



PATIENT

Jesse Lucas

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10Y, 10M

WEIGHT

32.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72624

DATE

11-13-25

PRESENTING CLINICAL SIGNS

29-10-2025 Midline incision, OVH performed. L ovary grossly very abnormal - histopathology INTERPRETATION: Dysgerminoma; Mitotic count (per 2.37 sq mm): 15; Histologic tumour-free margins: Ovariohysterectomy; Vascular invasion: Not present Post op chest rads (due abnormal ovary) small ossifications through lungs, susp just age related change. Not susp of any metastasis. mass effect RHS groin area around last mamm complex Physical Examination/Findings: mass soft firm, feels fatty, sits below mammary complex, approx 15cm x 10cm, appeared 2-3 mths ago and has not changed since taken FNA - looks fatty
Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of abdomen are provided for review totaling 2 series. One pre-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the abdomen, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A large, amorphous, irregularly contoured heterogeneous soft tissue mass effect is present in the region of the sacral lymph nodes. This lesion compresses the distal portion of the descending colon ventrally and displaces the rectum ventrolaterally to the left, resulting in extramural partial luminal obstruction. No abnormal luminal distension is observed, and the colon contains a moderate amount of heterogeneous fecal material and gas.

Aside from the changes adjacent to the descending colon and rectum, the gastrointestinal tract is unremarkable.

The medial iliac lymph nodes are mildly enlarged but maintain normal shape. All other abdominal lymph nodes are unremarkable.

Within the serosal fat, multifocal faintly contrast-enhancing amorphous regions are present.

The liver and gallbladder are partially obscured by streak artifact but appear normal.

The kidneys are normal in size, shape, contour, and attenuation before and after contrast administration. The renal pelvis and ureters are within normal limits.

The urinary bladder is moderately filled with homogeneously hypoattenuating fluid admixed with hyperattenuating contrast material; the bladder wall is normal in thickness.

A small fat-attenuating nodule (0.8 cm) is noted along the mesenteric border of the spleen; the remainder of the splenic parenchyma is homogeneous and normally enhancing.

The pancreas and adrenal glands are within normal limits.

Multifocal spondylosis deformans affects the lumbar and lumbosacral vertebral endplates.

The coxofemoral joints are incongruent with moderate periarticular ossification.



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The inguinal lymph nodes are mildly enlarged, most prominently the left node. The caudal mammary tissue is slightly enlarged without a distinct mass effect.

There is moderate homogeneous fat accumulation in the inguinal region, more prominent on the right side, consistent with a lipomatous mass effect and lacking distinct margins.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Presence of large, heterogeneous soft-tissue mass in the region of the sacral lymph nodes, causing extramural partial compression of the descending colon and rectum. Differential diagnoses include metastatic lymphadenopathy related to the previous neoplasia, and less likely, another type of neoplastic process (e.g., mesenchymal tumor or lymphoma).
- Mild enlargement of the medial iliac and inguinal lymph nodes, reactive or metastatic.
- Within the serosal fat, multifocal, faintly contrast-enhancing amorphous regions are observed, which may represent metastatic implants or chronic inflammation related to prior surgery.
- A small fat-attenuating splenic nodule is present, most consistent with an incidental benign lesion (such as a lipoma or focal fat deposition).
- There is moderate lipomatous fat accumulation in the right inguinal region with indistinct margins.
- The coxofemoral joints show incongruity with moderate periarticular ossification, compatible with degenerative joint disease.
- Multifocal spondylosis deformans is present in the lumbar and lumbosacral spine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic study identifies a large, heterogeneous soft-tissue mass centered in the region of the sacral lymph nodes, resulting in extramural partial compression of the descending colon and rectum. Given the patient's clinical background and prior neoplastic history, metastatic lymphadenopathy is the primary differential diagnosis. A less likely, though possible, differential includes another neoplastic process such as a mesenchymal tumor or lymphoma. If attainable, ultrasound-guided fine-needle aspiration of the sacral lymph node is suggested recommended for definitive diagnosis, however the approach could be challenge.

Additional findings include mild enlargement of the medial iliac and inguinal lymph nodes, which may represent reactive or metastatic lymphadenopathy. The multifocal faintly contrast-enhancing amorphous regions within the serosal fat may correspond to metastatic implants or chronic postoperative inflammation.

A small fat-attenuating splenic nodule is present and most consistent with a benign incidental lesion, myelolipoma. Moderate lipomatous accumulation in the right inguinal region lacks well-defined margins and is likely unrelated to the primary lesion.

Concurrent degenerative changes include multifocal lumbar and lumbosacral spondylosis deformans and bilateral coxofemoral joint incongruity with moderate periarticular ossification.

TECHNICAL COMMENTS

Moderate streak artifact is present in the cranial abdominal region, reducing the sensitivity of tomographic interpretation in this area.



