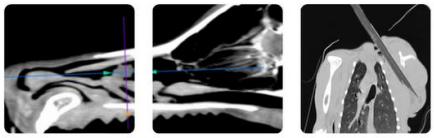

PATIENT

Buddy Jevons

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

11Y

WEIGHT

28kg

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

Noahs Ark Vet Centre

INVOICE

73101

DATE

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PRESENTING CLINICAL SIGNS

hard mass/structure palpable caudally, palpated rectally as well

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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, soft tissue algorithm. One pre-contrast series of the thorax, bone algorithm. One pre-contrast series of the abdomen, soft tissue algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

Within the caudal abdomen (hypogastric), protruding into the pelvic canal and slightly right sided, there is a large, rounded, mildly irregular soft tissue mass. The lesion demonstrates heterogeneous contrast enhancement and contains an irregular, centrally hypoattenuating cavitary component with a thickened, contrast-enhancing wall. The mass measures approximately 8.8 × 7.6 × 6.1 cm. This mass silhouettes and displaces the prostate gland, urinary bladder, and caudal descending colon toward the left.

The colonic and rectal walls, anal sacs, and medial iliac lymph nodes are within normal limits, with no evidence of fecal retention.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing, with normal size and shape. The gallbladder contains hypoattenuating material with mild incidental gravity-dependent hyperattenuating content. The cystic duct and common bile duct are within normal limits.

Both kidneys are normal in size, shape, and contour. A small hypoattenuating cortical cystic lesion measuring approximately 2.0 cm is present in the caudal pole of the right kidney. Additionally, a small triangular-shaped hypoattenuating cortical lesion is noted in the left kidney. The renal pelvises and ureters are within normal limits.

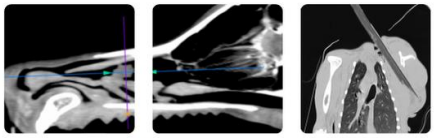
The urinary bladder is moderately distended with hypoattenuating fluid material admixed with contrast medium, and the bladder wall thickness is within normal limits.

The prostate gland is small, rounded, normal for a castrated patient.

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

The gastrointestinal tract demonstrates normal distribution, luminal diameter, and wall thickness throughout. Aside from displacement caused by the caudal abdominal mass, the colon and rectum are unremarkable.

The pancreas, abdominal lymph nodes, and adrenal glands are within normal limits. The serosal fat demonstrates normal attenuation.



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Multifocal complete and incomplete vertebral endplate spondylosis deformans is present. The coxofemoral joints are subluxated, with moderate periarticular ossification involving the acetabula and femoral heads.

THORAX

The trachea and main bronchi are within normal limits.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or mass lesions. Scattered multifocal osteomas are incidentally noted.

The bronchial tree demonstrates normal branching and tapering, with thin and smooth bronchial walls and a normal bronchus-to-artery ratio. The cardiac silhouette and pulmonary vessels are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space and diaphragm are within normal limits.

The thoracic esophagus is unremarkable.

Multifocal costochondral degenerative changes and caudal sternebral degenerations are observed.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- A large caudal abdominal (hypogastric) soft tissue mass with heterogeneous contrast enhancement and a central cavitary component is present, extending into the pelvic canal and causing displacement of the prostate gland, urinary bladder, and caudal descending colon. Differential diagnoses include an unspecific (origin) soft tissue neoplasm with central necrosis or abscessation, such as sarcoma, severe enlarged neoplastic lymph node, neoplastic cryptorchid ectopic testicle neoplasia, less likely abscess.
- A small right renal cortical cystic lesion and a small focal cortical lesion in the left kidney are identified, most consistent with benign cortical changes, degenerative changes.
- There is no evidence of thoracic metastatic disease.
- Multifocal vertebral spondylosis deformans is present.
- Bilateral coxofemoral joint subluxation with moderate secondary osteoarthrosis is also noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a large caudal abdominal mass exhibiting heterogeneous contrast enhancement and a centrally cavitary, irregular component. Differential diagnoses include a soft tissue neoplasm of uncertain origin with central necrosis or abscessation, such as a sarcoma, a markedly enlarged neoplastic lymph node, or neoplasia arising from a cryptorchid ectopic testicle. An abscess is considered less likely.

