



PATIENT

Stanley D'Ambrogio

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

8 Years

WEIGHT

11.4

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust Ellesmere
Port

REFERRING VET

Dr. Dylan Payne

INVOICE

35763

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: current problem - been noticeable around 2-3 years (appears unilateral), developed colon rupture possibly as a result of rectal palpation during faecal extraction. Managed rupture through abdominal approach and sepsis managed successfully, put off for as long as possible but due to ongoing straining at times have decided to address. BAR in self at this stage, DUDE normally aside from constipation, soft but formed faeces. Exam: BAR, mms pink and moist, crt 1-2, thoracic ausc NAD, bcs 4/9, soft mass between penis and body wall (incisional hernia? neoplastic? node?), left perineal hernia evident but no diverticulum, right large with diverticulum but very firm at periphery of hernia (given history was gentle with palpation but could not distinguish if was faeces stuck to edges vs wall thickening vs other cause such as mass or adhesions). Dx: bilateral perineal hernia (right more significant) and caudal abdo mass (poss incisional hernia).

Abnormal PE/Chem/CBC/UA Results: ALP 18 U/L

COMPUTED TOMOGRAPHIC STUDY 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 prostate is symmetrically and moderately enlarged, measuring 4.6 x 3.8 x 5.7 cm. The colon level with the prostate is deviated dorsally.

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.

The rectum presents a large right sided outpouching that is filled with partially hyperattenuating fecal material. In the subcutaneous tissue of the right perineal region, fluid attenuating material is appreciated.

In the region of the left inguinal canal, a defect is seen in the left caudoventral abdominal wall, measuring approximately 1.9 x 3.0 cm; peritoneal fat is protruding through the defect in the abdominal wall into the subcutaneous tissue at the left aspect of the penis.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of perineal hernia
- Large right sided rectal diverticulum – no overt thickening of the rectal wall is appreciated
- Prostatomegaly due to benign prostatic hyperplasia
- Left sided hernia abdominalis left inguinal region with prolapse of peritoneal fat



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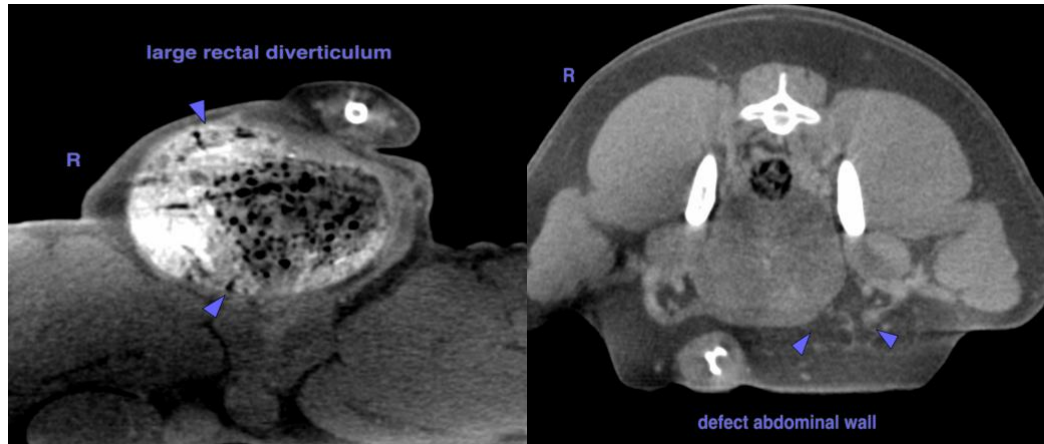
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of right sided perineal hernia and secondary large right sided rectal diverticulum. Respective surgical management is considered as the therapy of choice.

The subcutaneous mass at the left aspect of the penis is a sequela to a defect in the abdominal wall and surgical management should be considered as well.



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.

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