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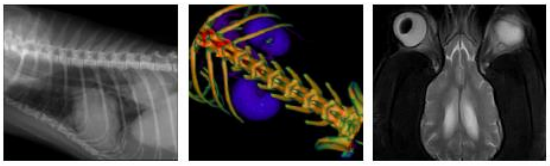


PATIENT

Lucy #31880A-CT Johnson

SPECIES

Canine

BREED

Staffordshire Terrier Mix

SEX

FS

AGE

5 Years

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

HOSPITAL NAME

Gentle Doctor Animal Hospitals

REFERRING VET

Pete Bashara, DVM

INVOICE

57218

DATE

3-14-23

PRESENTING CLINICAL SIGNS

Presented 2/2023 with urinary issues - chemistry with suspect hypercalcemia of malignancy - confirmed with ionized calcium values - recent cytology of anal gland mass noted support adenocarcinoma - chest and abdomen CT today for mets check
Abnormal PE/Chem/CBC/UA Results: Hypercalcemia - see attached labs

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Chest:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. There is no evidence of pleural thickening, fluid accumulation or free pleural gas. There are multiple nodule-like and well-defined pulmonary lesions throughout all lung parts with maximum diameters up to 6 mm recognized with and without pleural contact.

The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. The thoracic trachea and esophagus present as expected. The diaphragm appears normal.

The extra-thoracic soft tissues, thoracic spine as well as ribs and sternum are unremarkable. There is no evidence of bony lysis or abnormal sclerosis.

Abdomen:

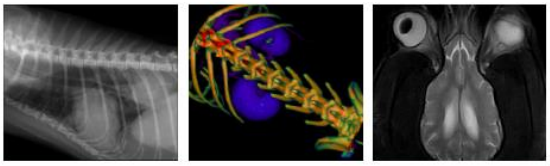
There is a small mass noted in the right perineal region adjacent and cranial to the right anal sac, slightly deviating the anal sphincter to the left. The lesion presents an amorphous shape, an irregular texture and good perfusion. Maximum diameters measure approximately 1,5 cm.

The sacral and left and right medial iliac lymph nodes are highly enlarged with a rounded to amorphous shape showing multiple cysts. Their length present diameters of > 4.5 cm. The adjacent bony structures are inconspicuous.

All other abdominal lymph nodes and abdominal vessels have no particular findings. Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.

The liver shows normal findings in terms of size, surface, shape and contrast behavior. The gallbladder is inconspicuous without evidence of cholestasis.

The spleen is moderately enlarged but shows normal findings in terms of surface, shape and contrast behavior.
A small wedge-shaped, hypodense, cortical lesion is recognized in the left kidney.



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All other abdominal organs appear regular.

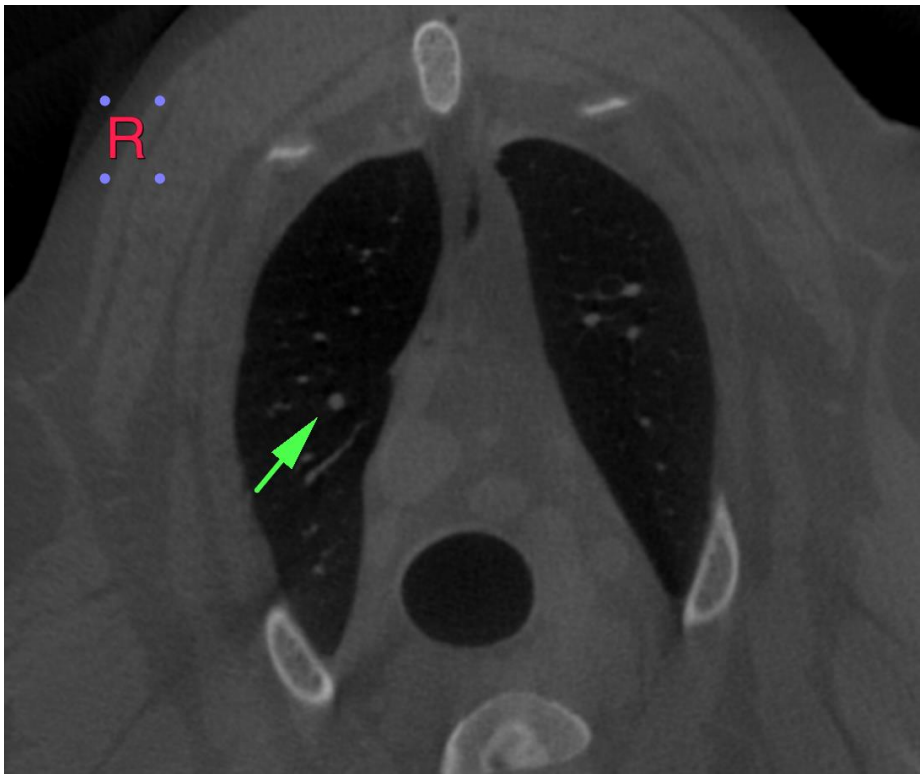
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected anal sac neoplasia on the right.
- Metastases of the regional lymph nodes (sacral and medial iliac)
- Multiple pulmonary nodules (nodular/structured interstitial lung pattern)
- Moderate splenomegaly (probably due to anesthesia)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings likely represent malignant neoplasia most probably originating from the right anal sac consistent with adenocarcinoma and regional as well as distant metastatic spread. I would rule out an inflammatory process. Differentials include other neoplasia (for example malignant lymphoma/rectal carcinoma).

