



PATIENT

Billy Taylor Clewes

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

13Y

WEIGHT

7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Molly Ellson

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Chloe Craggs

INVOICE

72608

DATE

11-13-25

PRESENTING CLINICAL SIGNS

in for anal saculectomy, and mets check. Suspicious of masses on chest on left side?

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & THORAX

A pre- and post-contrast CT study of the thorax and abdomen are provided for review totaling 4 series. One pre-contrast series of the abdomen bone algorithm. One pre-contrast series of the thorax bone algorithm. One post-contrast series of the abdomen bone algorithm. One pre-contrast series of the thorax bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large, amorphous, heterogeneously enhancing soft-tissue mass effect is present in the left perineal region, contiguous with the left anal sac. The lesion contains hypoattenuating internal material with a few hyperattenuating mineral foci and measures approximately 2.0 × 2.7 cm. No abnormalities are identified in the right anal sac, rectum or descending colon.

The sacral and medial iliac lymph nodes are unremarkable.

The prostate is moderately enlarged, with a regular contour and mild heterogeneous enhancement, measuring 3.5 × 4.1 cm.

The liver is mildly enlarged, homogeneously soft-tissue attenuating, and uniformly contrast-enhancing with a normal contour. The gallbladder, cystic duct, and common bile duct are within normal limits.

The kidneys are normal in size, shape, and contour. A small hypoattenuating cortical cyst is present in the right kidney, considered incidental. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately filled with homogeneous hypoattenuating fluid admixed with hyperattenuating contrast material. Normal wall thickness.

The spleen is homogeneous, with normal size, shape, and uniform contrast enhancement.

The gastrointestinal tract appears normal.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits.

The serosal fat exhibits normal attenuation.

The testicles are unremarkable.

Multifocal complete and incomplete spondylosis deformans is present along the thoracic and lumbar vertebral endplates, with narrowing of the T13-L1 and L1-L2 intervertebral disc spaces.

THORAX

The caudal thoracic trachea and the left lobar bronchus show narrowed lumen diameter. As a consequence, the cranial lung lobes exhibit reduced volume expansion with peripheral areas of



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consolidation and ground-glass attenuation. The remaining pulmonary parenchyma demonstrates normal attenuation, with no evidence of soft tissue micronodules, nodules, or mass lesions.

The bronchial walls are thin and smooth, and the bronchus-to-artery ratio is within normal limits except at the narrowed left lobar bronchus as described.

The cardiac silhouette is normal in size, contour, and attenuation. The pulmonary and large vessels are unremarkable. The mediastinum is slightly displaced to the left hemithorax, likely correlated with the pulmonary atelectasis.

The sternal lymph nodes are slightly enlarged. The cranial mediastinal and tracheobronchial lymph nodes are within normal limits.

The pleural space, diaphragm, ribs, and thoracic wall are unremarkable.

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left perineal soft-tissue mass, contiguous with the left anal sac. Differential diagnoses include perianal neoplasia (e.g., anal sacs and perianal glands tumors)
- Moderate prostatomegaly, mild heterogeneous enhancement. Differential diagnoses include benign prostatic hyperplasia, age-related changes.
- Mild hepatomegaly, otherwise unremarkable hepatic architecture.
- Narrowing of the caudal thoracic trachea and left lobar bronchus, with secondary reduced expansion of the cranial lung lobes and peripheral consolidations/ground-glass attenuation (atelectasis). Differential diagnoses include bronchomalacia, left bronchus collapse.
- Slight enlargement of sternal lymph nodes, reactive lymphadenitis; metastatic involvement cannot be fully excluded.
- Multifocal thoracolumbar spondylosis deformans with intervertebral disc space narrowing at T13-L1 and L1-L2.

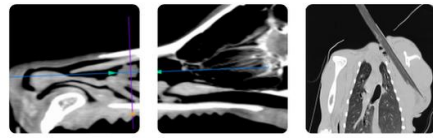
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic study reveals a left perineal mass contiguous with the left anal sac. Differential diagnoses include perianal neoplasia (e.g., anal sac and perianal gland tumors, apocrine gland anal sac adenocarcinoma [AGASACA], perianal gland carcinoma, perianal gland epithelioma, and perianal gland adenoma). Fine-needle aspiration or tissue biopsy is recommended for definitive diagnosis and staging. There is no evidence of iliosacral lymph node metastasis.

The sternal lymph node enlargement appears mild and may be reactive. There is no evidence of pulmonary metastatic disease.

The prostatomegaly may represent benign hyperplasia or age-related changes.

