

## PATIENT

Zucco Senande

## SPECIES

Canine

## BREED

Labrador Retriever Mix

## SEX

Neutered Male

## AGE

8 Years 7 Months 10  
Days

## WEIGHT

78 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Joseph D'Abbraccio,  
DVM

## HOSPITAL NAME

Catskill VS, PLLC

## REFERRING VET

Joseph D'Abbraccio,  
DVM

## INVOICE

36459

DATE  
3/31/26  
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## PRESENTING CLINICAL SIGNS

Owner reports Zucco is eating very well. Owner did not observe drinking this morning. Owner gave 1/3 teaspoon pumpkin mixed with medications this morning. Owner states urination is normal. Owner reports constipation has improved in the last couple days; stools are softer. Owner reports vomiting last Wednesday or Thursday, undigested food. Current medications: lactulose (morning and night), gabapentin (given this morning), carprofen (last dose given last night), Calmex, trazodone (2 pills given at 8:00 am this morning), cisapride (not given this morning).

Onset of Symptoms: Vomiting occurred last Wednesday or Thursday; constipation improved in the last couple days.

Progression of Symptoms: Constipation has improved over the last couple of days; vomiting occurred last Wednesday or Thursday but has not recurred.

Abnormal PE/Chem/CBC/UA Results: PE: WNL; CBC: Hemoglobin 20.6; Chem: Amylase 345

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 5 series. Two pre-contrast series of the thorax (bone algorithm), two pre-contrast series of the thorax and abdomen (bone algorithm), and one post-contrast series of the abdomen (soft tissue algorithm).

## COMPUTED TOMOGRAPHIC FINDINGS

### ABDOMEN

There is segmental abnormal dilatation of the rectum, which projects toward the right perineal region, forming a saccular diverticulum-like outpouching. The rectal lumen is severely distended by heterogeneous moderate-attenuating fecal material and gas. At the level of the fold/transition of this abnormal saccular region, there is a focal area of mural thickening, measuring approximately 1.3 cm in thickness.

The colon and cecum are moderately distended by mixed heterogeneous fecal/fluid material and gas, without evidence of significant fecal retention at this portion, or mural abnormality.

The prostate gland is mildly enlarged for a neutered patient, with regular margins, mildly heterogeneous attenuation, and few small intraparenchymal mineral foci. The prostate is measuring approximately 2.7 × 2.3 × 2.0 cm.

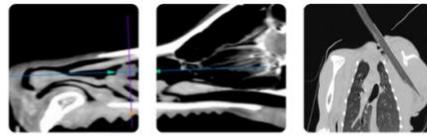
The sacral and colonic para-aortic lymph nodes are mildly enlarged. The medial iliac lymph nodes and remaining abdominal lymph nodes are within normal limits.

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

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

There is a small triangular hypoattenuating cortical focus at the cranial pole of the right kidney. The right kidney is otherwise normal in size and contour. The left kidney is within normal limits. The renal pelvis and ureters are unremarkable.

The spleen is within normal limits.



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The stomach is mildly distended with fluid and gas. Position and wall thickness are within normal limits.

The small intestine and duodenum are nondilated, containing small amounts of fluid and gas, with no evidence of abnormal mural thickening.

The pancreas and adrenal glands are within normal limits.

A small focal area of fat necrosis is noted in the right caudal abdomen, consistent with an incidental focal steatitis / fat's body lesion.

## THORAX

The trachea and main bronchi are within normal limits.

The stern al, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

There are a few small subpleural hyperattenuating pulmonary foci. Mild gravity-dependent ground-glass opacity is present in the dependent caudal lung regions, consistent with mild passive atelectatic change. The remaining pulmonary parenchyma is unremarkable, with no evidence of pulmonary nodules, masses, or metastatic disease.

The bronchial tree demonstrates normal branching and tapering. Bronchial walls are within normal limits.

The cardiac silhouette and pulmonary vasculature are within normal limits.

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

The thoracic esophagus is within normal limits.

There is mild incomplete bridging spondylosis deformans at T5-T6.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

Marked segmental rectal dilatation with right-sided perineal saccular outpouching/diverticulum formation, severely distended by fecal material and gas. Differential diagnoses include rectal diverticulum / rectal sacculation, chronic rectal wall remodeling secondary to tenesmus or perineal hernia-related change.

