



PATIENT

Bailey Peters

SPECIES

Canine

BREED

Border Collie

SEX

Male

AGE

9Y

WEIGHT

18Y

INTERPRETED BY

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

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Megan Brooke MRCVS

INVOICE

73050

DATE

12-18-25

PRESENTING CLINICAL SIGNS

Previous history of right perianal hernia and prostate abscess (2 surgeries previously). Presented on Monday with lethargy, squatting and fever. On rectal palpation they felt a "mass" (5cm) on the right side. Afast: no free fluid. Advised to do imaging. On rectal examination possible burst anal gland abscess with discharge coming out was felt.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT examination of the abdomen was provided for review, totaling two series. One pre-contrast series of the abdomen, one post-contrast series of the abdomen, soft tissue algorithm, delayed phase.

COMPUTED TOMOGRAPHIC FINDINGS

There is a focal increase in soft tissue volume with poorly defined margins in the right perianal region. Peripherally within this lesion, an area of gas accumulation is observed. The perianal and perineal subcutaneous fat shows marked fat stranding, which extends cranially into the caudal retroperitoneal space.

The rectal wall margins are poorly defined and demonstrate reduced post-contrast enhancement*; however, the rectal lumen and overall course appear preserved.

The prostate gland margins are indistinct. Presence of interspersed hypoattenuating areas are noted within the prostatic region and adjacently.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid admixed with hyperattenuating contrast medium. The bladder wall is better delineated in the mid-cranial portion, with no evidence of focal or diffuse wall thickening.

The sacral and medial iliac lymph nodes are enlarged.

Both kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises and ureters are within normal limits.

The liver and spleen are normal in size, shape, and attenuation. The gallbladder contains hypoattenuating content.

The stomach and small intestine are normally distended and in normal anatomical position, with no evidence of abnormal mural thickening or mass effect. The colon is empty.

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

The serosal fat exhibits normal attenuation.

Musculoskeletal findings include incomplete ventral bridging spondylosis deformans at L2-L3 and L7-S1. At L7-S1, there is also lateral bridging spondylosis deformans with narrowing of the corresponding neurovascular foramen.

Both coxofemoral joints are incongruity, with mild periarticular ossification involving the femoral heads and acetabula. A mineralized osseous body is present within the region of the left gluteal musculature.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Focal increase in soft tissue volume with poorly defined margins in the right perianal region, irregular, gas-containing soft tissue lesion in the right perianal region, associated with marked perineal and caudal retroperitoneal fat stranding. Differential diagnosis includes inflammatory or infectious process, such as an anal gland abscess, anal sacculitis, anal sac rupture/fistula with regional inflammatory extension.
- Poorly defined rectal wall margins with reduced contrast enhancement, without clear evidence of luminal disruption, possibly secondary to adjacent inflammatory changes.
- Indistinct prostatic margins with multifocal hypoattenuating areas, compatible with prostatic inflammatory disease, prostatitis, or post-surgical change.
- Enlargement of the sacral and medial iliac lymph nodes, most consistent with reactive lymphadenopathy.
- Degenerative changes of the lumbosacral spine (spondylosis deformans) with foraminal narrowing at L7-S1, lumbosacral instability, possible concurrent nerve root impingement,
- Bilateral coxofemoral joint incongruency with mild secondary osteoarthritis.
- Mineralized body within the left gluteal musculature, osteochondroma or dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are suggestive of a severe inflammatory and/or infectious process centered in the right perianal region, with gas formation and extension into the perineal and caudal retroperitoneal tissues. Given the clinical history and imaging appearance, perianal abscess, sacculitis, or ruptured/fistula anal gland is considered within the differential diagnosis.

Concurrent prostatic involvement is suspected based on the indistinct gland margins and intraparenchymal hypoattenuating areas, which may represent prostatitis or chronic post-surgical changes.

Reactive enlargement of the regional lymph nodes further supports an active inflammatory or infectious process.

Correlation with clinical findings, rectal examination, and laboratory results are recommended. Antimicrobial therapy should be guided by culture and sensitivity. In addition, consider a transanal ultrasonography for better evaluation of the region.

Degenerative orthopedic and spinal changes are considered incidental to the presenting complaint but may contribute to chronic discomfort.

TECHNICAL COMMENTS

Suboptimal contrast enhancement in the delayed post-contrast phase limits detailed assessment of the examined structures.



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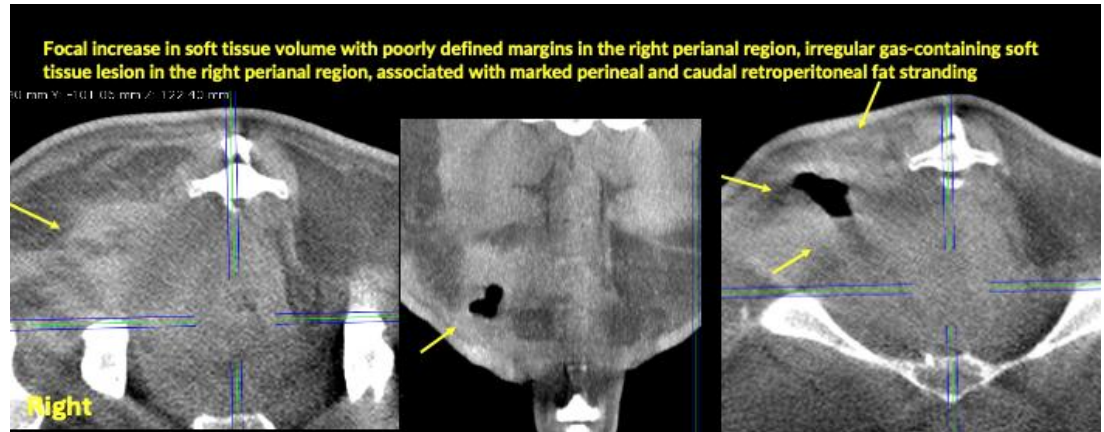
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com