There is narrowing of the caudal thoracic trachea and the left lobar bronchus. Differential diagnoses include bronchomalacia or left bronchial collapse. Clinical correlation is advised, and bronchoscopy should be considered if respiratory signs are present.



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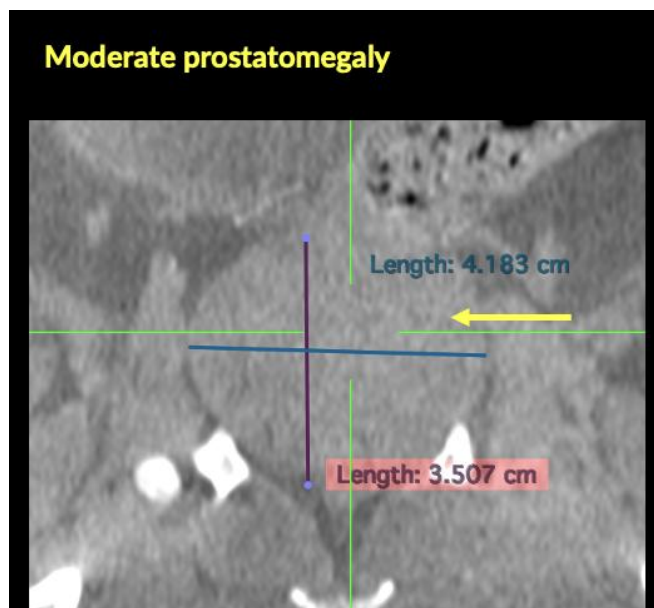
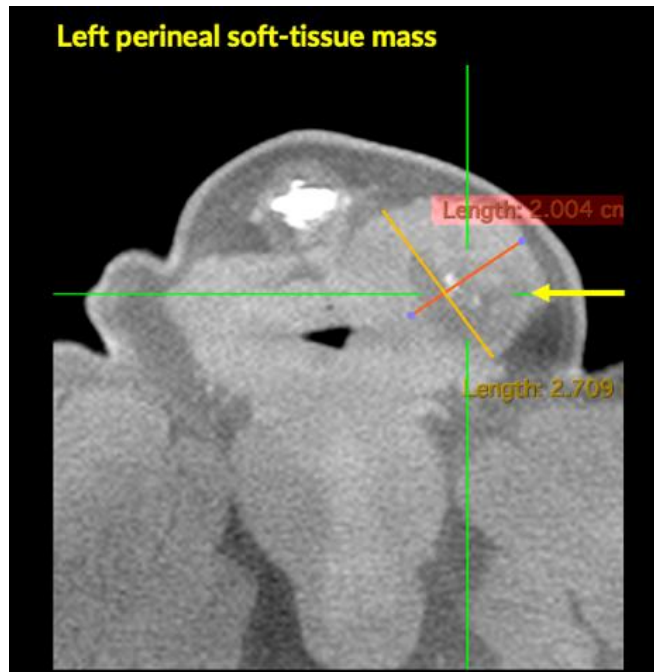
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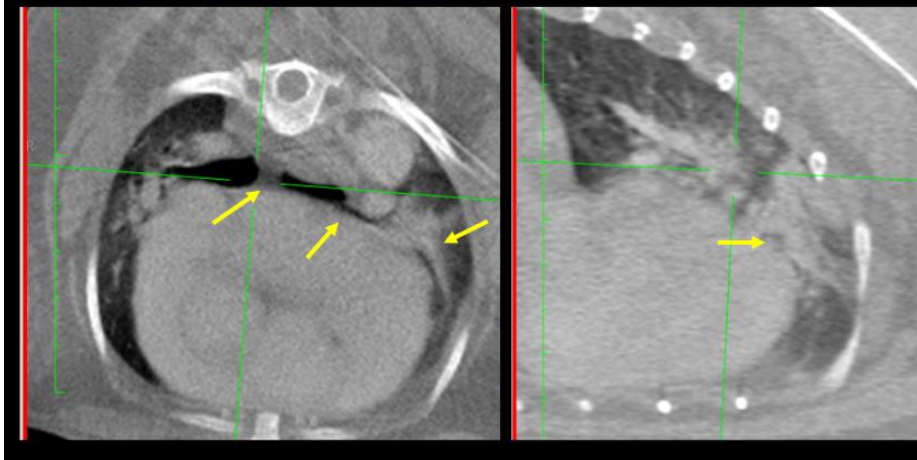
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Slight enlargement of sternal lymph nodes



Narrowing of the caudal thoracic trachea and left lobar bronchus, with secondary reduced expansion of the cranial lung lobes



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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info@sonopath.com