Ultrasound-guided fine-needle aspiration or biopsy is recommended for definitive diagnosis.

Surgical resectability may be feasible.

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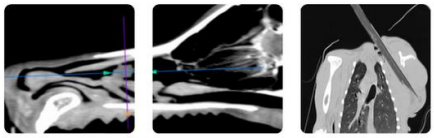

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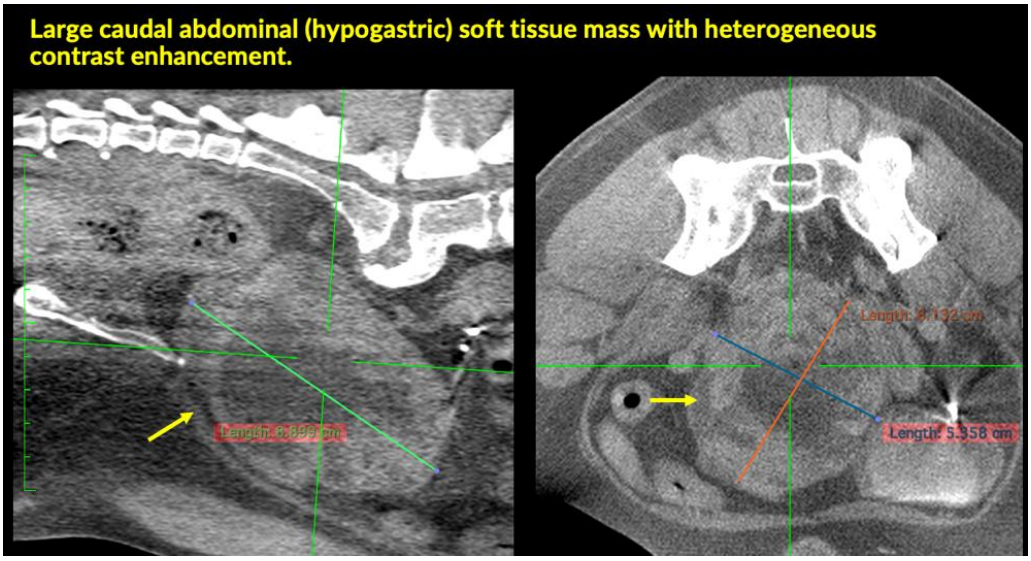

