



PATIENT

Ace Taylor

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

11

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Jeffrey Biskup

INVOICE

47518

DATE

9-23-21

PRESENTING CLINICAL SIGNS

Presented to RDVM for lethargy, inappetence and diarrhea. Abdominal and chest radiographs were performed, which revealed a ~8cm soft tissue opacity visible on R/L & VD abdominal views. He also has had a right anal sac gland mass and a left inguinal/stifle subcutaneous mass. Another mass on the anal gland that has been routinely observed. This mass was noted to be static, but has began to slowly grow CT performed of thorax and abdomen w/ post contrast scans

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

Moderate degenerative lumbosacral stenosis with moderate intervertebral disc protrusion is seen. There is early spondylosis at the lumbosacral junction and left lateralized spondylosis at L6/7 without concurrent disc hernia.

A 2.5 cm sized fatty and well delineated mass is present in the medial and proximal aspect of the left thigh.

A 1.0 cm sized heterogeneously enhancing ovoid mass is seen within the medial and dorsal aspect of the right anal gland. The remainder of the anal gland presents mild fluid distension. The left anal gland is filled with a mild amount of fluid and gas with a meniscus sign. Mild wall thickening with slightly increased enhancement appears to be present.

There is no evidence of sublumbar lymphadenomegaly.

A 6.5 cm sized cavitating and heterogeneously enhancing mass is seen expanding the splenic body. Small isoattenuating nodules protrude beyond the surface in the remainder of the spleen.

Multiple small cystic lesions are throughout the parenchyma of all liver lobes. There is no evidence of nodules or masses within the liver.

The gallbladder and common bile duct present within normal limits.

The pancreas and adrenal glands present within normal limits.

There is no evidence of abdominal lymphadenomegaly.

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.

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



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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.

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

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right anal gland mass meeting neoplastic criteria compatible with the history of anal gland carcinoma.
- No evidence of regional or distant metastatic disease.
- Splenic mass meeting neoplastic criteria.
- Multiple splenic nodules.
- Multiple cystic lesions of the liver.
- Lipoma in the left thigh.
- Degenerative lumbosacral stenosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the right anal gland are compatible with the history of anal gland carcinoma. At this point, there is no evidence of regional or distant metastatic disease based on the CT findings.

The splenic mass is suggestive for splenic neoplasia such as hemangioma, hemangiosarcoma, or other. Hematoma is thought less likely based on the CT findings but cannot be ruled out entirely. The remainder of the splenic nodules are compatible with benign nodular hyperplasia. Metastatic disease is thought unlikely.

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The cystic lesions of the liver may well be incidental. This would be a very atypical presentation for metastatic or other neoplastic disease which can largely be neglected here.

