



PATIENT PRESENTING CLINICAL SIGNS

Molly Dusatko R anal gland mass noticed incidentally on routine anal gland expression. Itchy and scooting frequently. Scooting has stopped after cytopoint injection, but still excessively licking at hind end. Normal EDUD. No coughing/sneezing. Occasional bilious vomiting (every 2 weeks). Fine needle aspirates (Apr 20) of the mass returned suspicious for an adenocarcinoma. Hx: Bladder stones (surgically resolved in February 2023)

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: April 2023 = mild elevation in CK (207) and mild hypernatremia (153).

BREED

Goldendoodle

COMPUTED TOMOGRAPHY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

SEX

FS

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. Pulmonary density is within normal limits, there is no evidence of focal or nodular pulmonary lesions.

AGE

9 Years

The mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

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.

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Abdomen:

There is a soft tissue dense mass noted at the level of 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 3.0 x 2.5 cm.

REFERRING VET

Dr. Debbie Reynolds

The right sacral lymph node is mildly enlarged with a still rounded shape and an inhomogeneous texture. The maximum diameter measures 0.9 cm. The adjacent bony structures are inconspicuous.

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Abdominal organs appear regular.

All other abdominal lymph nodes and abdominal vessels have no particular findings.

DATE

5-2-23

Signs of peritoneal/retroperitoneal effusion or free gas are not recognized.



PATIENT

Molly Dusatko

A mild, partially calcified disc protrusion is incidentally noted at the level of L7/S1 without compelling signs of an equine cauda compression.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass of the right anal sac
- Right sided sacral lymph adenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The size, shape and contrast behavior of the soft tissue mass likely present a neoplastic process of the right anal sac. Anal adenocarcinoma is a common differential diagnosis and would match with cytology results. The enlargement and texture of the right sacral lymph node is highly suspicious for a regional metastasis. However, these tend to stay there for a long time before other distant metastases occur (spleen, liver, lung, bone).

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Currently, distant metastases are not recognized. The sternal lymph node still is normal limits from a CT perspective. Please check for hypercalcemia for this has prognostic value in case of surgery. Resection of the tumor and the right sacral lymph node would be the treatment of choice.

