



PATIENT PRESENTING CLINICAL SIGNS

Jax Zavitz Straining to defecate since mid-August. Seen by rDVM September 19, 2022. On rectal exam a ~6x5cm mass was noted associated with the left anal gland. In-house cytology at rDVM was suggestive of an anal gland adenocarcinoma. Cytology was not submitted. Pt feeling clinically well other than continuing to strain while defecating. CT today for staging and surgical planning. Abnormal PE/Chem/CBC/UA Results: Rectal exam: 5.5 x 4.6 cm left anal sac mass extending to the right side BCS: 9/9

SPECIES

Canine

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

MN

Thorax

The patient is obese.

AGE

9 Years

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.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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.

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

Abdomen

REFERRING VET

Jérôme Gagnon,
DVM, DACVIM
(Oncology)

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.

INVOICE

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

DATE

9-26-22



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

Jax Zavitz

An irregular shaped and ill-defined soft tissue attenuating mass with central cavitation of approximately 6.5 x 5.5 x 4 cm is seen expanding the left anal sac. Heterogeneous contrast enhancement can be noted on the post-contrast study. The right anal sac presents within normal limits.

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The sacral lymph nodes present within normal limits.

BREED

Two of the left hypogastric lymph nodes are minimally enlarged at 5mm and 7.5mm each.

Golden Retriever

The medial iliac lymph nodes and remainder of the lymph nodes in the abdomen present within normal limits.

SEX

MN

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left anal sac mass meeting neoplastic criteria.
- Minimal left hypogastric lymphadenomegaly.

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a large left anal sac mass meeting neoplastic criteria. The findings are compatible with the history of anal sac adenocarcinoma.

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The only enlarged lymph nodes are two of the left hypogastric lymph nodes which are seen directly medial to the cranial aspect of the left iliac body between the branching of the left external and internal iliac arteries. The degree of enlargement is mild. The pattern of enlargement is unspecific for either reactive hyperplasia or early metastatic disease. No other lymphadenomegaly was noted and there was no evidence of pulmonary metastases.

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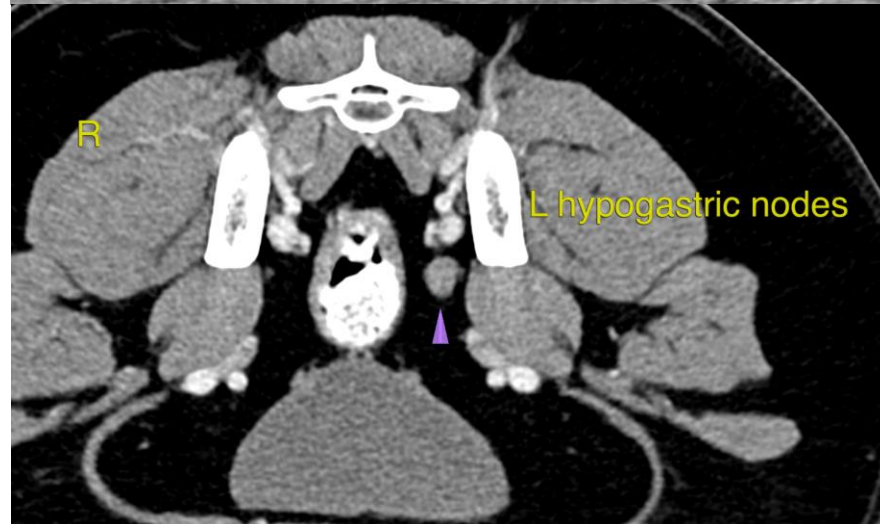
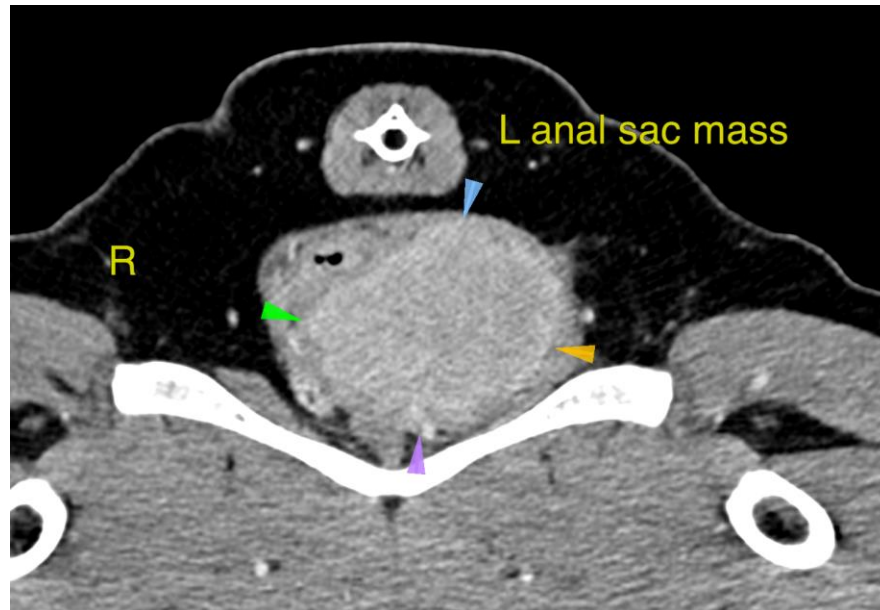
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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