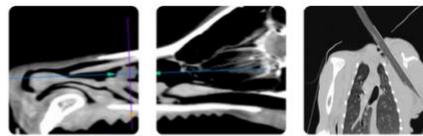
Focal mural inflammation, less likely an infiltrative/neoplastic lesion, at the site of focal thickening near the fold/transition associated with the abnormal distention.

Mild prostatomegaly for a neutered male dog, with mild heterogeneity and intraparenchymal mineralization. Differential diagnoses include prostatic neoplasia especially due to the presence of mineralization foci in a neutered male dog.

Mild enlargement of the sacral and colonic para-aortic lymph nodes, likely reactive lymphadenopathy, or early phase metastatic involvement.

Small triangular hypoattenuating cortical focus in the cranial pole of the right kidney, small cortical infarct or focal chronic cortical scar.

Mild dependent pulmonary atelectatic change and a few pulmonary osteomas, likely incidental.



**PATIENT**

Mild T5–T6 spondylosis deformans.

Zucco Senande

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

The tomographic findings show segmental rectal dilatation with a right-sided saccular diverticulum-like outpouching, resulting in marked fecal retention, with an associated focal area of mural thickening at the transition/fold of the abnormal rectal segment. These findings are most consistent with a chronic obstructive defecatory disorder, such as rectal sacculation/diverticulum, and may contribute to the patient's history of constipation. Also consider a perineal hernia. The focal mural thickening may represent chronic inflammatory or reactive change, although a focal infiltrative lesion cannot be entirely excluded based on CT alone.

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**SEX**

Additional findings include mild enlargement of the sacral and colonic para-aortic lymph nodes, likely reactive.

Neutered Male

**AGE**

The prostate gland is mildly enlarged for a neutered male dog and demonstrates mild heterogeneity with multifocal intraparenchymal mineralization. In this clinical context, prostatic neoplasia should be considered an important differential diagnosis, although chronic prostatitis or chronic benign remodeling cannot be completely excluded.

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Ultrasound-guided fine-needle aspiration and/or cytologic sampling of the prostate is recommended for further characterization, if clinically feasible. However, this procedure should be performed with caution, as there is a potential, and, in rare cases, needle-tract seeding in the setting of neoplasia.

**INTERPRETED BY**

Clinical correlation with digital rectal examination and focused perineal assessment is recommended, particularly to evaluate for pelvic diaphragm weakness, perineal hernia, or chronic rectal diverticular change. Also, consider a possibility of colonoscopy.

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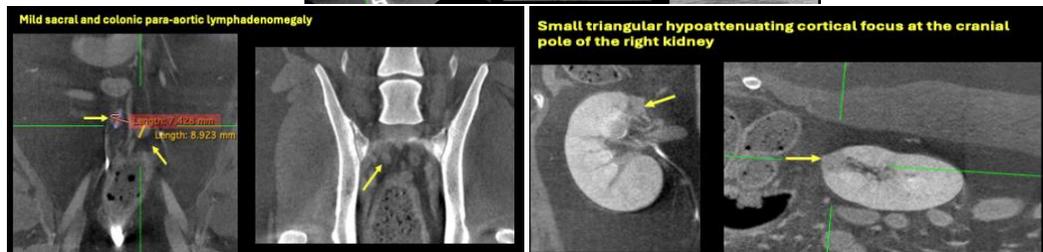
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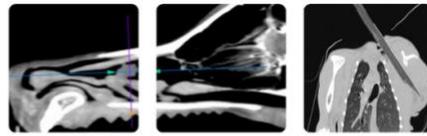
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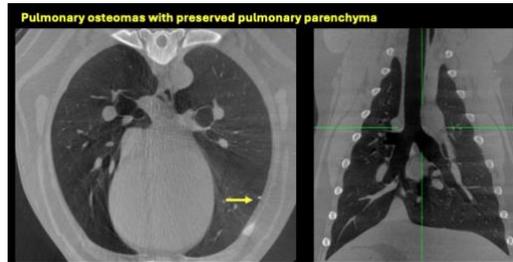
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)