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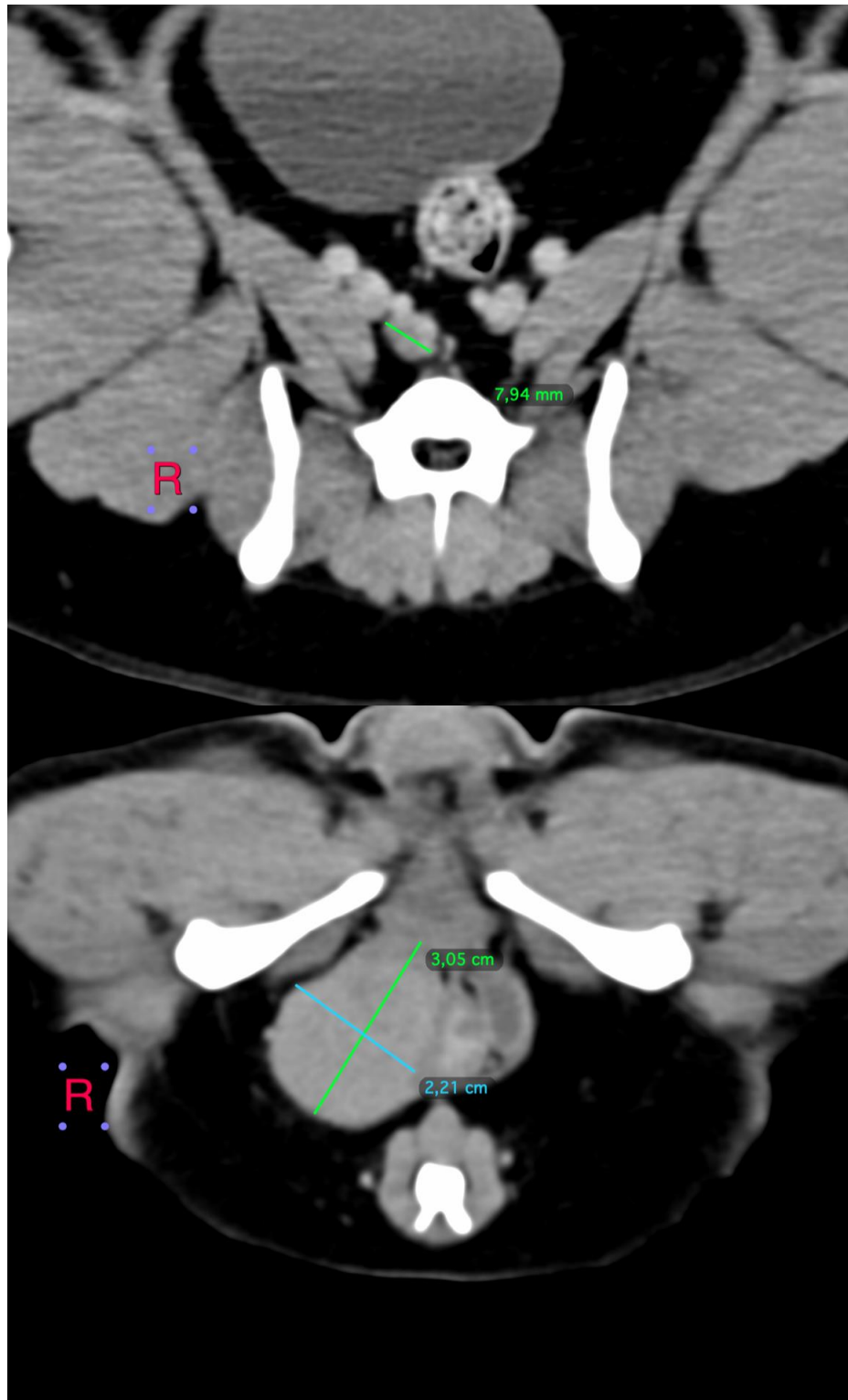
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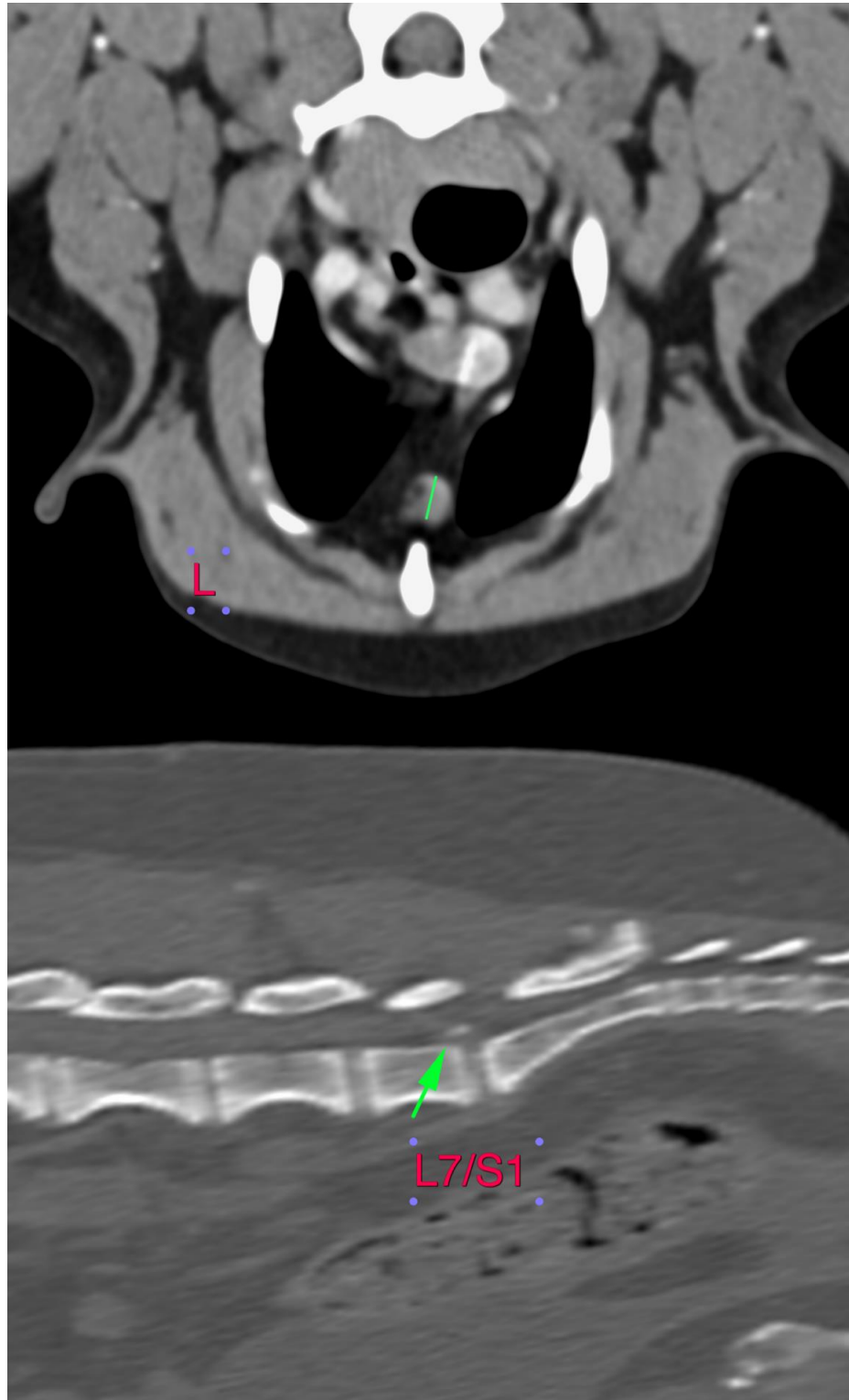
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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