



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Oscar Taylor  
**SPECIES** Canine  
**BREED** Cocker Spaniel  
**SEX** Neutered Male  
**AGE** 8 Years

History: INTERPRETATION of FNA: Consistent with anal sac apocrine gland adenocarcinoma  
 COMMENTS: The cytological findings here are consistent with an epithelial neoplasm exhibiting neuroendocrine morphology. In the reported location, this is consistent with apocrine gland (anal sac) adenocarcinoma. Despite only a modest degree of cytological atypia being noted, these neoplasms often behave in an aggressive manner. Metastasis are reported in up to 70-90% of cases at the time of diagnosis, typically to regional lymph nodes (sublumbar, sacral and iliac). Surgical treatment may be indicated however staging (abdominal ultrasound to assess and aspirate local lymph nodes +/- thoracic imaging) would be advised before considering the approach to treatment. Evaluation of total and/or ionized calcium is recommended since paraneoplastic hypercalcemia is observed in around 27% of dogs affected by this neoplasia with associated clinical signs being PUPD, anorexia and vomiting. CYTOPATHOLOGIC DESCRIPTION: Four slides are examined of moderate to high nucleated cellularity and poor cell preservation on a background characterized by marked hemorrhage, features moderate to high numbers of clear, rectangular plates with notched corners (consistent with cholesterol crystals), large aggregates of keratinaceous material and large numbers of mixed population extracellular bacteria. Nucleated cell population consists of high numbers of uniform epithelial cells that form tightly cohesive clusters of varying size. Nuclei are 1.5-2x RBC size, round and centrally placed with coarse chromatin pattern and occasionally show 1-2 small nucleoli. Cytoplasm is scant, lightly basophilic with distinct margins. There is mild anisocytosis, anisokaryosis and variation in N:C ratio within this population.

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

**INTERPRETED BY** Sebastian Schaub, DVM Dr. med. vet. DipECVDI

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

**HOSPITAL NAME** Myerscough VG  
**REFERRING VET** Maliha Chowdhury

Moderate mineralization of the intervertebral disc C5/C6 is appreciated.

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.

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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.

**DATE**

1/20/23



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

Oscar Taylor

**Abdomen**

**SPECIES** The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Canine

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.

**BREED**

Cocker Spaniel

The adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**SEX**

Neutered Male

The hepatic volume is moderately increased, and the liver is protruding caudally beyond the costal arch. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

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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. The wall of the left anal sac is prominent and mildly irregular.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The hypogastric lymph nodes are small, unremarkable.

Level with the intervertebral disc space L6/L7, mineralized disc material is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

**HOSPITAL NAME**

Myerscough VG

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of apocrine gland adenocarcinoma left anal sac
- Hepatomegaly
- Mild intervertebral disc protrusion L6/L7
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**REFERRING VET**

Maliha Chowdhury

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The CT study is fitting the history of neoplastic transformation of the left anal sac. Complete surgical excision is considered feasible.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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**PATIENT**

Oscar Taylor

The CT study is negative for macroscopic metastatic disease to the regional lymph nodes or the lung.

**SPECIES**

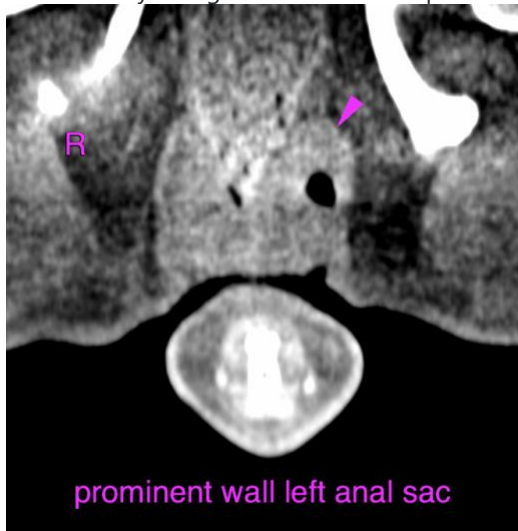
Canine

**BREED**

Cocker Spaniel

**SEX**

Neutered Male



**AGE**

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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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
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**HOSPITAL NAME**

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**REFERRING VET**

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