



**PATIENT PRESENTING CLINICAL SIGNS**

Doc Beach perianal mass. The mass was initially noticed 2 years ago (Feb 2020). The mass was initially ~7x10mm but appears to have increased in size rapidly. It was reported to be shrinking prior to it growing larger in size. Fine needle aspirates of the mass revealed possible spindle cell tumor intertwined with a few mast cells/ a mast cell tumor with secondary reactive fibroplasia. Doc had oncology appt at OVC Nov 2020 (via telemedicine), however no further action was pursued at that time. The mass has grown rapidly over the last month and has been producing a small amount of discharge. right sided dorsal perinela mass FIV positive

**SPECIES**

Feline

**BREED**

DSH

**COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

FS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

**AGE**

8 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

Generalized smooth mild thickening of the walls of the bronchial tree is appreciated.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen

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

**REFERRING VET**

Dr. Lea Mehrkens

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.

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

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

**DATE**

10-19-22

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

One sacral lymph node is mildly prominent and presents with an increased contrast enhancement pattern..

In the region of the right anal sac, a plaque like, uniform soft tissue attenuating and moderate



**PATIENT** contrast enhancing cutaneous mass is seen, measuring 11 x 12 x 9 mm in size. The right anal sac is mildly filled with fluid attenuating material and appears normal.

Doc Beach

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- History of right perianal mass
- Lymphadenopathy sacral lymph node
- Mild bronchial pattern
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of a plaque like cutaneous mass in the right perianal region – no connection to the right anal sac can be appreciated. Regarding the history sarcoma or mast-cell tumor are the top differentials. Complete surgical excision of the mass appears feasible, however due its close proximity to the anus, clean margins might not be achieved and there is an increased risk of reoccurrence

**SEX**

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The mild prominent sacral lymph node is equivocal for reactive hyperplasia or metastatic spread.

The bronchial lung pattern is suggestive for (subclinical) feline bronchial disease.

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**PATIENT**

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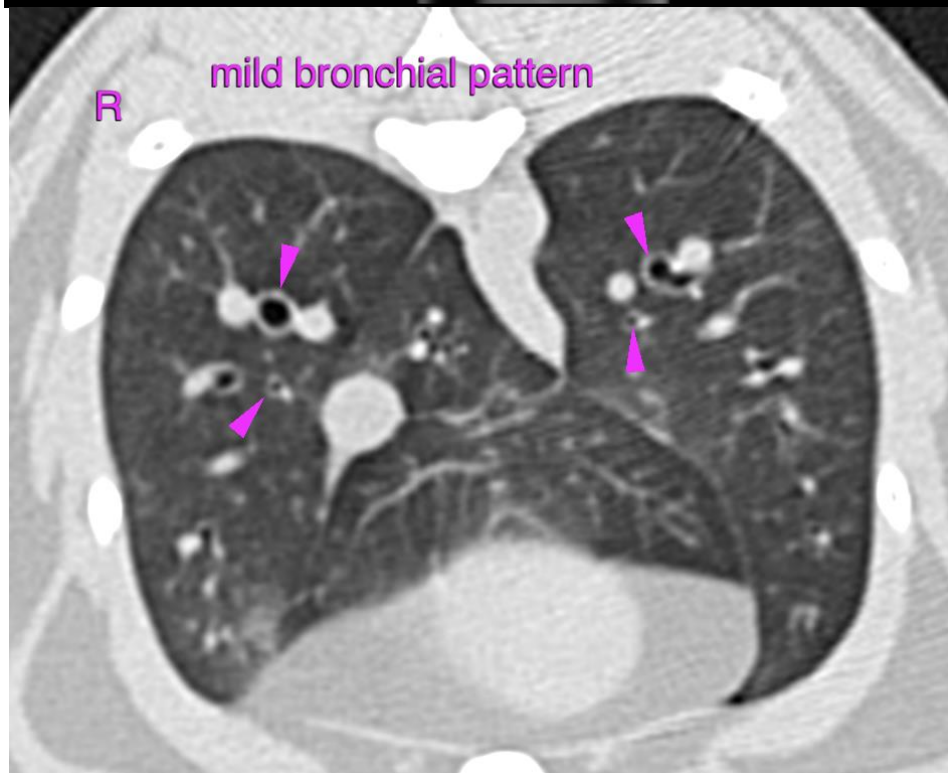
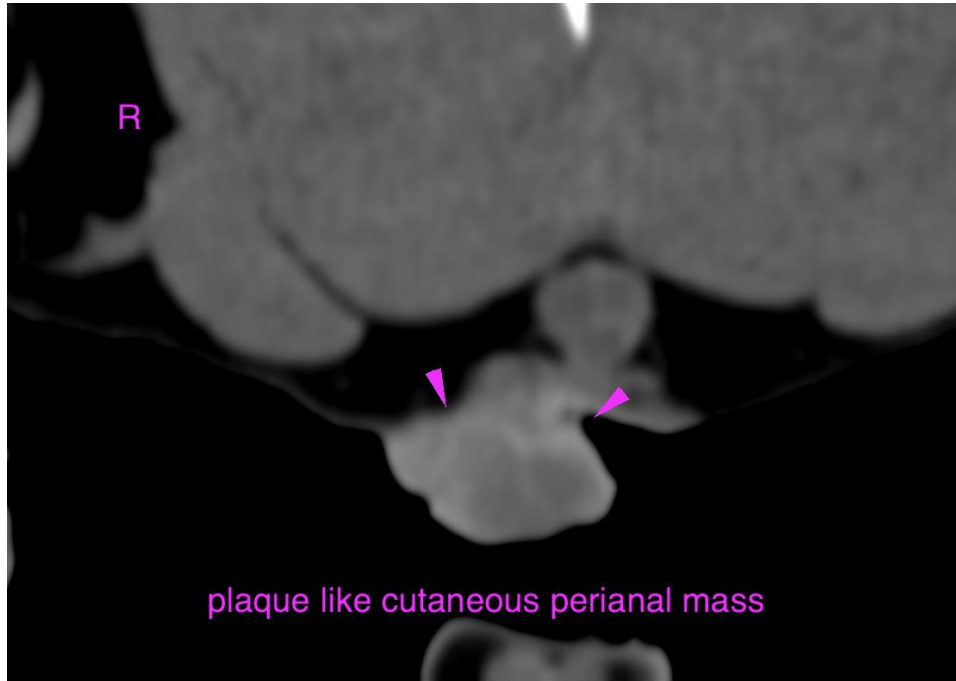
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**PATIENT**

Doc Beach

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**

Feline

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.

**BREED**

DSH

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