



PATIENT

Ava Chang

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

10Y

WEIGHT

50lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle Jouas, CVT

HOSPITAL NAME

Scottsdale Veterinary
Clinic

REFERRING VET

Dr. Ferguson

INVOICE

74719

DATE

4-21-26

PRESENTING CLINICAL SIGNS

Concern for mass near bladder seen on AFAST. Necrotic, bleeding mass palpated in vulva during scan today. Histopath pending.

Abnormal PE/Chem/CBC/UA Results: Normal pre op bloodwork today.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen is provided for review totaling 3 series. Two pre-contrast series of the abdomen (soft tissue algorithm). One post-contrast series of the abdomen (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

A rounded soft tissue mass is identified within the clitoral fossa, extending into the vaginal vestibule. The lesion presents partially defined margins and heterogeneous attenuation with interspersed hypoattenuating areas. It measures approximately 2.4 × 3.3 × 3.0 cm.

A second mass with similar attenuation characteristics and contour definition is observed within the rectovaginal pouch, extending caudally into the peritoneal cavity between the rectum and uterine body. This lesion is contiguous with the right pararectal region. Additionally, a smaller polypoid soft tissue structure is noted adjacent to the left wall. The main lesion measures approximately 4.1 × 3.2 × 3.4 cm. It exerts mild extrinsic compression on the rectum. There is poor delineation between the rectal wall and adjacent urethral structures.

The urinary bladder is poorly distended, containing a small amount of hypoattenuating fluid admixed with contrast medium. Due to under distension, wall assessment is limited.

Both kidneys are normal in size, shape, and attenuation. The renal pelvis and ureters are unremarkable.

The sacral lymph nodes are within normal limits. The medial iliac lymph nodes are mildly enlarged, more pronounced on the right side. The remaining abdominal lymph nodes are unremarkable.

The descending colon is gas-filled without wall abnormalities. The remaining gastrointestinal tract demonstrates normal wall thickness and expected distribution, with mild gas and fluid distension.

The liver, gallbladder, common bile duct, pancreas, spleen, and adrenal glands are within normal limits.

A mild ventral spondylosis deformans is present at L1–L2.

Bilateral coxofemoral joint subluxation is noted, associated with periarticular ossifications involving the acetabula and femoral heads.

The abdominal serosal surfaces are unremarkable, except in the caudal genitourinary/vesicular pouch region, where the described mass is located.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Clitoral/vestibular soft tissue mass, with heterogeneous attenuation and partially defined margins. Primary differential diagnosis malignant neoplasm like clitoral carcinoma (apocrine gland origin), or vulvar/vaginal carcinoma (e.g., squamous cell carcinoma, adenocarcinoma); less likely soft tissue sarcoma.



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- Second mass in the rectovaginal/pararectal region, extending into the caudal peritoneal cavity and causing mild rectal compression, with similar imaging characteristics to the primary lesion. Most consistent with locoregional metastasis and/or early carcinomatosis.
- Mild enlargement of medial iliac lymph nodes (right > left), early metastatic involvement versus reactive lymphadenitis
- Limited evaluation of the urinary bladder due to under distension.
- Bilateral coxofemoral subluxation with secondary osteoarthritis.
- Mild L1-L2 spondylitis deformans.

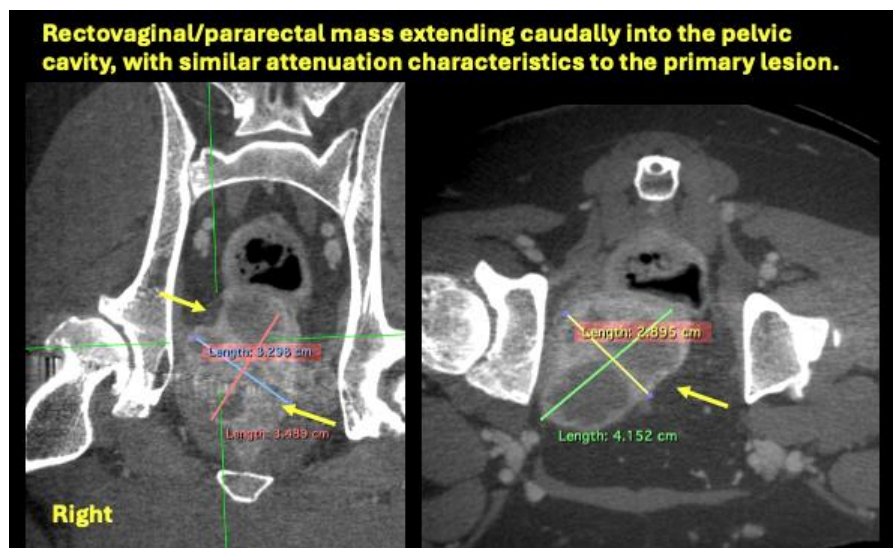
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal two soft tissue masses consistent with a primary lesion and secondary dissemination. The clitoral/vestibular mass demonstrates heterogeneous attenuation with areas of necrosis and is highly suggestive of a malignant epithelial neoplasm, with clitoral carcinoma considered the primary differential. Additional differentials include vulvar or vaginal carcinoma, such as squamous cell carcinoma or adenocarcinoma, while a soft tissue sarcoma is considered less likely.

