



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bella Montoya	Anal sacs expressed apparently normally 2 weeks ago by groomer. Owner noted on Sunday 11/30/25 patient's rectum appeared to be protruding. Patient appears unbothered. No scooting behavior or abnormal defecations is noted.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Large firm mass palpated near the left anal sac ~golf ball sized. Smaller, visible cutaneous mass noted externally. Fine needle aspirate samples obtained. Cutaneous sample yielded more hemorrhagic material, while the rectal mass yielded cloudy/viscous material. FNA interpretation pending. Goals include likelihood of lymph node involvement/metastasis prior to surgery and/or oncology consult.
Canine	
<b>BREED</b>	
Labrador Retriever	
<b>SEX</b>	<b>COMPUTED TOMOGRAPHIC STUDY OF THE CAUDAL ABDOMEN &amp; PELVIC CAVITY</b>
Female Spayed	Plain and post contrast studies of the caudal abdomen and pelvic cavity are available for review.
<b>AGE</b>	<b>COMPUTED TOMOGRAPHIC FINDINGS</b>
12Y	A large, ill-defined, cavitated, soft tissue attenuating mass of the left anal sac is seen measuring approximately 5 x 6 cm. Heterogeneous contrast enhancement and regional mineralizations are noted within the mass. The right anal sac presents mild fluid content as well as mild soft tissue density along the wall which may represent early nodule or skin fold artifact. Clinical palpation recommended.
<b>WEIGHT</b>	The left sacral, left hypogastric, and left medial iliac lymph nodes are severely enlarged, rounded, and present heterogeneous contrast enhancement.
71lbs	The left sacral, left hypogastric, and left medial iliac lymph nodes are severely enlarged, rounded, and present heterogeneous contrast enhancement.
<b>INTERPRETED BY</b>	An intermuscular lipoma is noted in the left gluteal region.
Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI	The left adrenal gland presents mild symmetric enlargement of its cranial and caudal pole measuring 13mm respectively. The right adrenal gland presents within normal limits with the caudal pole measuring 5mm in diameter.
<b>IMAGING PERFORMED BY</b>	Multiple small faintly hyperenhancing nodules appear to be present in the spleen however spleen and liver are only partially included in the field of view.
JM/DC	The overall body habitus is consistent with elevated body condition score.
<b>HOSPITAL NAME</b>	<b>COMPUTED TOMOGRAPHIC DIAGNOSIS</b>
Petroglyph Animal Hospital	<ul style="list-style-type: none"><li>• Large left anal sac mass meeting neoplastic criteria: suspicious for anal sac carcinoma.</li><li>• Multiple left sacral, hypogastric, and medial iliac lymphadenopathy compatible with metastatic disease.</li><li>• Suspect right anal sac skin fold artifact vs small nodule.</li><li>• Mild symmetric left adrenal gland enlargement: possible hyperplasia or reactive.</li><li>• Right adrenal normal.</li><li>• Splenic nodules</li></ul>
<b>REFERRING VET</b>	
Madison Pegouske	
<b>INVOICE</b>	<b>INTERPRETATION OF FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
72832	The imaging findings are consistent with a left anal sac mass meeting neoplastic criteria. Anal sac adenocarcinoma is considered a primary differential diagnosis.
<b>DATE</b>	The lymph node changes are compatible with metastatic disease.
12-2-25	The right anal sac shows minor changes which are likely representing an artifact with overlying skin



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## BREED

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## SEX

Female Spayed

## AGE

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## WEIGHT

71lbs

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DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