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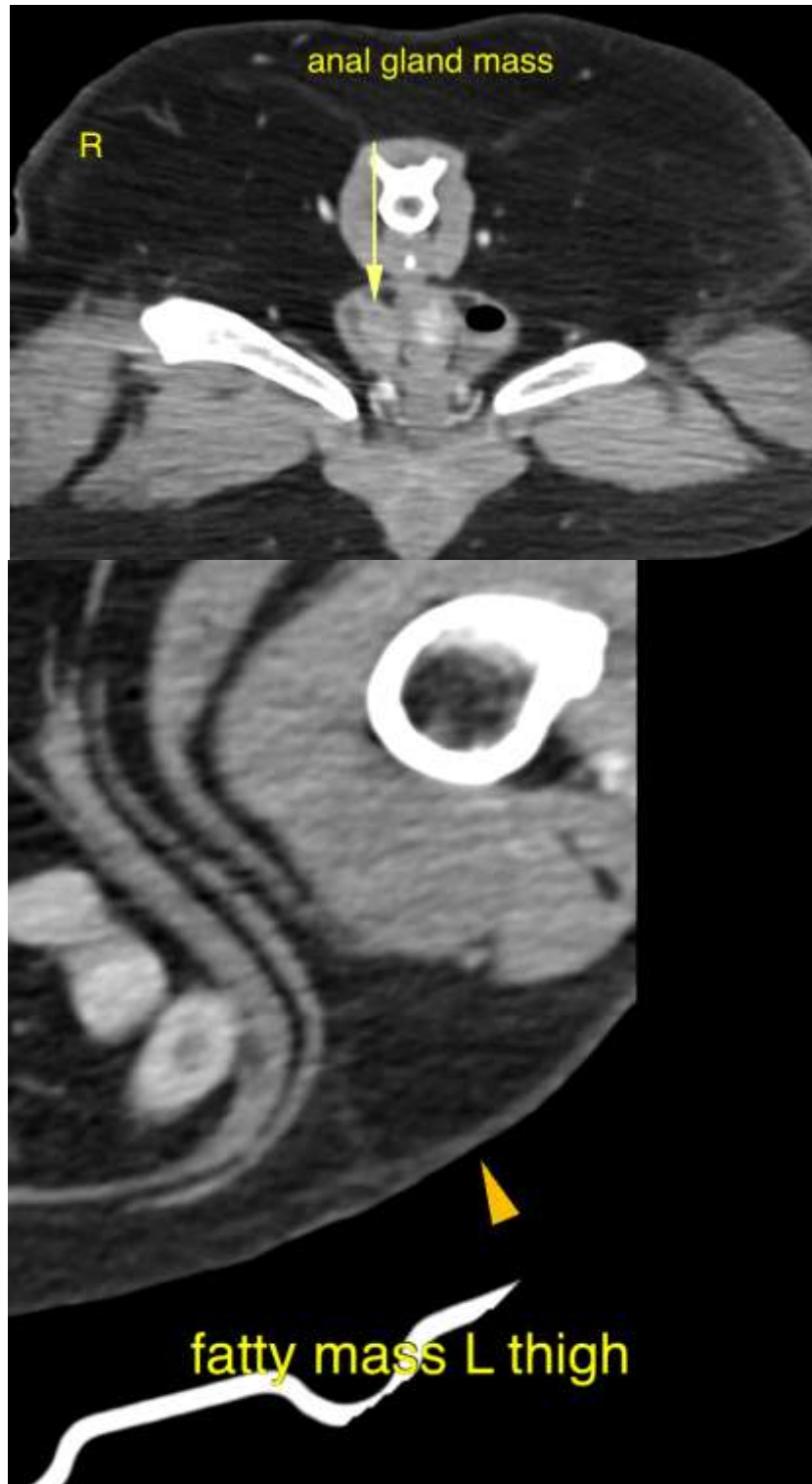
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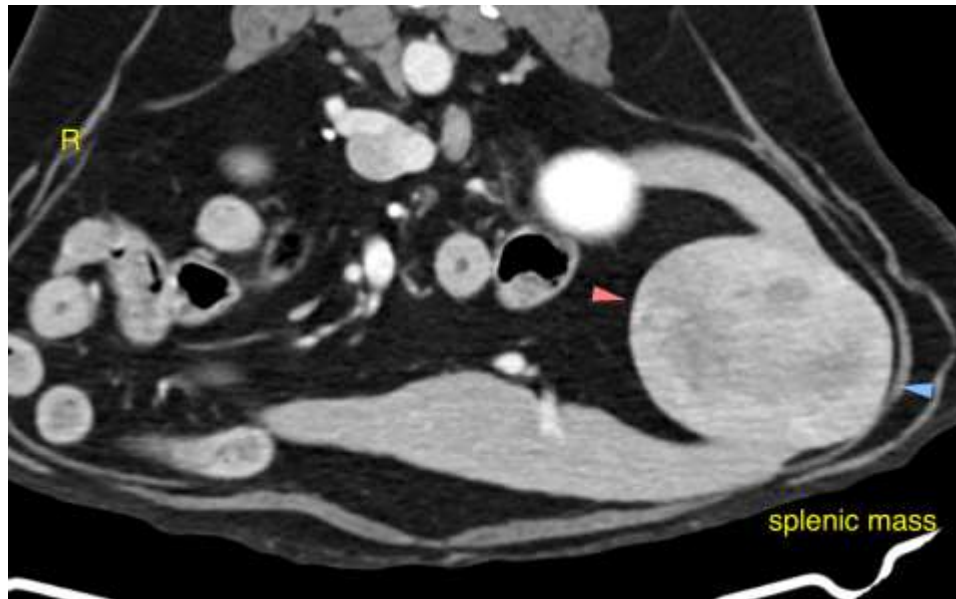
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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