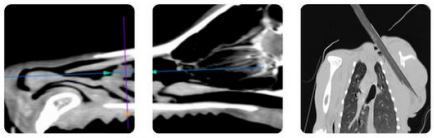


PATIENT

Leo Chellel

SPECIES

Canine

BREED

Cane Corso

SEX

Male Neutered

AGE

9Y, 6M, 25D

WEIGHT

123.80lbs

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

73335

DATE

1-14-26

PRESENTING CLINICAL SIGNS

Presenting complaint is concern for an anal gland mass after right anal gland could not be expressed and a mass was palpated at Pine Bush Animal Hospital. Owner reports Leo began biting and licking at his hind end approximately three weeks ago, which was unusual for him. Owner notes increased shedding described as copious and unusual, as well as persistent odor and dry skin. Leo is currently receiving thyroid medication (levothyroxine 0.6 mg): one full tablet in the morning and half a tablet at night, adjusted after recent blood work. No other medications or preventatives reported. Diet consists of one can of Pedigree chopped meat daily, supplemented with egg yolks and various leftovers; receives treats and food from grandchildren. Owner reports a history of significant weight loss from 162 lbs to 120 lbs. Behavior described as active, hopping around, and improved since weight loss. Owner expresses concern about multiple skin tags, specifically two on the chest and one near the penis, and fear of them being injured. No recent vomiting, coughing, or sneezing reported by the owner. Onset of Symptoms: Symptoms began approximately three weeks ago. Progression of Symptoms: Owner reports Leo is more active and improved since weight loss, but increased shedding, odor, and hind end licking/biting have developed over the past three weeks.
Abnormal PE/Chem/CBC/UA Results: PE: Dry skin with excessive shedding reported by owner. Three pedunculated dermal masses present (right chest, mid-chest, and left side of prepuce). General appearance otherwise unremarkable.; Three pedunculated masses: one on the right chest, one on the middle of the chest, and one on the left side of the penis.; Presence of a punctate mass on the left side of the penis; no other urinary, urogenital, or reproductive exam findings described.; Firm, walnut-sized mass associated with the right anal gland; three punctate cutaneous masses described on the chest and left side of the penis; no mention of pain, discharge, or rectal tone abnormality.; CBC: Neutrophils 55; Lymphocytes 31; Eosinophils 11; Chem: Globulin 4.1; A/G Ratio 0.7; PrecisionPSL 184;

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multifocal along the thoracic spine, mild spondylosis formation is present.

At the cranioproximal aspect of the right supraglenoid tubercle, granular mineralization is seen.

At the cranial aspect of the right axillary region, a cutaneous wart like lesion is 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 pattern is uniform.

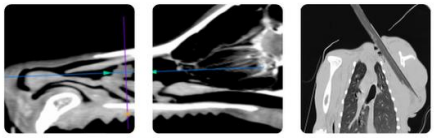
The cardiovascular structures including the pulmonary vasculature are within normal limits.

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 with randomly distributed interspersed punctuate mineralization.

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

Abdomen



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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 – but a roundish well-defined parenchymal filling defect in the left division of the liver, measuring 5 mm in diameter.

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.

Originating from the right anal sac, a uniform soft tissue attenuating and irregular contrast enhancing roundish mass is seen; measuring 2.8 cm in diameter. The left anal sac presents a focal thickening of the wall, presenting a uniform attenuation pattern and mild irregular contrast uptake; the thickened segment of the wall of the left anal sac is measuring 1.2 x 1.0 x 1.5 cm.

The internal iliac lymph nodes are mildly prominent.

Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass right anal sac
- Focal intramural mass left anal sac
- Mild lymphadenopathy internal iliac lymph nodes
- Solitary simple hepatic cyst
- Calcifying tendinopathy tendon right supraspinatus muscle
- Cutaneous wart like lesion cranial aspect right axillary region
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the anal sacs are consistent with primary neoplastic transformation and anal sac adenocarcinoma is most common. Complete surgical excision of the anal sacs appears feasible.

