


PATIENT

Precious Trexler

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10

INTERPRETED BY

 Tilde Rodrigues Froes,
 DMV, MSc., Dr. Med
 Vet., Dipl. CBraRVet

HOSPITAL NAME

Holy Family VH

REFERRING VET

Dr. Hansen

INVOICE

44573

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Had rectal Polyp sx removed 14 months ago. Polyp was inside rectum, 1 index finger length from anal sphincter. Digital exam reveals stricture like or scar tissue like material at the above site today. Contrast CT was done. Air was injected in the rectum with a red rubber catheter. End of catheter was placed near sx site and site of stricture like material, for CT study. 60 ml syringe was placed in rectum to prevent air for escaping after injections. Rubber plunger end of the 60 ml syringe can be seen in rectum with red rubber catheter passing adjacent to syringe.

COMPUTED TOMOGRAPHIC STUDY OF ABDOMEN AND PELVIC/PERINEAL REGION

A high-resolution pre- and post-contrast CT study of the abdomen are provided for review. Two post-contrast CT series are evaluated. On the last post-contrast series, a pneumocolonography is performed.

COMPUTED TOMOGRAPHIC FINDINGS

There is an irregular, diffuse thickening of the distal part of the descending colon and all portions of the rectum. The lesion is more severe proximally near the end portion of the rectum. A loss of wall layering and moderate contrast enhancing of the mucosa are seen. The descending colon wall thickness is approximately 0.7cm and the wall thickness of the rectum measures between 1.3-1.4 cm. The diffuse lesion extends at least 12 cm in length throughout the descending colon.

The anal pad and anal sphincters are preserved.

The medial sacral lymph nodes are mildly enlarged in size, homogeneous soft tissue attenuating. The largest measures approximately 1.6 cm x 0.7 cm. The iliac medial lymph nodes are normal in size and shape. The remaining abdominal and mesenteric lymph nodes are normal.

The stomach is mildly filled and normally positioned, containing gas mixed with heterogenous soft tissue attenuating material – ingesta material.

The duodenum and small intestine are non-dilated and contain a minimal amount of fluid attenuating material and gas.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable.

The pancreas and mesentery are normal.

The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 7.0cm in the right kidney and 7.1cm in the left kidney.

The ureters are normal in size with correct insertion in the trigone region.

The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque.

The spleen is mildly diffusely enlarged, homogeneously soft tissue attenuating, and uniformly contrast enhancing, likely due to the anesthesia.



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The adrenal glands are normal.

The remainder of the abdomen is normal.

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T13-L1, L1-L2 and L2-L3 intervertebral disc spaces are mildly narrowed with complete spondylosis deformans.

L7-S1 intervertebral disc spaces are narrowed, with complete spondylosis deformans. A heterogeneous attenuating material is seen over the spinal canal.

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Mixed

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe diffuse thickening with loss of layering of the descending colon and rectum with concurrent sacral lymphadenopathy, the main differential diagnosis includes a neoplastic process, such as colon rectal carcinoma, with concurrent rectal stenosis.
- Sacral lymphadenopathy, metastatic or reactive.
- Multifocal thoracolumbar spondylosis deformans
- L7-S1 chronic disc disease and lumbosacral instability.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other differential diagnosis for the rectal and colonic lesion includes less likely colonic lymphosarcoma, or severe inflammatory disease. Biopsy is required to confirm diagnosis. Endoscopy exam is recommended.

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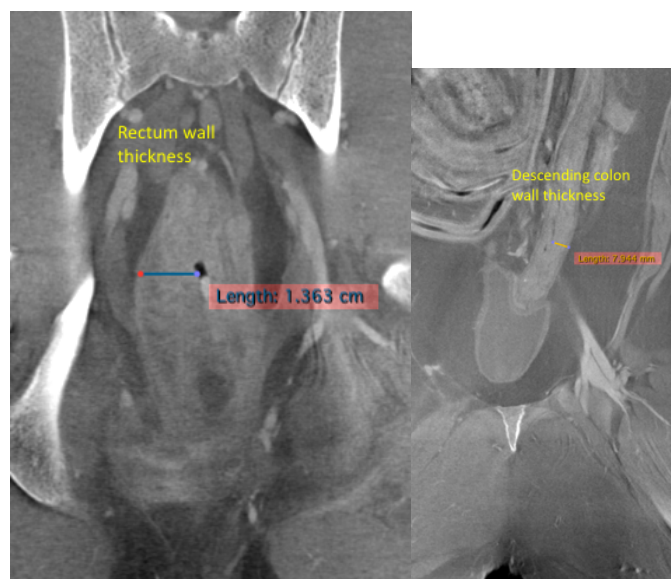
Dr. Hansen

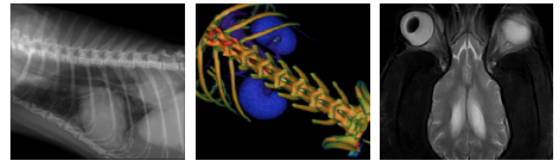
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

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