



PATIENT

Lola Damello

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

14 Years 11 Months

WEIGHT

42.6 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester AH

REFERRING VET

Dr. Randy Dominguez

INVOICE

37249

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Owner reports that over the last few weeks, the patient has been straining to defecate, producing thin, ribbon-like stools in small pieces. Symptoms progressed to diarrhea, with occasional hard stool mixed with diarrhea, and eventually blood in the stool. Blood drops were noted throughout the house. The patient was previously examined by another veterinarian who performed a rectal exam and suspected either an anal gland abscess or a tumor obstructing defecation. Antibiotics were prescribed, and the patient improved significantly. Owner notes that the diarrhea has resolved, but the patient still strains to defecate and produces thin stools, though no blood has been observed in the last 2–3 days. Left side anal gland abscess draining. Abnormal PE/Chem/CBC/UA Results: Unremarkable.

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 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 – but a pre- and post-contrast hypoattenuating intraparenchymal lesion in the body of the spleen; measuring 6 mm in diameter.

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

A colonic lymph node and multiple hypogastric lymph nodes are prominent and rounded.

The caudal aspect of the rectum – level with the junction to the anus – presents a diffuse intramural thickening of the left dorsolateral rectal wall; measuring up to 18 mm in width.

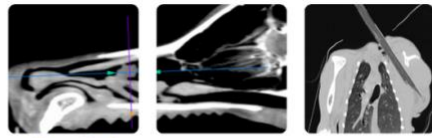
The anal sac bilaterally contains a small amount of fluid attenuating material and has a smooth and thin contrast enhancing wall.

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intramural rectal soft tissue mass
- Lymphadenopathy hypogastric lymph nodes and a colonic lymph node
- Myelolipoma body of the spleen
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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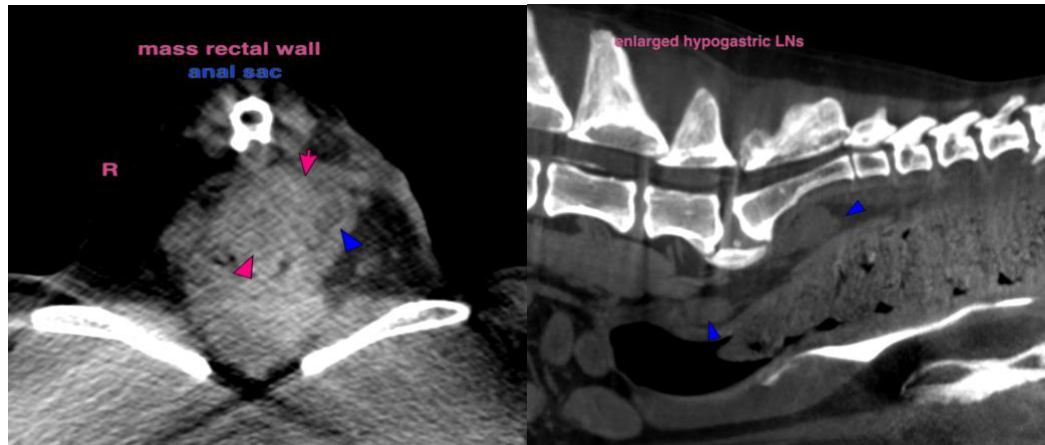
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The CT study reveals an intramural rectal soft tissue mass in the left dorsolateral aspect of the rectal wall – consistent with primary rectal neoplasia, such as adenocarcinoma. The odds for metastatic spread to the regional lymph nodes are high. FNA sampling/biopsy of the rectal mass ± enlarged lymph nodes can be performed for specification.



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, DVM, Dr. med. vet. DipECVDI
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