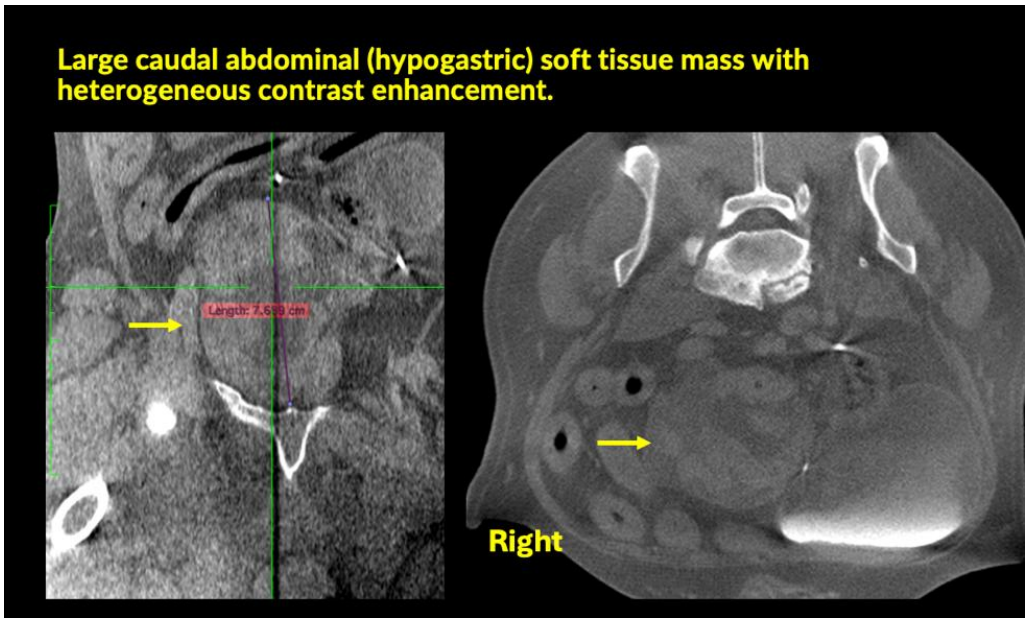

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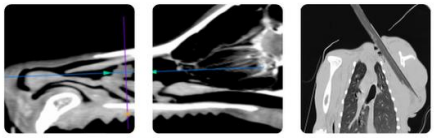

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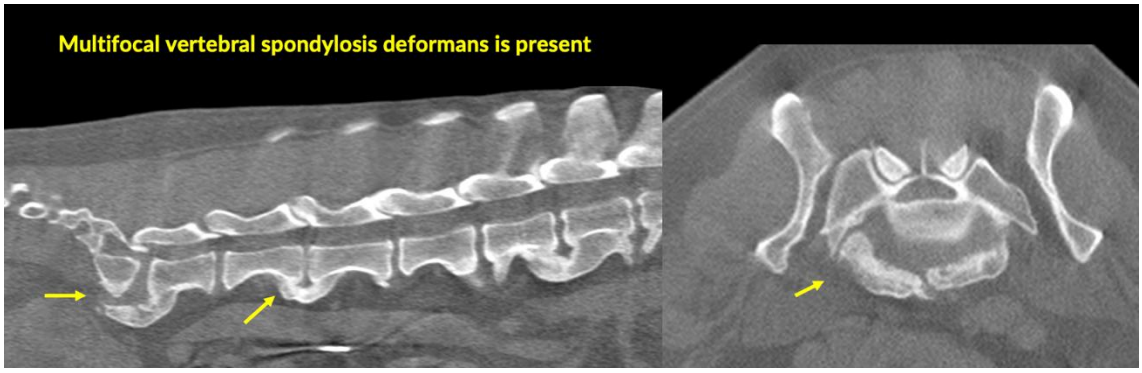

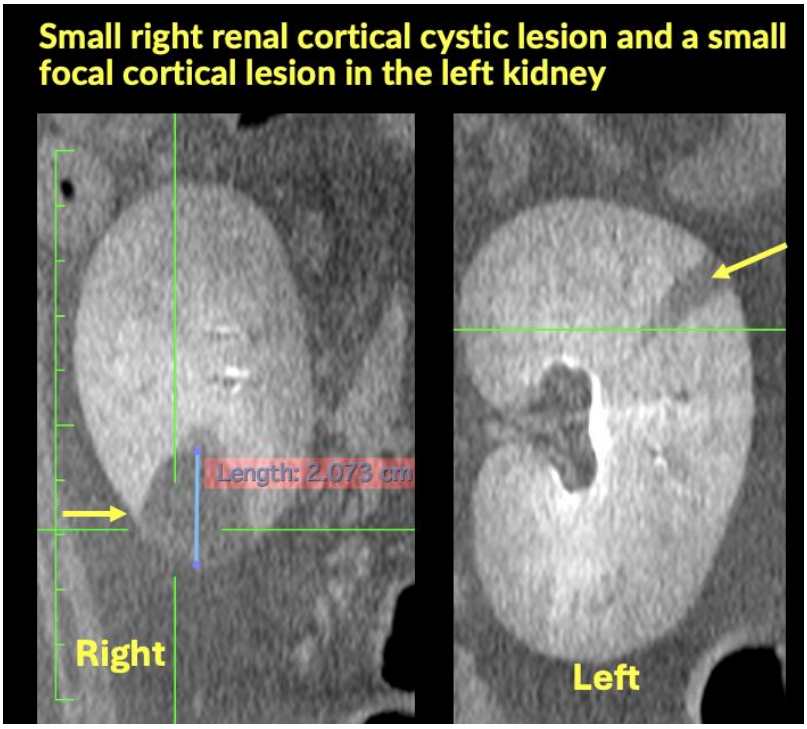

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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