



**PATIENT**

Fulton Redelman

**PRESENTING CLINICAL SIGNS**

Hypercalcemia Enlargement of sublumbar lymph node based on ultrasound. Mass in the left anal gland 1 month ago, O noticed increased urination and puddles in the house and increased thirst. When taken to Gold Coast, was told that they noticed something on X-rays and recommended FNA of sublumbar lymph node. Supportive of metastatic neoplasia (carcinoma) Rectal: 1x1 cm mass on originated from left anal gland was palpated  
Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: 7/3/23 WNL

**SPECIES**

Canine

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

**BREED**

Shepherd Mix

Post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

Male Neutered

**Abdomen**

Nodular soft tissue thickening of approximately 1.0 cm diameter with faint mineralization and nonuniform contrast enhancement is seen within the left anal sac. The right anal sac presents within normal limits.

**AGE**

7 Years, 1 Month

The sacral and medial iliac lymph nodes present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Severe single hypogastric lymphadenomegaly is seen with a mass effect onto the rectum. The lymph node is in a midline position level with the urinary bladder neck and pelvic inlet and measures approximately 7.5 cm in length and 4.0 cm in diameter. Nonuniform contrast enhancement is seen. There is no evidence of aggressive osteolytic changes of the overlying lumbar and sacral spine.

Occasional faintly hyperenhancing splenic nodules are seen.

**HOSPITAL NAME**

Animal Surgical  
Center

The patient's body condition score appears to be excessive.

The pancreas, liver, gallbladder, adrenal glands, and kidneys present within normal limits. (A plain scan of the kidneys is not available.)

Both coxofemoral joints reveal moderate signs of dysplasia and coxofemoral joint osteoarthritis.

**REFERRING VET**

West Hills Animal  
Hospital and  
Emergency Center

**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

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.

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

**DATE**

7-3-23

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.



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

**SPECIES**

Canine

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

**BREED**

Shepherd Mix

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect small mass within the left anal sac.
- Single severe hypogastric lymphadenomegaly meeting neoplastic criteria.
- Occasional splenic nodules.
- No evidence of pulmonary metastases.

**SEX**

Male Neutered

The CT findings suggest potential for presence of a small nodular mass within the left anal sac which appears to correlate with the clinical rectal palpation. Anal sac neoplasia such as carcinoma appears to be a primary differential diagnosis. Adenoma and anal sac inflammation cannot be ruled out entirely as a differential diagnosis. Clinical correlation is required.

**AGE**

7 Years, 1 Month

The severe hypogastric lymphadenomegaly meets neoplastic criteria with metastatic disease of the reported anal gland adenocarcinoma being a primary differential diagnosis. Other neoplastic infiltrate including lymphomatous cannot be ruled out entirely but is thought less likely. Consider fine needle aspiration for further definition.

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The medial iliac and sacral lymph nodes present no evidence of enlargement.

Differential diagnosis for the splenic nodules includes lymphoid hyperplasia and extramedullary hematopoiesis. Metastatic disease cannot be ruled out entirely but is less likely.

**HOSPITAL NAME**

Animal Surgical  
Center

**REFERRING VET**

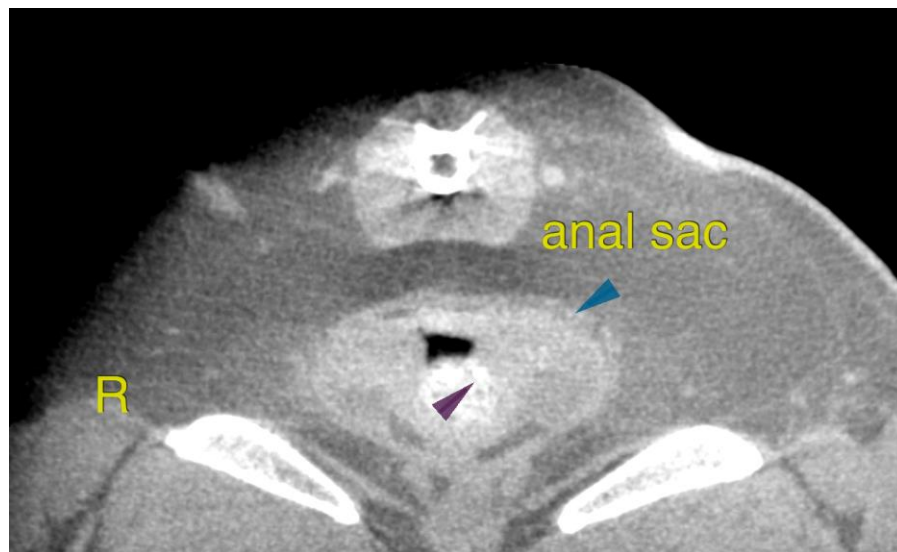
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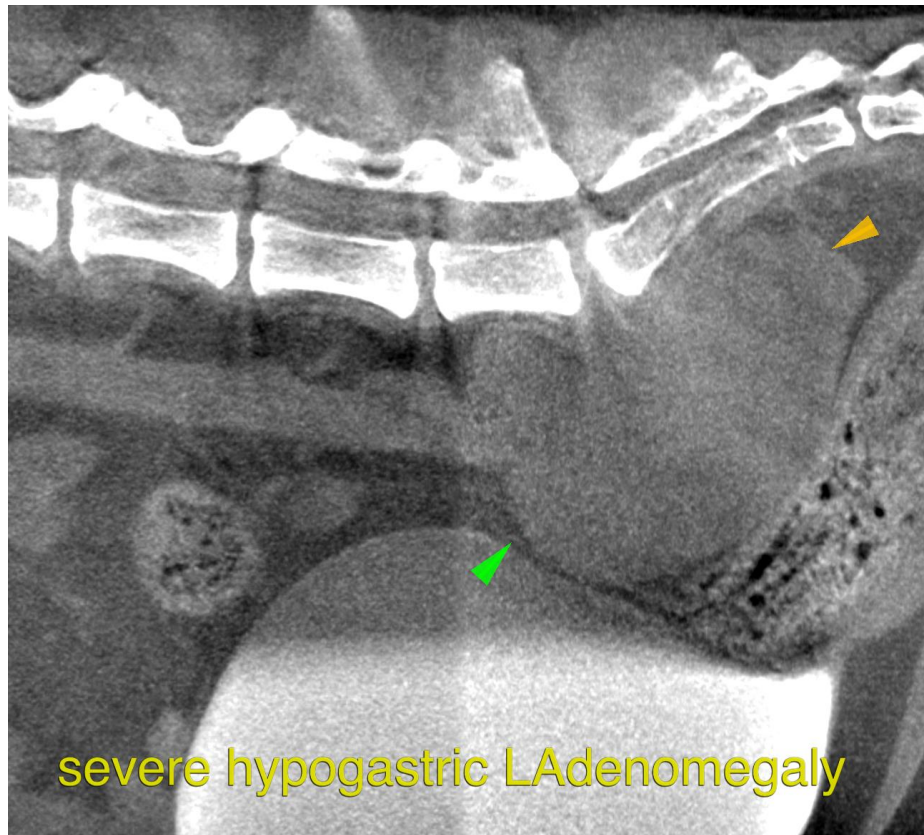
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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