The second mass in the rectovaginal/pararectal region, extending into the caudal peritoneal cavity and causing mild rectal compression, is most consistent with locoregional metastasis or early carcinomatosis, supported by similar imaging characteristics and anatomical continuity with the primary lesion.

Mild medial iliac lymph node enlargement (right > left) is noted, representing possible metastatic involvement versus reactive lymphadenitis.

Cytological/histopathological analysis is currently pending and is expected to provide definitive characterization. Correlation with these results is recommended, along with staging, including lymph node assessment and thoracic imaging.





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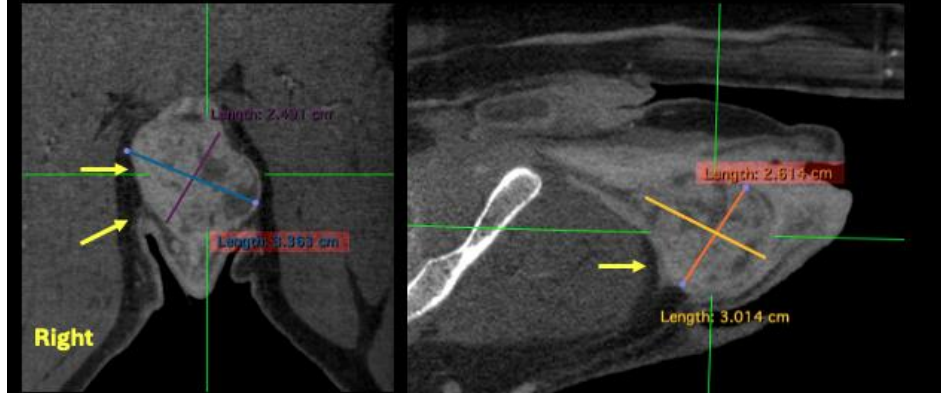
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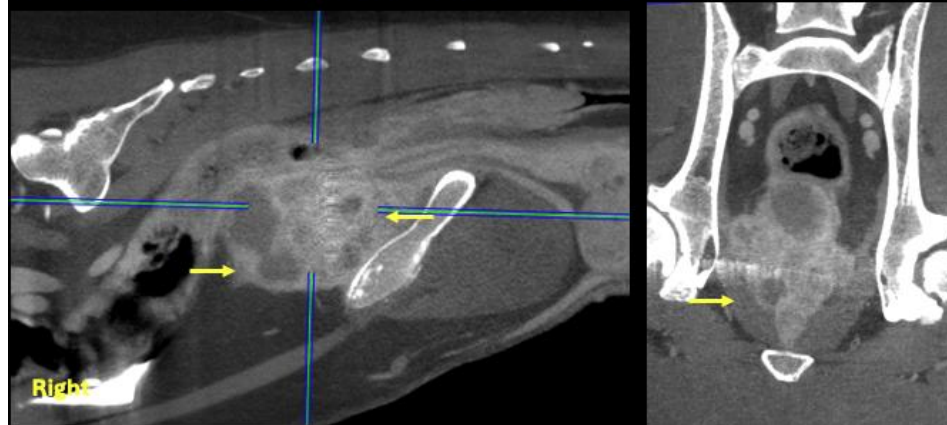
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Clitoral fossa mass extending into the vaginal vestibule, with heterogeneous attenuation and focal hypoattenuating (necrotic) areas.



Rectovaginal/pararectal mass extending caudally into the pelvic cavity, with similar attenuation characteristics to the primary lesion.



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.

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