



**PATIENT PRESENTING CLINICAL SIGNS**

Tyson Orgeron History: Anal mass- rectal adenocarcinoma based on biopsy findings.  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

Yorkshire Terrier **Thorax**

The bony and surrounding soft tissue structures are within normal limits.

**SEX** 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.  
Neutered Male

**AGE** The cardiovascular structures including the pulmonary vasculature are within normal limits.

11 Years 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.

**INTERPRETED BY** Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Sebastian Schaub,  
DVM Dr. med. vet.  
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**Abdomen**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**HOSPITAL NAME**

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast both kidneys present with small roundish intraparenchymal filling defects measuring < 2 mm in size.

**REFERRING VET**

Meaux

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.

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The gastroduodenal vein is significantly dilated and the right gastric vein can be seen as an dilated vessel follow the smaller curvature of the stomach and forming an arcade with the splenic vein that cannot be seen as a separate vessel draining to the portal vein. Originating from the anastomosis of the right gastric vein and splenic vein, an anomalous vascular loop is extending caudally and mildly medially draining into the caudal vena cava, cranial to the left renal vein. The diameter of the anomalous vessel is 5 mm in width. The intrahepatic vessels can be follow up to the third order vessels.

**DATE**

9/24/21



**PATIENT** Tyson Orgeron  
 The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**SPECIES** Canine  
 The anal sacs contain a small amount of fluid attenuating material.  
 The bony and surrounding soft tissue structures reveal no abnormalities.

**BREED** Yorkshire Terrier  
**SEX** Neutered Male  
**AGE** 11 Years

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mural mass descending colon/rectum
- Lymphadenopathy colonic lymph nodes
- Single congenital extrahepatic portosystemic shunt, right gastric vein to caudal vena cava (right gastric shunt)
- Congenital vascular malformation with splenic vein forming an arcade with the right gastric vein
- Renal cortical cysts
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study with the given history is consistent with rectal adenocarcinoma involving the distal segment of the descending colon. The enlarged colonic lymph nodes are compatible with metastatic spread. Due to the extent there are no feasible surgical treatment option and management is limited to palliative management.

**INTERPRETED BY**

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 DipECVDI

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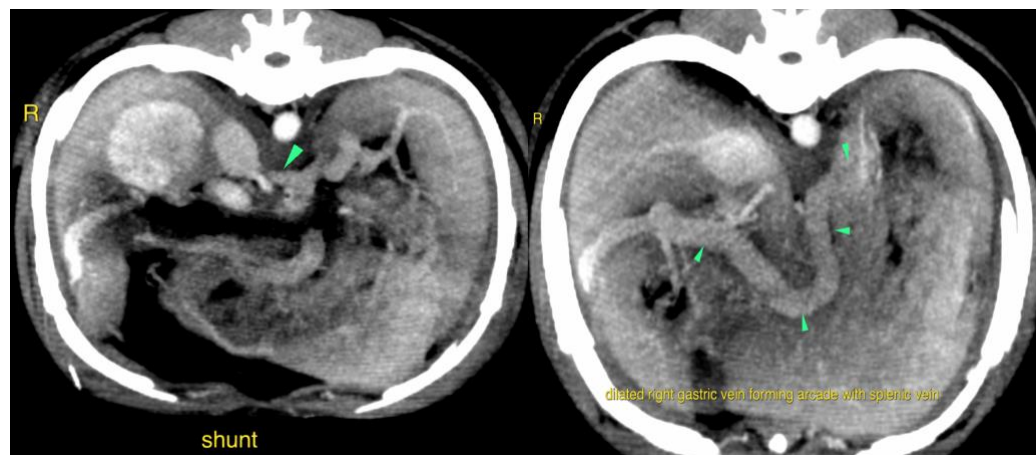
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**PATIENT**

Tyson Orgeron

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

11 Years

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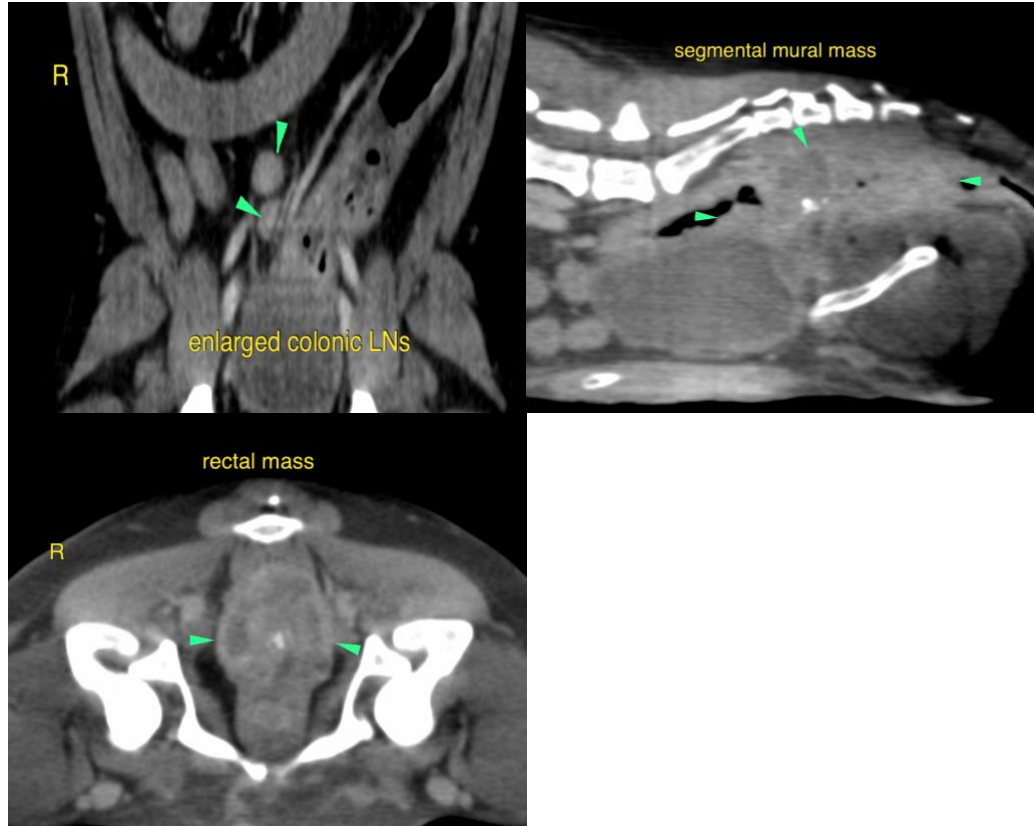
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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