


**PATIENT PRESENTING CLINICAL SIGNS**

Sidney Fields Pet presented for CT evaluation of liver mass and iliac lymph nodes. History of anal gland adenocarcinoma and cytology of iliac lymph node consistent with metastatic apocrine adenocarcinoma of the anal sac. Abdominal U/S revealed 3.7 cm x 2.6 cm mixed echoic mass in the left dorsal medial liver lobe and 0.5 cm mixed echoic nodule of the cranial pole of left adrenal.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN & PELVIS**

Plain and post-contrast studies available for review.

**BREED**

Golden Doodle

**COMPUTED TOMOGRAPHIC FINDINGS**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**SEX**

Neutered Male

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**AGE**

8 Years

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

**INTERPRETED BY**

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

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The right anal gland is not seen. The left anal gland presents within normal limits.

One of the lymph nodes in the hypogastrium is severely enlarged, measuring 47 mm in length and 53 mm in width. The lymph node is situated dorsal of the aortic trifurcation and minimally shifted towards the right of the mid line. The left medial iliac is seen and presents within normal limits. The right medial iliac and other hypogastric lymph nodes are not seen.

**HOSPITAL NAME**

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No evidence of aggressive bone lesions is identified.

An area of differential enhancement is seen in the dorsal aspect of the left medial liver lobe, close to the diaphragm. A discreet liver mass cannot be identified.

**REFERRING VET**

Dr. Borecky

The cranial pole of the left adrenal gland is expanded by a mildly hyperenhancing nodule. Overall pole diameter is 10 mm. The right adrenal gland presents within normal limits.

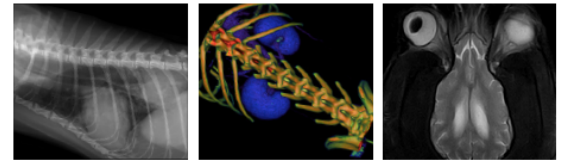
**COMPUTED TOMOGRAPHIC DIAGNOSIS**
**INVOICE**

35440

- History of anal gland carcinoma
- Sublumbar lymphadenomegaly meeting neoplastic criteria
- Left adrenal gland cranial pole nodule
- Regional differential perfusion within the left medial liver lobe

**DATE**

2/3/22


**PATIENT INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

Sidney Fields

The sublumbar lymphadenomegaly is compatible with the history of metastasizing anal gland carcinoma. The pattern of lymph node enlargement meets neoplastic criteria. The lymph node metastases appear to be confined to one lymph node at this time, which may either represent right medial iliac or one of the hypogastric lymph nodes. The lymph node is situated directly dorsal of the aortic trifurcation.

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Differential diagnoses for the left adrenal gland nodule include nodular hyperplasia, emerging adenoma, adenocarcinoma, pheochromocytoma, myelolipoma, or incidentaloma. Correlate with laboratory values.

**BREED**

Golden Doodle

A discreet liver mass cannot be identified. However, it has to be noted that ultrasound and CT demonstrate different parenchymal tissue properties with CT being an x-ray based technique that can demonstrate tissue attenuation, behavior of tissues, as well as perfusion, and ultrasound information being linked to tissue density and acoustic impedance.

**SEX**

Neutered Male

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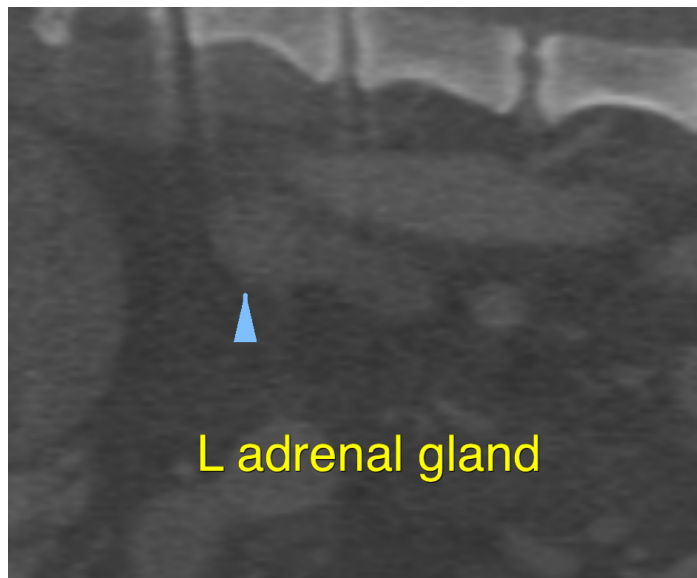
Dr. Borecky

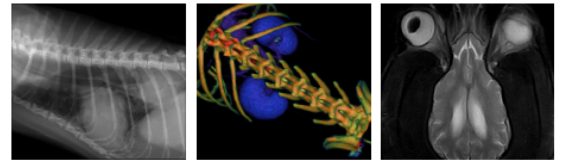
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**PATIENT**

