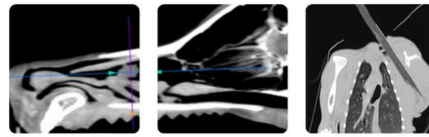


PATIENT

Yogi Richardson

SPECIES

Canine

BREED

Cross Breed

SEX

Male

AGE

7Y

WEIGHT

16kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Viktoria Gounari

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Viktoria Gounari

INVOICE

74135

DATE

3-11-26

PRESENTING CLINICAL SIGNS

History of rectal polyps. CT was recommended to check if there are more polyps proximal the pelvic bone

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

The descending colon contains a moderate amount of heterogeneous fecal material admixed with gas, resulting in moderate distention. In this segment, the colonic wall is adequately visualized (measuring 2.0 mm) and there is no evidence of significant mural thickening or polypoid lesions. The colonic position and anatomical distribution are preserved.
The transverse and ascending colon are poorly distended and contain mild heterogeneous fecal material, limiting detailed evaluation of the colonic wall in these segments.

The rectum demonstrates minimal intraluminal distention and lacks sufficient intraluminal gas to allow optimal evaluation of the rectal wall.

No evidence of a large mass effect is identified in the region of the anal sacs.

The ileocolic junction and the gas-filled cecum are unremarkable.

The stomach is empty and normally positioned, with no evidence of mural thickening or mass effect.

The small intestines are normally distended and distributed, with no evidence of abnormal mural thickening.

The serosal fat demonstrates normal attenuation.

The abdominal and pelvic (sacral) lymph nodes are unremarkable.

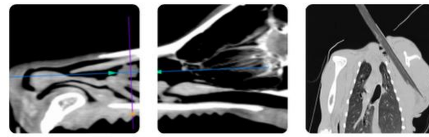
The pancreas and adrenal glands are within normal limits.

The liver is homogeneous in attenuation and demonstrates uniform contrast enhancement, with normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.

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

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

A small pedunculated isoattenuating nodule is identified along the mesenteric border of the spleen, measuring approximately 0.7 × 0.9 cm. The remaining splenic parenchyma is homogeneous and demonstrates uniform contrast enhancement with normal size and contour.



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The prostate is within normal limits.

The visualized musculoskeletal structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No computed tomographic evidence of polypoid lesions or mass effect is identified within the evaluated portions of the descending colon.
- Limited evaluation of the rectal wall and portions of the colon due to insufficient intraluminal gas and the presence of fecal material.
- Small pedunculated splenic nodule (0.7 × 0.9 cm). Differential diagnoses include nodular hyperplasia, accessory splenic tissue, benign nodule or less likely early splenic neoplasia.
- The remaining abdominal structures are within normal limits.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Computed tomography did not identify additional colonic polypoid lesions within the adequately distended and possible evaluated segments of the colon. However, evaluation of the rectal wall and portions of the ascendent and transverse colon is partially limited due to minimal rectal gas distension and the presence of heterogeneous fecal material. These factors may reduce the sensitivity of CT for detecting small mucosal or intraluminal lesions.

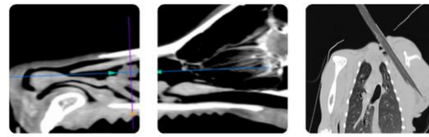
If clinical suspicion for additional colonic polyps persists, repeat imaging with improved bowel preparation and rectal insufflation (double-contrast barium enema), may provide improved wall assessment.

An incidental small pedunculated splenic nodule is identified. Abdominal ultrasonography imaging follow-up may be considered if clinically indicated.

TECHNICAL COMMENTS

Portions of the cranial abdomen, including small regions of the liver, duodenum, and right abdominal wall, were not completely included in the scan collimation, which slightly limits evaluation of these areas. In addition, suboptimal rectal and colonic distension and the presence of heterogeneous fecal material limit detailed assessment of the colorectal wall and may reduce sensitivity for detection of small mucosal or polypoid lesions.

CT image showing the descending colon moderately distended by fecal material and gas. The at this portion, colonic wall is regular with no evidence of mural thickening or intraluminal polypoid lesion.



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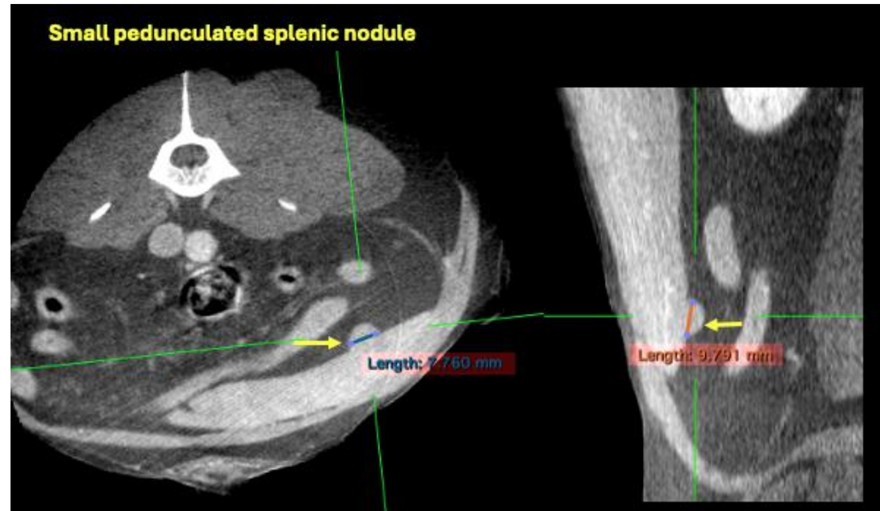

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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