

**PATIENT**

Dallas Hoffmann

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr. Jeffery Biskup

INVOICE

47221

DATE

8-31-21

PRESENTING CLINICAL SIGNS

FNA Confirmed Apocrine gland anal sac adenocarcinomas (AGASACA) 4-5 months ago owners noticed she was licking her rear end. bloodwork was performed and no mass found. Upon a recheck found the mass. appetite and energy okay. no food allergies. previously on metacam which seemed to help the licking. On antibiotic right now. No other medical issues Pre & Post Contrast Chest and abdominal CT Performed Aug 31st 2021

Abnormal PE/Chem/CBC/UA Results: left anal sac mass 3 cm cranial from the top of the anus to the ventral midline to 5-6 cm lateral to the anus noted on exam.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Pre/post contrast studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax:

The lungs are regularly ventilated with close contact to the inner thoracic wall on all sides. No evidence of pleural thickening, fluid accumulation or free pleural gas is noticed.

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

Mediastinum is regular in width and density. Mediastinal (sternal, tracheal-, bronchial) lymph nodes are considered to be normal. Thoracic trachea and esophagus present as expected. Diaphragm is normal.

Abdomen:

Liver and spleen show normal findings in terms of size, surface, shape and contrast behavior. Gallbladder is inconspicuous without evidence of cholestasis. Pancreas presents normal size and shape with a smooth surface. The peripancreatic fat tissue and omentum are inconspicuous. Unremarkable presentation of the bilaterally symmetrical kidneys. Adrenal glands are in normal limits.

As far as can be assessed, the stomach and all parts of intestine are regularly presented without any indication of a wall thickening or a mass. Ureters, urinary bladder, trigonum and urethra are presented as expected.

There is a large mass noted in the left perineal region compressing and deviating the anal sphincter and the rectum. The mass presents amorphous shape, a highly irregular texture and good perfusion. Maximum diameters measure approximately 7.6 x 5.3 cm. The left and right sacral and left medial iliac are highly enlarged and rounded to amorphous in shape. Their length shows diameters of > 4.5 cm. The adjacent bony structures are inconspicuous.



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

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Large neoplasia of the left perineal region with metastasis of the regional lymph nodes
- No signs of pulmonary/mediastinal metastasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings represent malignant neoplasia most probably originating from the left anal sac consistent with advanced adenocarcinoma and metastatic spread. Size of the (multiple) lymph node metastasis of > 4.5 cm has a bad prognosis, although thoracic metastasis is currently not recognized. Resection of the primary tumor and of the sacral and medial iliac lymph nodes with following radiation-/chemotherapy may be an option. However, I assume curative surgery is not possible from a CT perspective.

