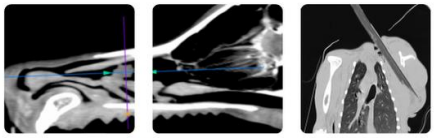


PATIENT

Jessie Dyer

SPECIES

Canine

BREED

Lurcher

SEX

FS

AGE

8Y, 10M

WEIGHT

23.1kg

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

73727

DATE

2-12-26

PRESENTING CLINICAL SIGNS

- past hx - sept 2024 - had a lump removed from perianal region - adenoma with clear margins
- 14/01/2025 tenesmus - rectal polyps found and biopsy taken - histology "Current differential diagnoses include gastrointestinal stromal tumor (GIST) and leiomyosarcoma. A spindle cell melanoma or another poorly differentiated sarcoma also remains possible."
- CT scan and find out whether primary or secondary and take from there

Abnormal PE/Chem/CBC/UA Results: Lymphopenia

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of 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 post-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the thorax (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

The trachea and main bronchi are within normal limits.

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

Few subpleural mineralized hyperattenuating foci are noted. The remaining pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

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

The thoracic esophagus is unremarkable.

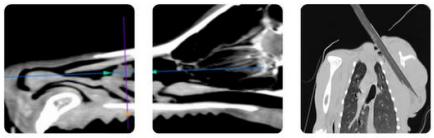
ABDOMEN

The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder, cystic duct and common bile duct are within normal limits.

The spleen is homogenously soft tissue attenuating, and uniformly contrast enhancing, with normal size and shape.

The stomach is mildly distended, containing homogeneous hypoattenuating fluid material and gas. Also, a pinpoint metallic foreign body is noted, likely incidental. No evidence of mural wall mass effect.

The duodenum and small intestine are nondilated and contain a small amount of fluid attenuating material and gas. Normal wall thickness.



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The cecum and colon contain mixed material with heterogeneously soft tissue attenuating fecal material. No evidence of abnormal fecal accumulation. No evidence of abnormal mural thickness or mass effect.

The rectum contains a small amount of heterogeneous fecal content and gas. *The mild degree of distension limits complete mural evaluation.*

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

The serosal fat demonstrates normal attenuation.

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

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

The uterus and ovaries are not applicable.

L7–S1: Mild, incomplete bridging spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Few subpleural mineralized foci, likely incidental pulmonary osteomas. Otherwise, normal thorax. No CT evidence of thoracic metastatic disease.
- Mild gastric distension with incidental pinpoint metallic foreign body.
- No CT evidence of abdominal metastatic disease or mass effect.
- Mild L7–S1 spondylosis deformans (incidental finding).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal CT demonstrates few incidental findings, pulmonary osteomas. No primary mass lesion or metastatic disease is identified within the thorax or abdomen on this examination.

No rectal mural mass or important focal thickening identified; however, mild rectal under distension limits full mural assessment.

Continued clinical monitoring for progression of rectal disease. Repeat thoracic imaging in 2–3 months if clinically indicated (given sarcoma metastatic potential).

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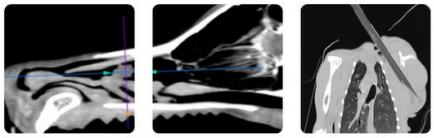

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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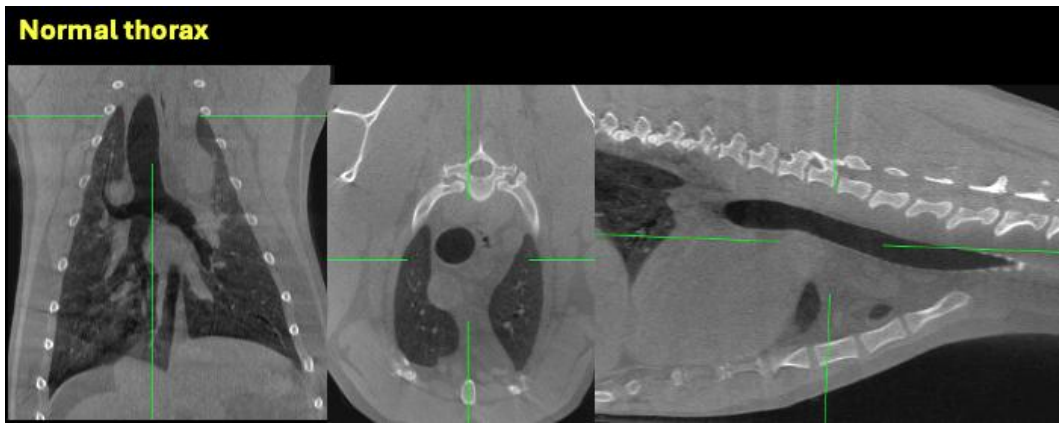