JM/DC

## HOSPITAL NAME

Petroglyph Animal  
Hospital

## REFERRING VET

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## DATE

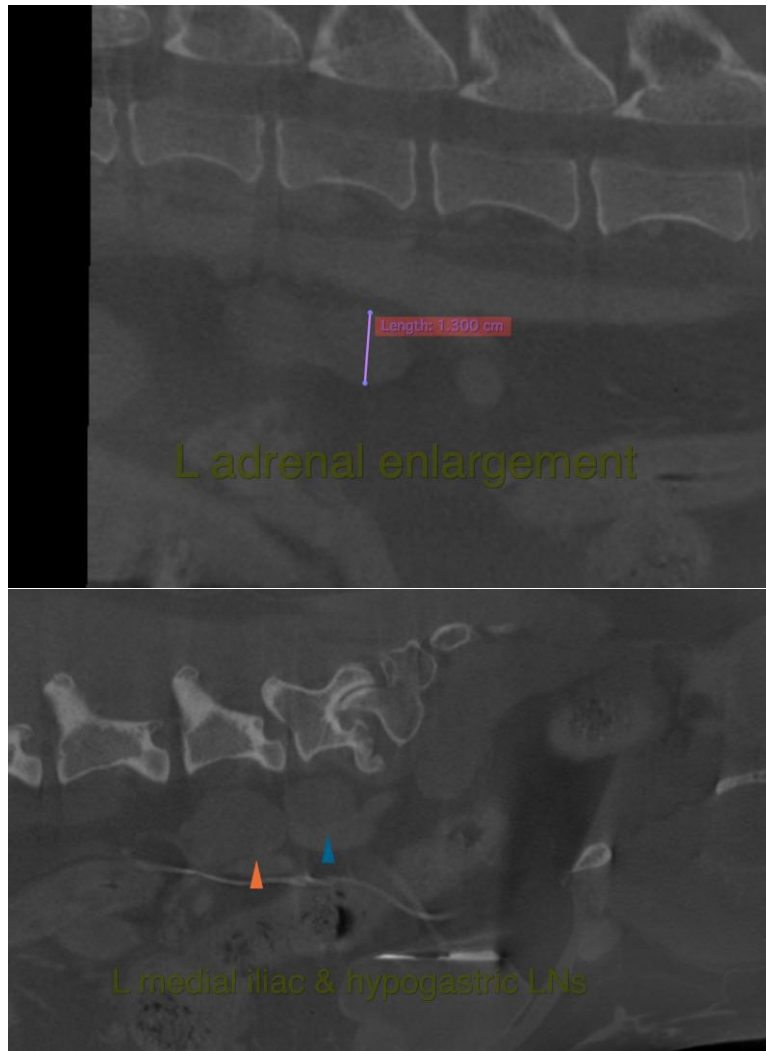
12-2-25

fold.

The left adrenal gland enlargement may represent reactive stress induced change or early hyperplasia. A definitive primary adrenal mass is not identified.

Correlation with the laboratory values is recommended. Surgical planning and oncology consultation for left anal sac mass and presumed metastasis removal is recommended if not performed already.

Palpation of right anal sac and potential FNA if clinically indicated is recommended as well.





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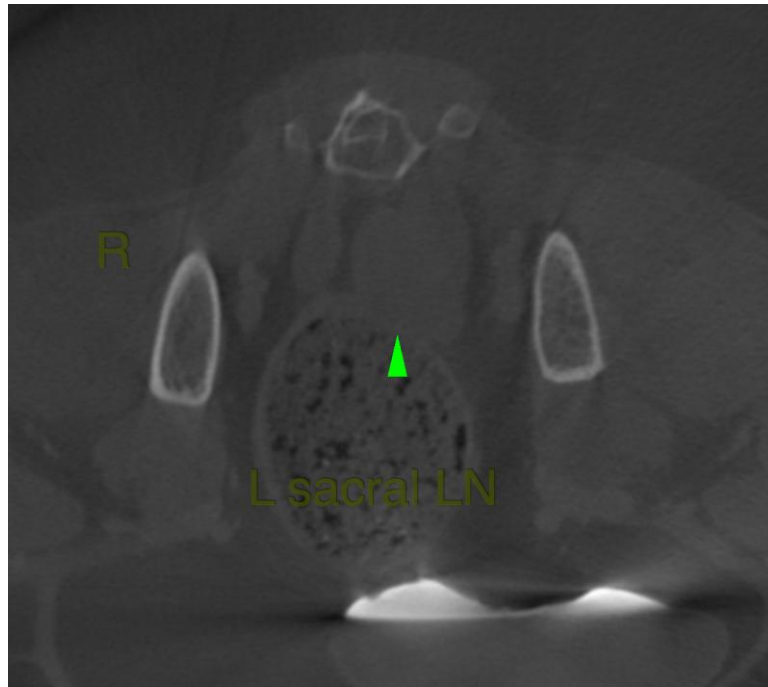
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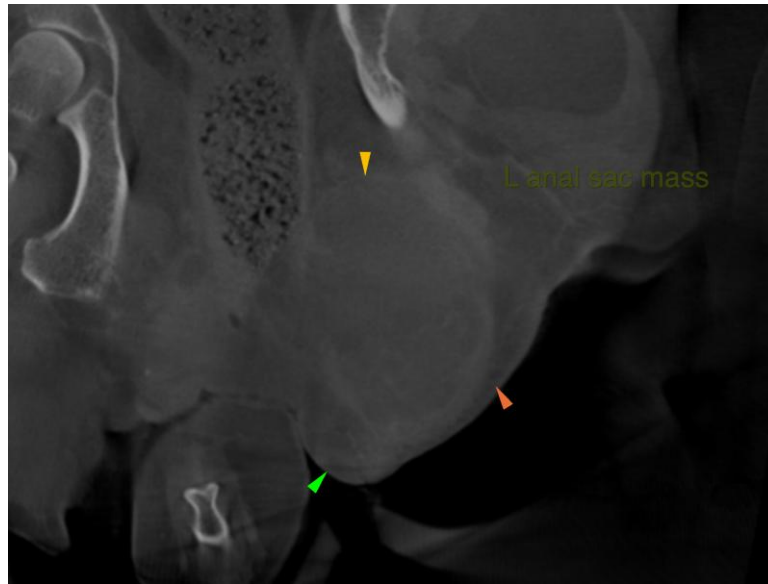
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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