mass
- Lymphadenopathy of a colonic lymph node
- Multifocal intervertebral disc protrusion along the lumbar spine with possible dynamic myelocompression

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mucosal rectal mass can present benign adenomatoid polyp formation or primary rectal mucosal neoplasm – such as rectal adenocarcinoma. Surgical management using a pull through technique may be feasible here.

The prominent colonic lymph node is equivocal for reactive lymphoid hyperplasia versus metastatic disease – ultrasound guided FNA sampling can be used for specification.



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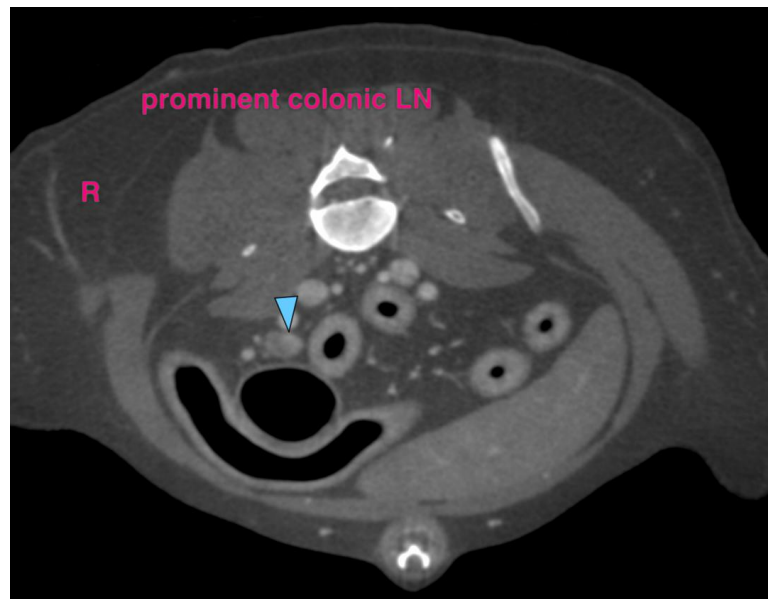
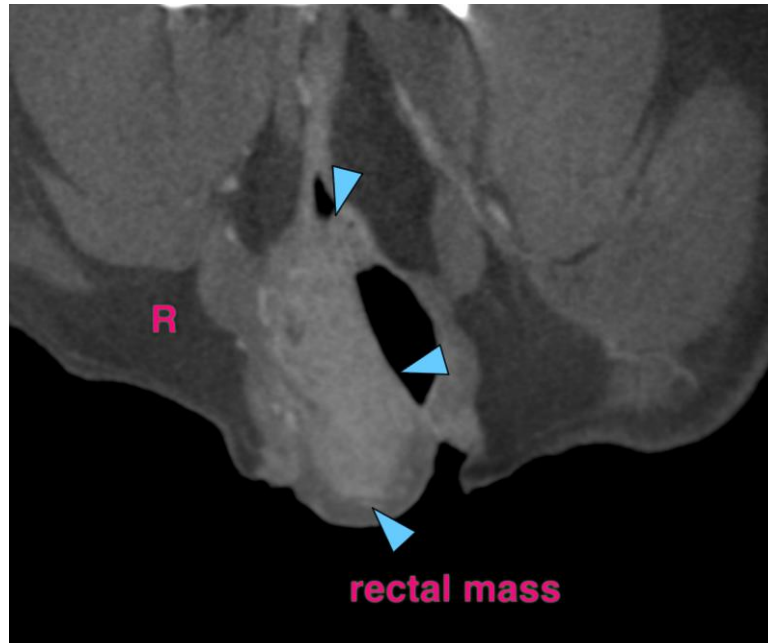
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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