Sidney Fields

**SPECIES**

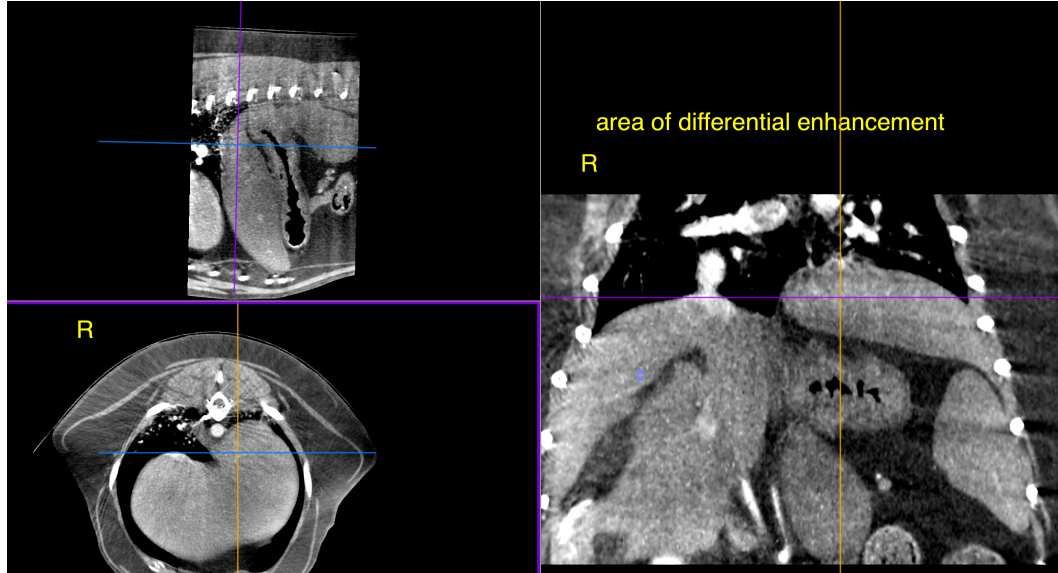
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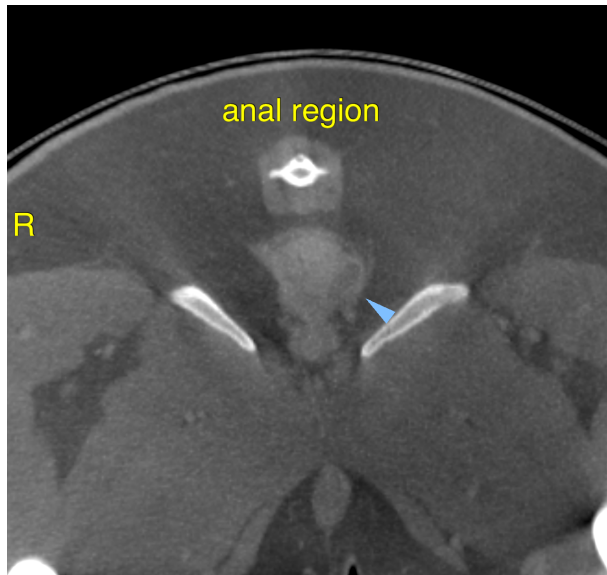
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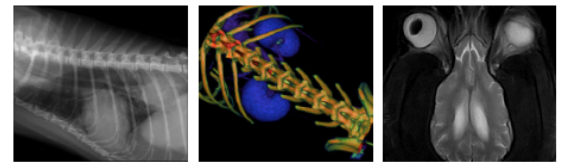
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**PATIENT**

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**SPECIES**

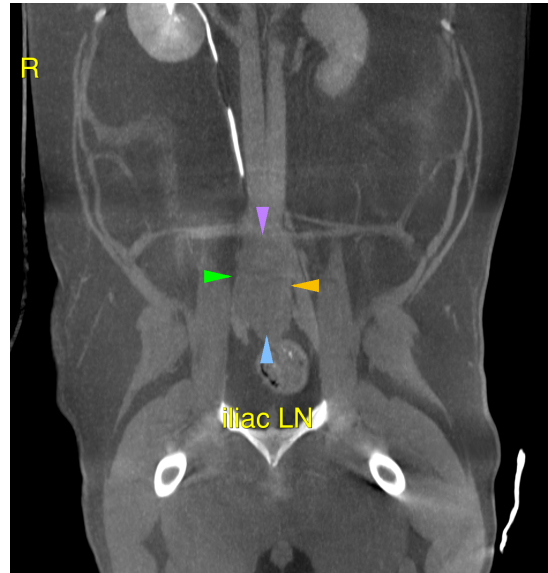
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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