The present hypercalcemia and the size of the lymph nodes of > 4.5 cm have a bad prognosis. Resection of the primary tumor and of the sacral and medial iliac lymph nodes with following radiation-/chemotherapy may prolong survival time. However, I assume curative surgery is not possible from a CT perspective. I interpret the multiple lung lesions as pulmonary metastases. Hepatic nodules are not recognized. This does not rule out hepatic infiltration.



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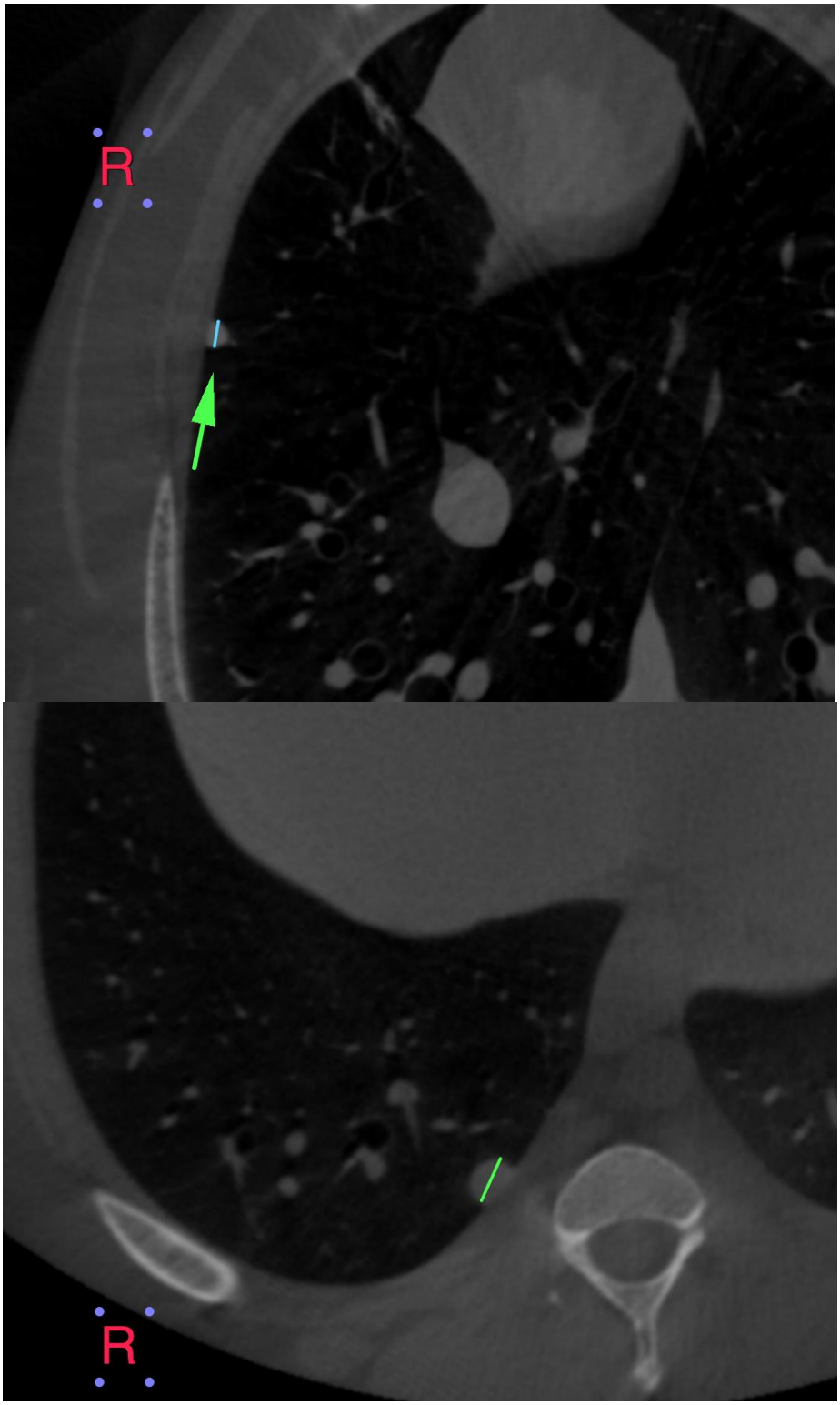