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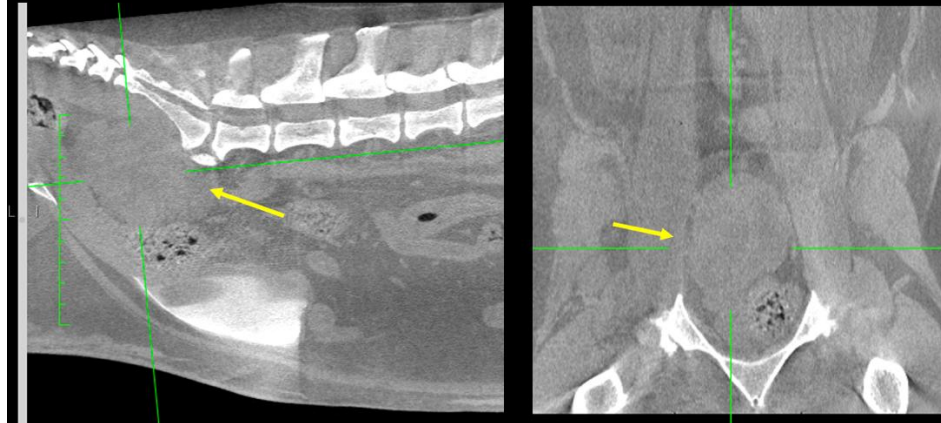
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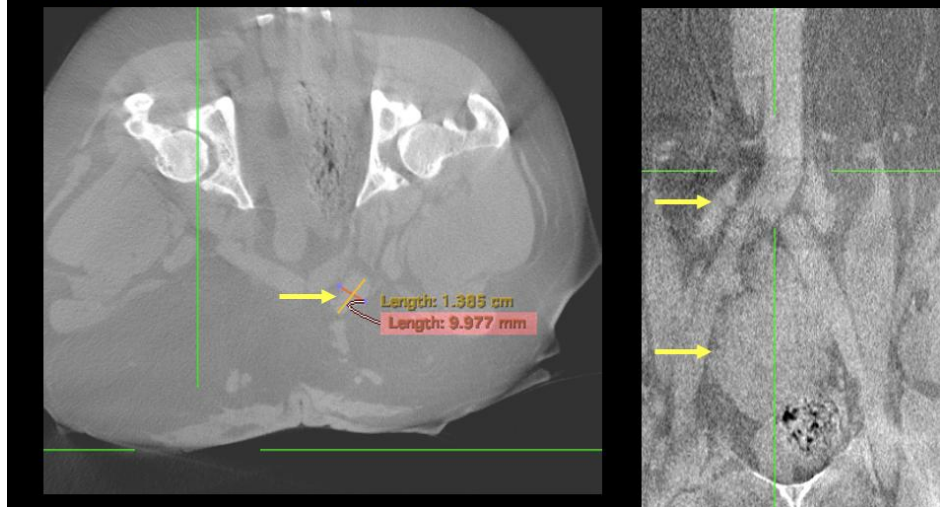
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Large, heterogeneous soft-tissue mass in the region of the sacral lymph nodes



Large, heterogeneous soft-tissue mass in the region of the sacral lymph nodes, mild enlargement of the iliac and inguinal lymph node





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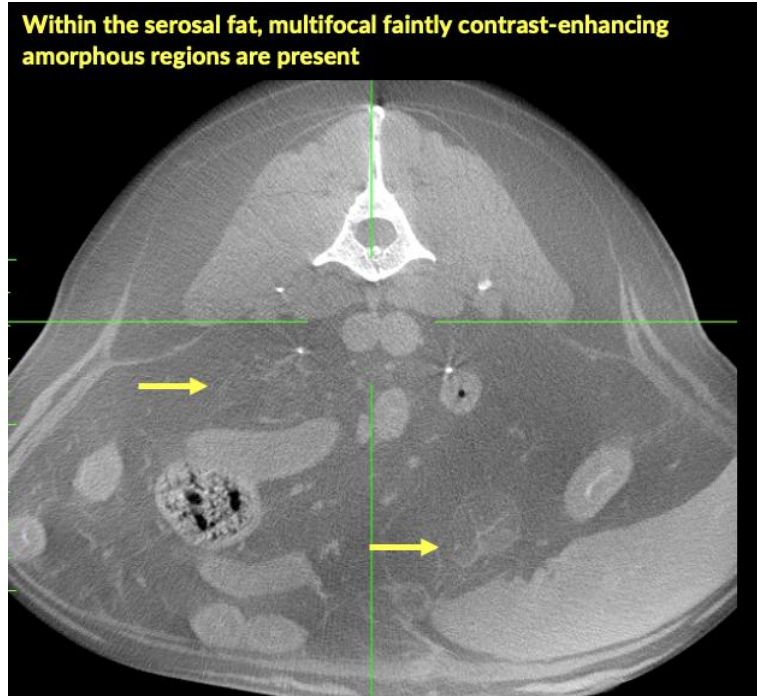
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Within the serosal fat, multifocal faintly contrast-enhancing amorphous regions are present



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