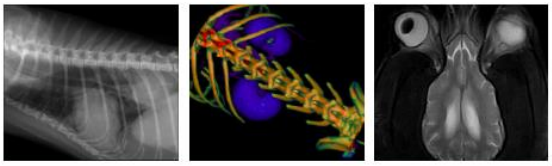

PATIENT

Lulu Cabrera

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

50593

DATE

2-28-22

PRESENTING CLINICAL SIGNS

Surgical evaluation of pelvic tumor

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 are considered within normal limits throughout.

Extending from the right perineal region – level with the left anal sac – cranially into the pelvic canal up to the level of the sacrum, a homogeneous soft tissue attenuating and heterogeneous contrast enhancing mass, measuring 7.3 x 7.2 x 13.5 cm in size is visible. The rectum is displaced to the left and compressed.

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately up to 60% of the cross-sectional area of the vertebral canal at the same level. In the dorsal aspect of the right ala of the sacrum, a well-defined geographic osteolytic lesions, measuring 3 mm in diameter is visible.

The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

The patella of the right stifle joint is seen at the cranial aspect of the medial femoral condyle.

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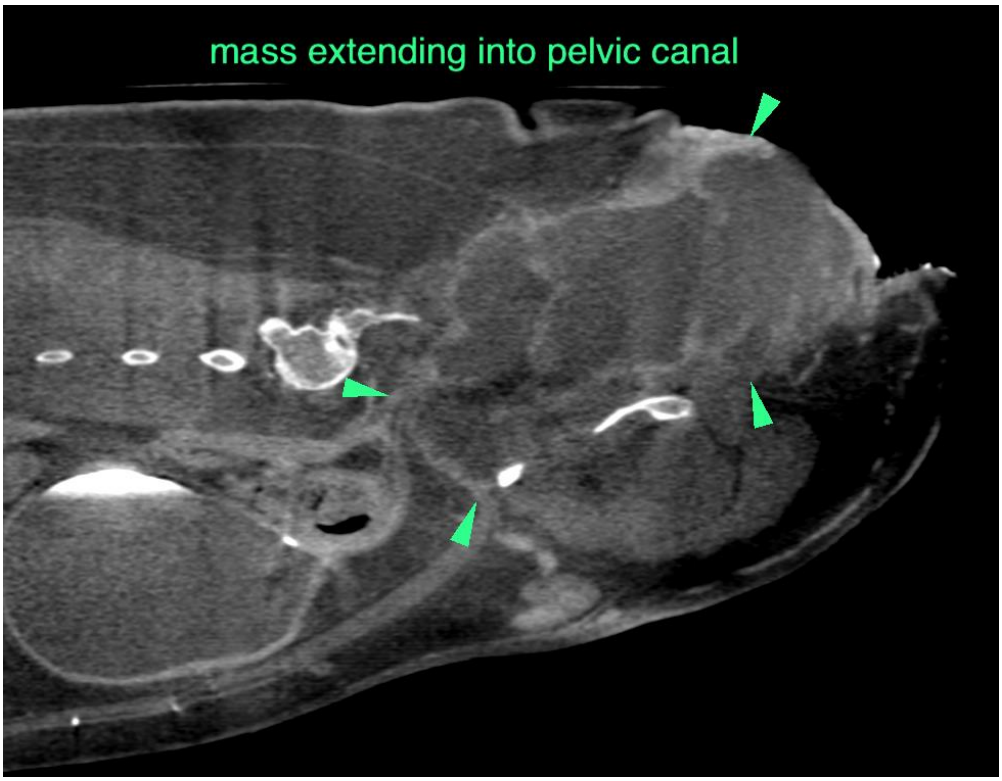
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided perineal soft tissue mass, extending into pelvic canal with secondary stenosis of the pelvic canal, no signs for osseous involvement.
- Degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Suspect fatty bone marrow replacement right ala of the sacrum
- Hip dysplasia
- Right sided medial patellar luxation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potentials for the mass extending into the pelvic canal include anal sac adenocarcinoma, fibrosarcoma, hemangiosarcoma, rhabdomyosarcoma, other. If not done so yet, recommend FNA sampling for further definition. The chances of complete surgical excision should be discussed with surgeon, as the mass is extending up to the ventral aspect of the sacrum and is in close association with the pelvic plexus, right sciatic nerve (appears to be displaced laterally and ventrally) and vascular structures.



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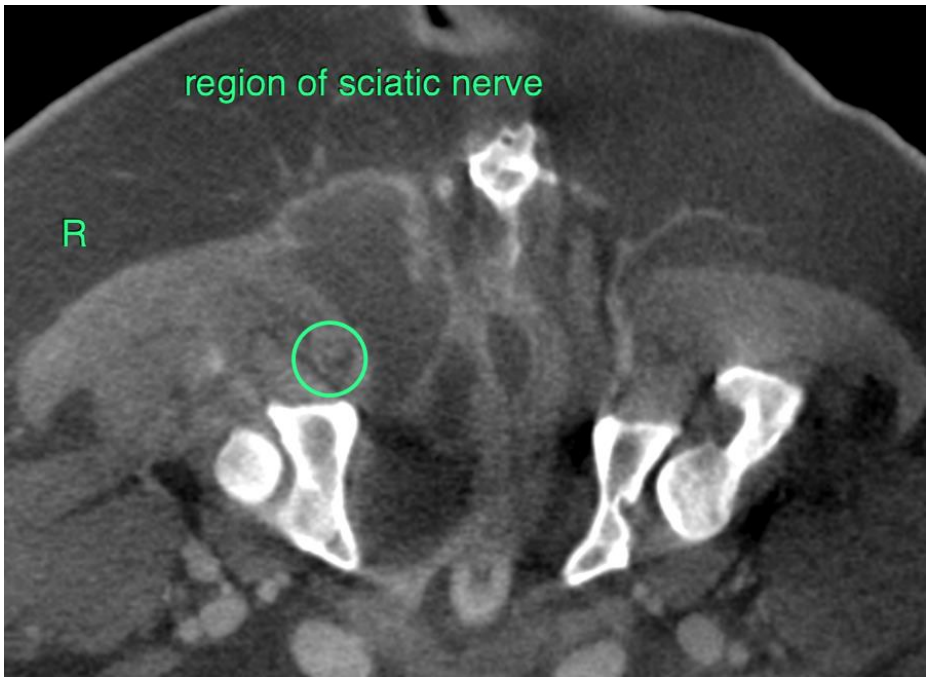

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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