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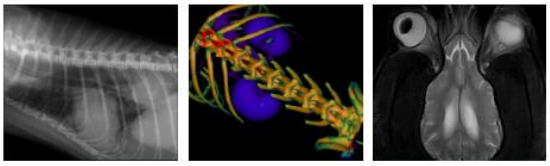

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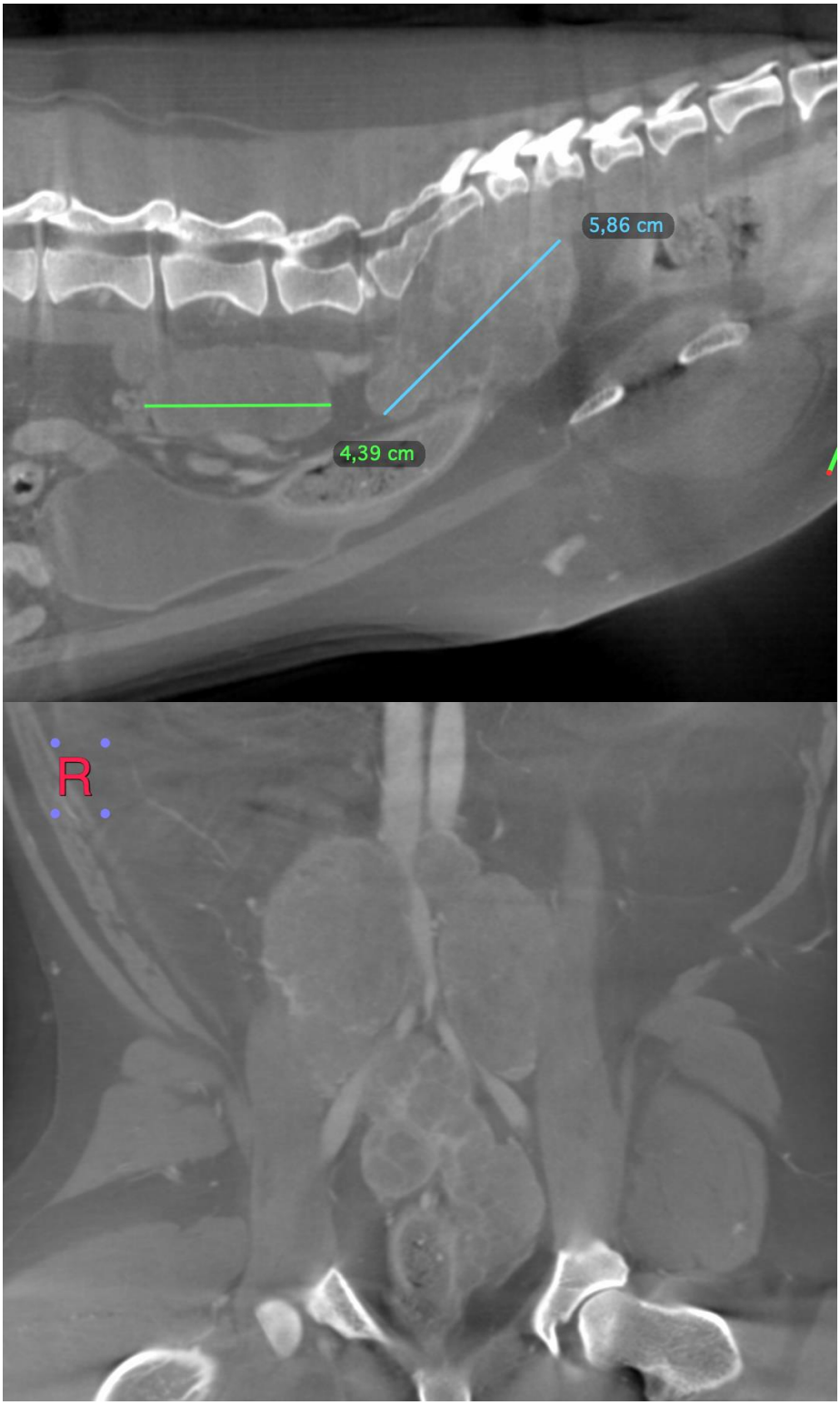

