



PATIENT

Dottie Meyer

SPECIES

Canine

BREED

Doodle

SEX

FS

AGE

8Y

WEIGHT

17.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Judith Elizalde

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

74812

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Rectal: firm large painful ulcerated right perianal/anal sac mass with mild mucosa expansion and bleeding approximately 5cm across

The clinical presentation, including the rapid growth, local discomfort, and ulceration, is more consistent with SCC than the more common anal sac adenocarcinoma.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior. No evidence of interstitial pulmonary nodules or masses is seen.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

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

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 adrenal glands are within normal limits for size, shape and organ architecture.

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

A 1.5 cm sized cystic lesion is seen along the ventral aspect of the left lateral liver lobe. Imaging features are consistent with hepatic cyst or benign cystic lesion. No associated enhancement or aggressive features are seen.

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

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



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An approximately 5.5 x 3.8 cm sized, ovoid, ill-defined, soft tissue attenuating mass is seen in the position of the right anal sac. The mass is markedly heterogeneous and infiltrative in appearance with loss of tissue planes and surrounding soft tissue involvement. Lesion margins are indistinct. Contrast enhancement is nonuniform and strong. The left anal sac is normal in appearance.

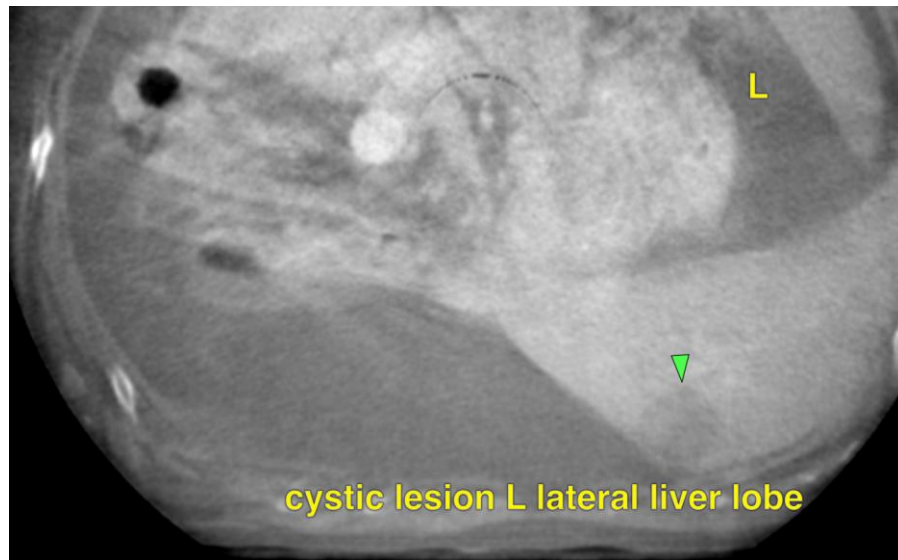
The right hypogastric lymph node is mildly enlarged measuring approximately 1.5 x 0.8 cm. Morphology is otherwise preserved. The remaining hypogastric, medial iliac, and sacral lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive right anal sac mass.
- Mild enlargement of right hypogastric lymph node.
- No evidence of thoracic metastatic disease.
- Incidental small hepatic cyst left lateral liver lobe.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are consistent with a locally aggressive malignant perianal tumor such as anal sac adenocarcinoma, squamous cell carcinoma, or other aggressive soft tissue mass. The degree of local infiltration supports advanced local disease. While thoracic staging is currently negative for metastasis, the regional lymph node enlargement of the right hypogastric lymph node is mild and compatible with reactive change, even though early metastatic disease cannot be ruled out entirely. Histopathology will be essential for definitive tumor classification and surgical planning. The surgical planning should account for poor local tissue plane definition and the right hypogastric lymphadenopathy.





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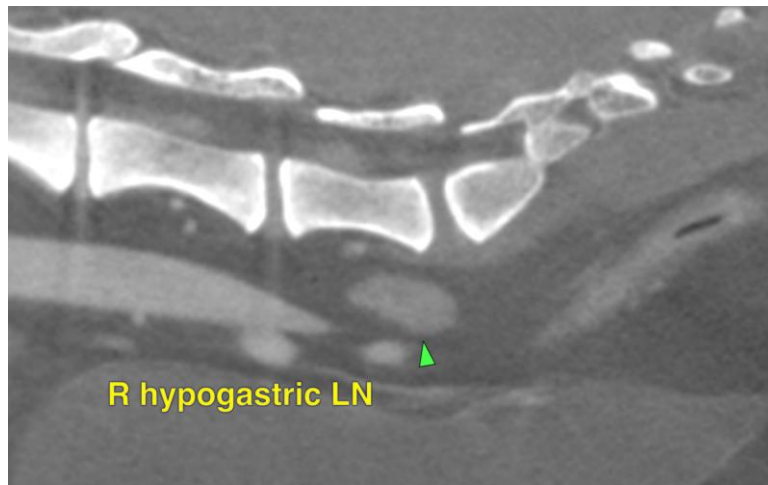
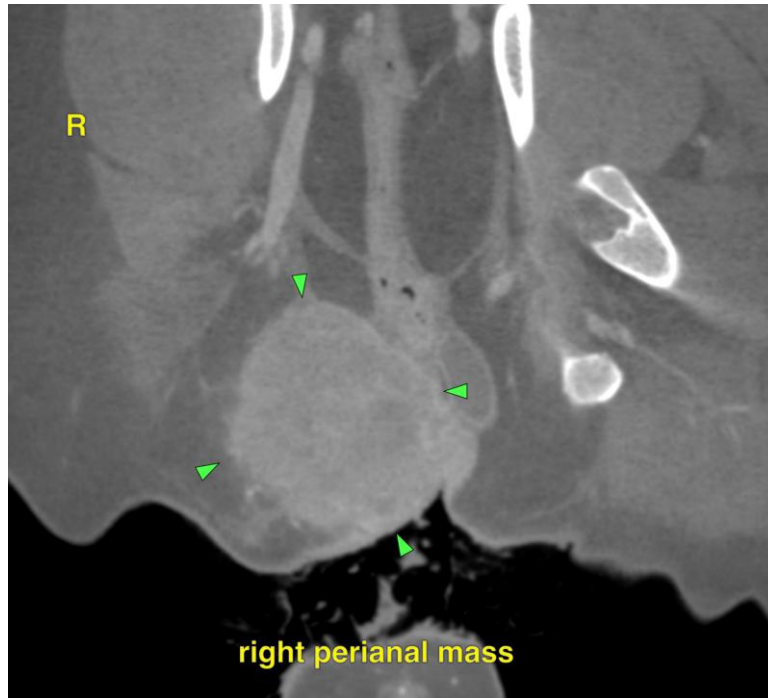
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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