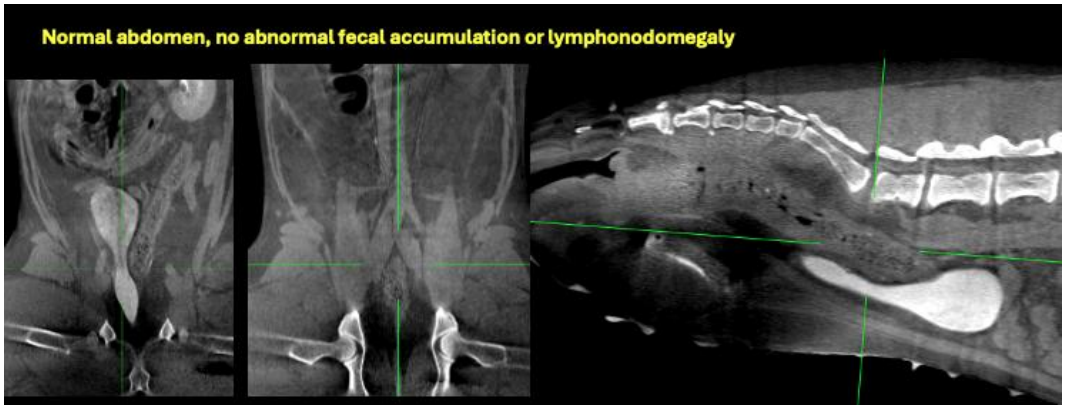

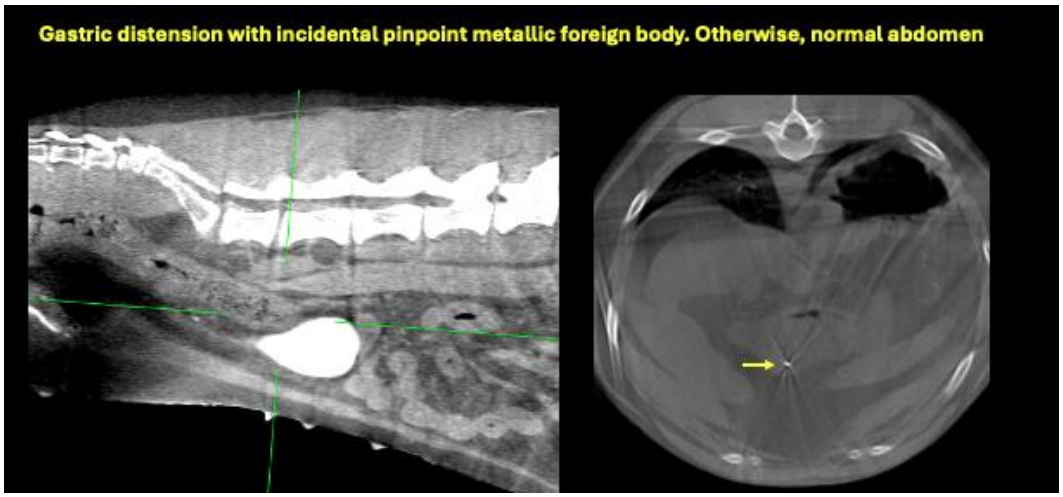

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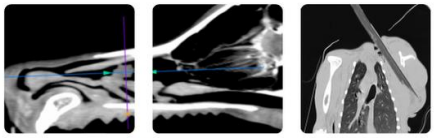

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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