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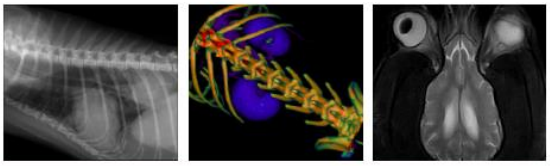

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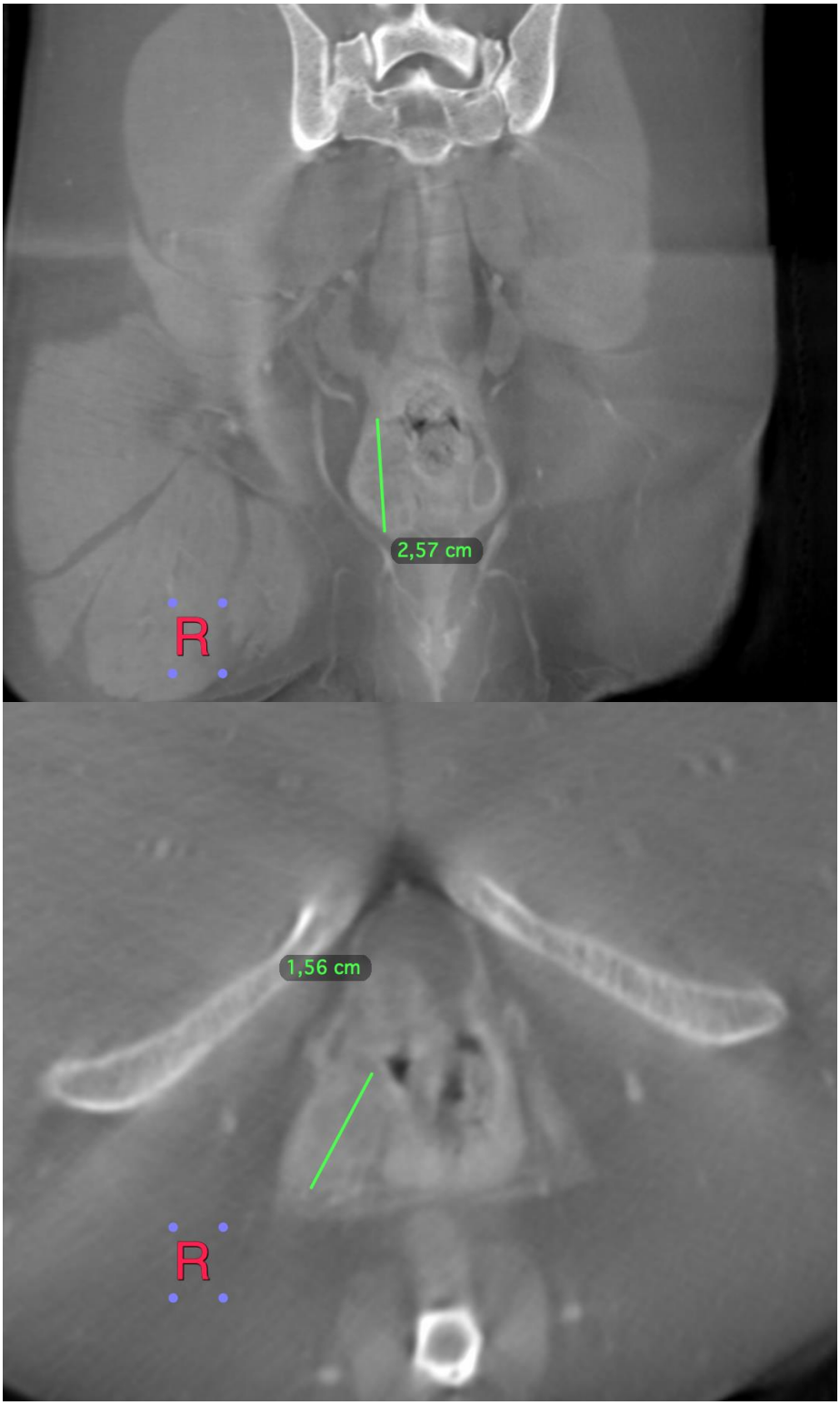

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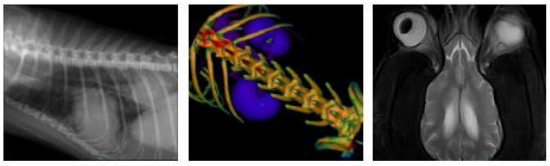

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
Sebastian.Jawinski@sonopath.com