The prominent internal iliac lymph nodes present an increased risk for local metastatic spread. Ultrasound guided FNA sampling of the hypogastric lymph node is beneficial to screen for metastatic disease.

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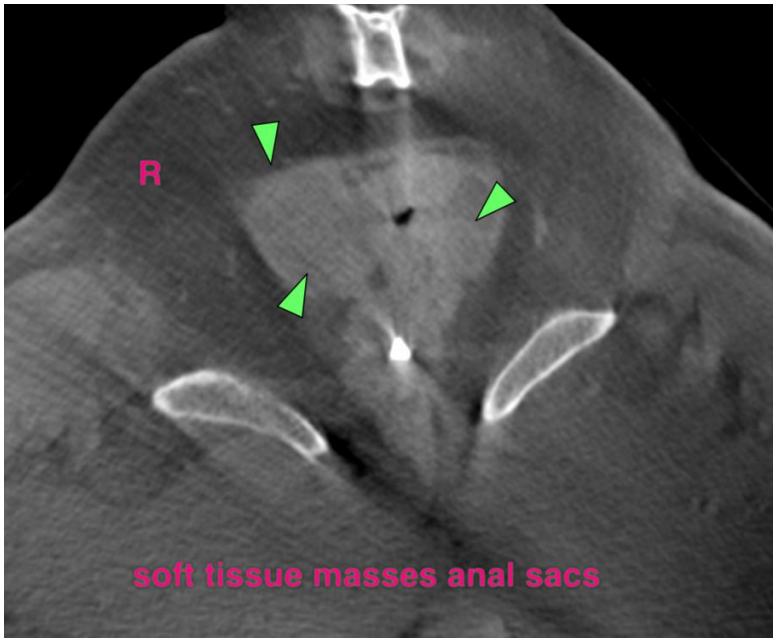

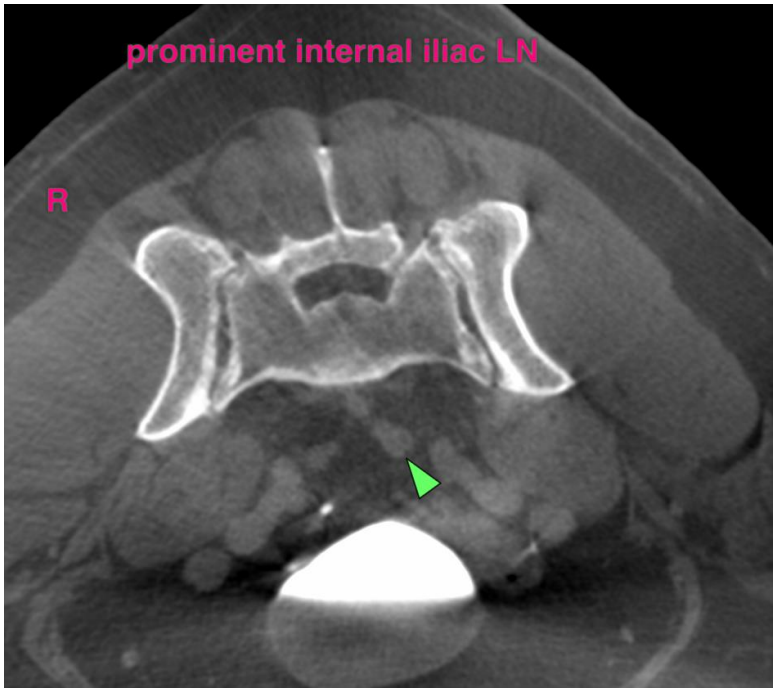

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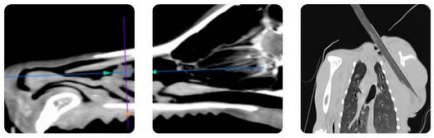

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com