



PATIENT

Saint Van Wyk

SPECIES

Canine

BREED

English Springer

SEX

FS

AGE

11Y

WEIGHT

17.9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Tabitha Millar

HOSPITAL NAME

Pet Emergency &
Referral Center - NVA

REFERRING VET

Kara Fiore

INVOICE

73268

DATE

1-12-26

PRESENTING CLINICAL SIGNS

History of anal sac adenocarcinoma surgery on 9/25/2023. Mass ventral to the anus presumed regrowth of anal sac adenocarcinoma, also sublumbar lymph node enlargement that has been present for at least a year. CT to evaluate for surgical resection.

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND PELVIS

A high resolution pre- and post-contrast CT study of the thorax, abdomen and pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The vertebral endplates T4/T5 and T5/T6 present mild spondylosis formation.

In the subcutaneous tissue ventral to the 5th/6th sternebra, a well-defined, ovoid shaped lipoma is seen.

In the subcutaneous tissue along the dorsal aspect of the thoracic spine, multiple well-defined soft tissue attenuating nodules are visible.

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 is uniform and considered within normal limits.

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

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, but zones with dystelectasis of the left lung.

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

Abdomen & Pelvis

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.

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

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



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The medial iliac lymph nodes are prominent. Ventral to the sacrum, in the craniodorsal aspect of the pelvic canal, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen; measuring 5.6 x 6.7 x 12.0 cm. The rectum is deviated and compressed by the mass effect.

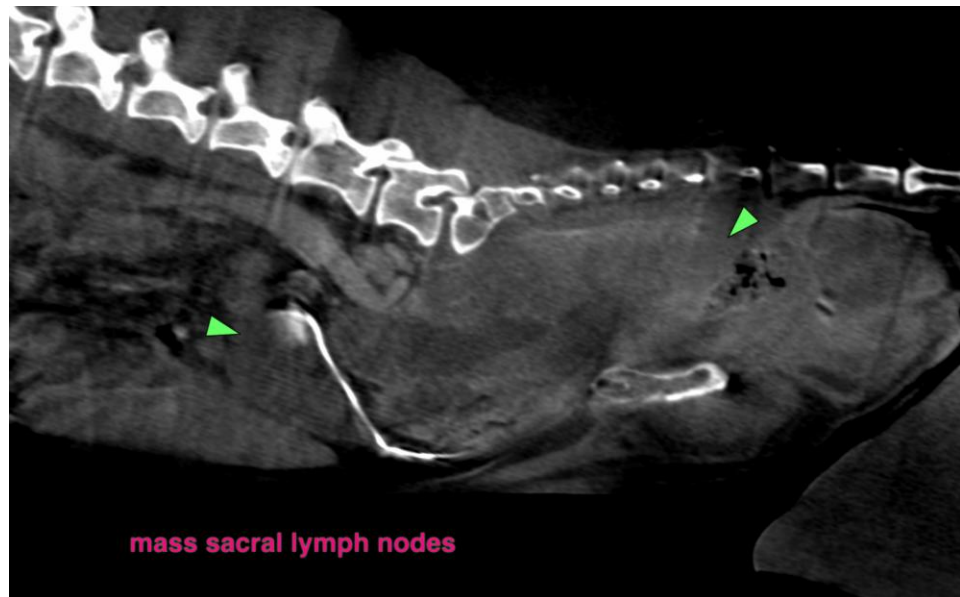
In the perianal area, a multilobulated, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is present, partially encompassing the anus; measuring approximately 5.5 x 3.5 x 4.8 cm. At the right aspect of the anus, two metal attenuating surgical clips are seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of excised anal sac adenocarcinoma with local reoccurrence
- Lymphadenopathy hypogastric lymph nodes – forming a soft tissue mass in the dorsal aspect of the pelvic canal
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are fitting the history of local regrowth of the excised anal sac adenocarcinoma and metastatic spread to the regional hypogastric lymph nodes. Complete surgical excision of the perianal mass appears not feasible or will be associated with inadvertent damage to the anal sphincter and neural structures. Surgical management of the enlarged sacral lymph nodes will be associated with a high risk of intraoperative hemorrhage as the mass is in close conjunction with the aortic trifurcation.





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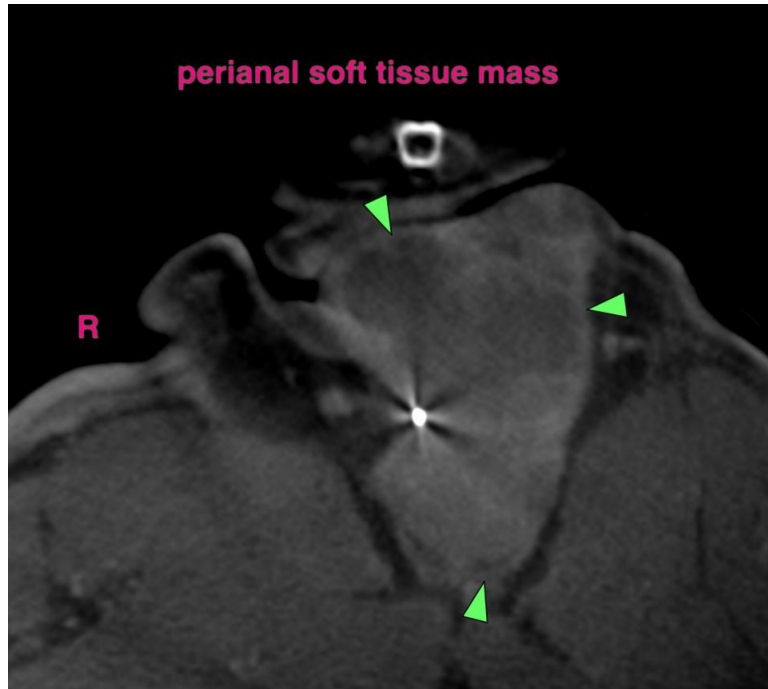
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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