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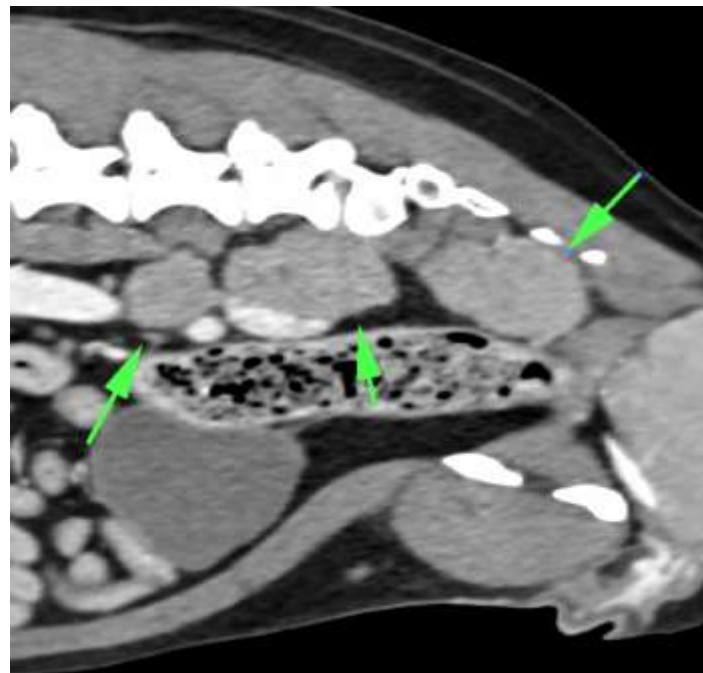
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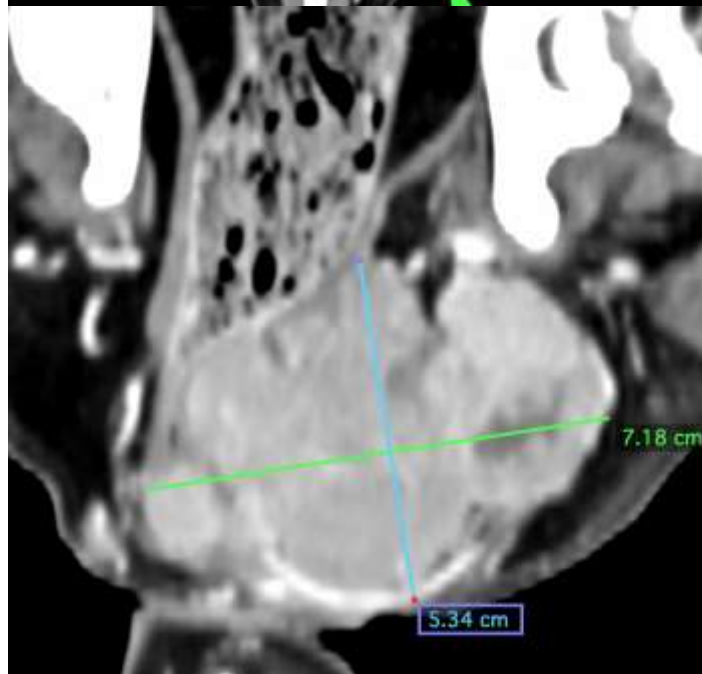
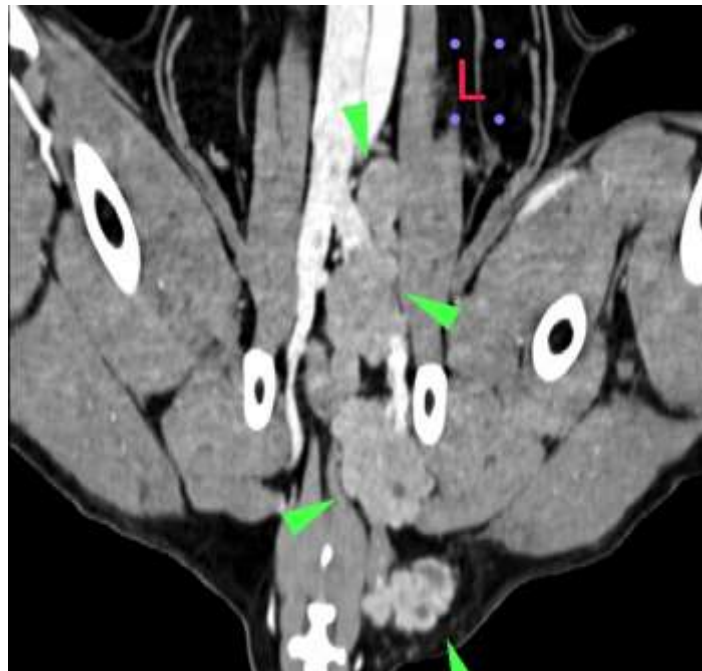
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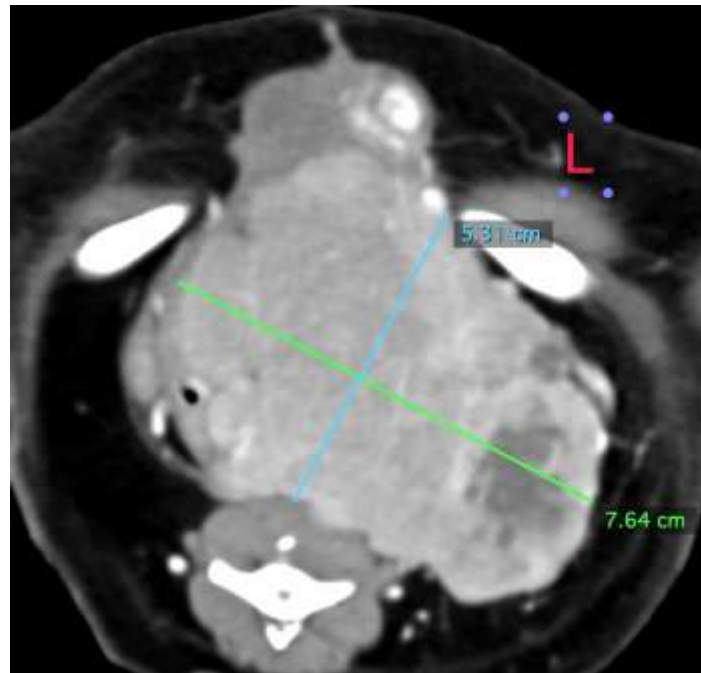
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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