



**PATIENT**

Sadie Kain

**PRESENTING CLINICAL SIGNS**

left anal gland mass

**SPECIES**

Canine

**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 are provided for review.

**BREED**

Golden Doodle

Thorax

Multifocal spondylosis formation is seen along the thoracic spine.

**SEX**

Spayed Female

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.

**AGE**

11 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior, but regions of mild to moderate dystelectasis of the left lung lobes.

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

**HOSPITAL NAME**

Stephanie Salinas

Abdomen

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

**REFERRING VET**

Dr. Kurth

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.

**INVOICE**

48062

Nodular enlargement of the cranial pole of the right and left adrenal gland is seen, measuring 12 mm (left) and 17 mm (right) in diameter. The contrast enhancement pattern of both adrenals is mildly irregular.

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

**DATE**

10-27-21

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.

**PATIENT**

Sadie Kain

The sacral lymph nodes are generalized moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing. The left medial iliac lymph node is moderately to markedly enlarged and rounded.

**SPECIES**

Canine

The vertebral endplates T13/L1 and L6/L7 to L7/S1 present moderate spondylosis formation. The intervertebral discs T13/L1 and L5/L6 to L7/S1 are mild to moderately protruding into the vertebral canal, distorting the ventral epidural space at the same level. The subchondral bone of the caudal vertebral endplate of L7 presents a small semicircular defect.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****BREED**

Golden Doodle

- Lymphadenopathy sacral and left medial iliac lymph node
- Nodular enlargement adrenal glands bilaterally
- Intervertebral disc protrusion T13/L1 and L5/L6 to L7/S1 with possible dynamic spinal cord compression
- Suspect Schmorls nodule caudal vertebral endplate L7 - incidental
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**SEX**

Spayed Female

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the history of mass originating from the anal sac – adenocarcinoma is likely - , the enlarged lymph nodes are compatible with metastatic spread. If surgical extirpation of the mass of the anal sac is pursued, the chances of surgical excision of the affected lymph nodes should be discussed with surgeon as well.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The nodular enlargement of the adrenal glands is suggestive for (non)functional macronodular hyperplasia or neoplastic transformation (primary such as adenoma, adenosarcoma, pheochromocytoma or metastasis). Consider testing of the pituitary adrenal axis.

**HOSPITAL NAME**

Stephanie Salinas

**REFERRING VET**

Dr. Kurth

**INVOICE**

48062

**DATE**

10-27-21



**PATIENT**

Sadie Kain

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

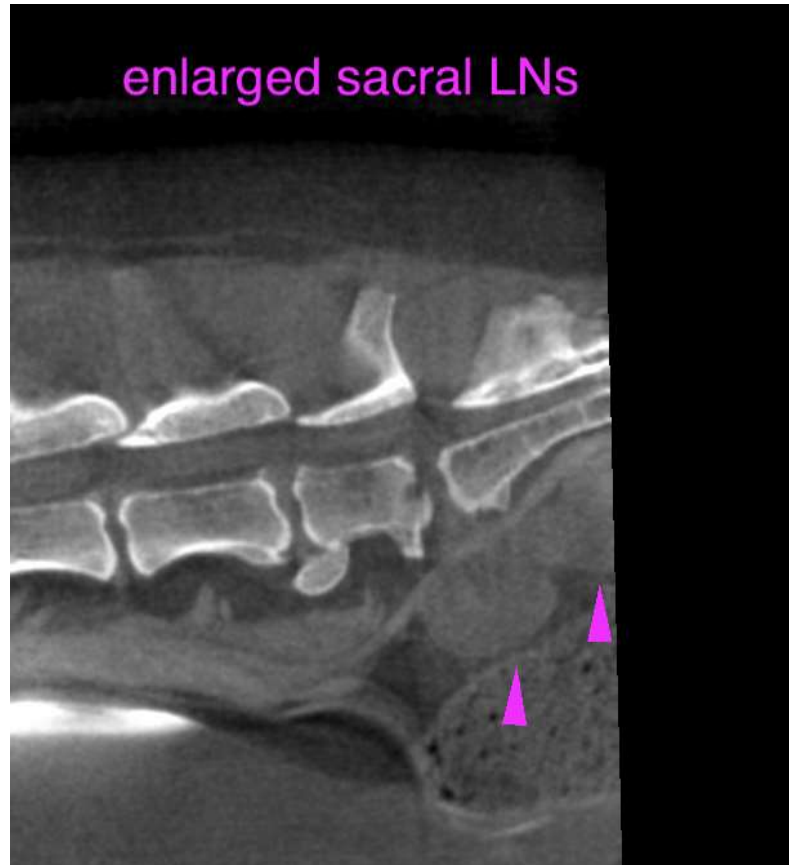
Spayed Female

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

Stephanie Salinas

**REFERRING VET**

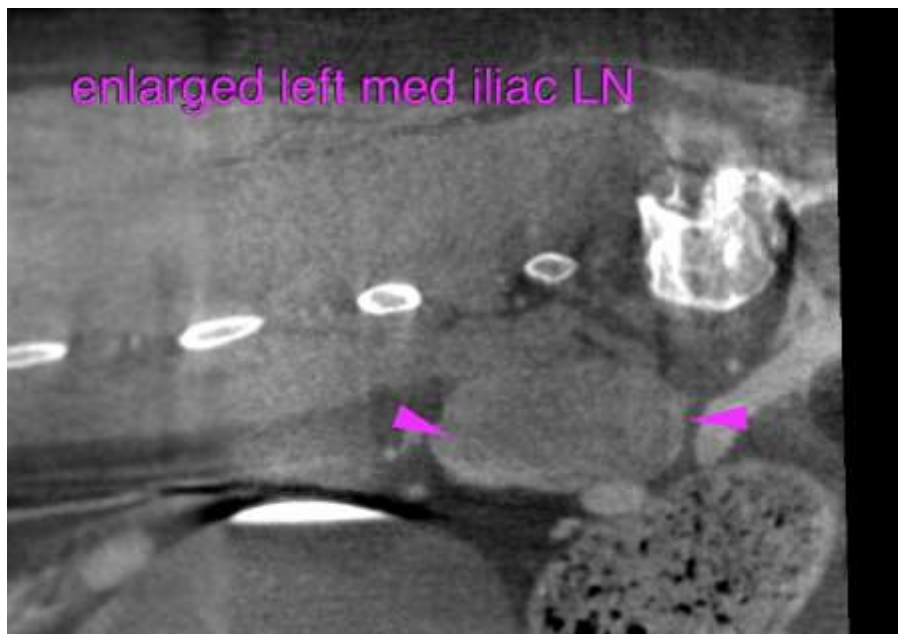
Dr. Kurth

**INVOICE**

48062

**DATE**

10-27-21





**PATIENT**

Sadie Kain

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Stephanie Salinas

**REFERRING VET**

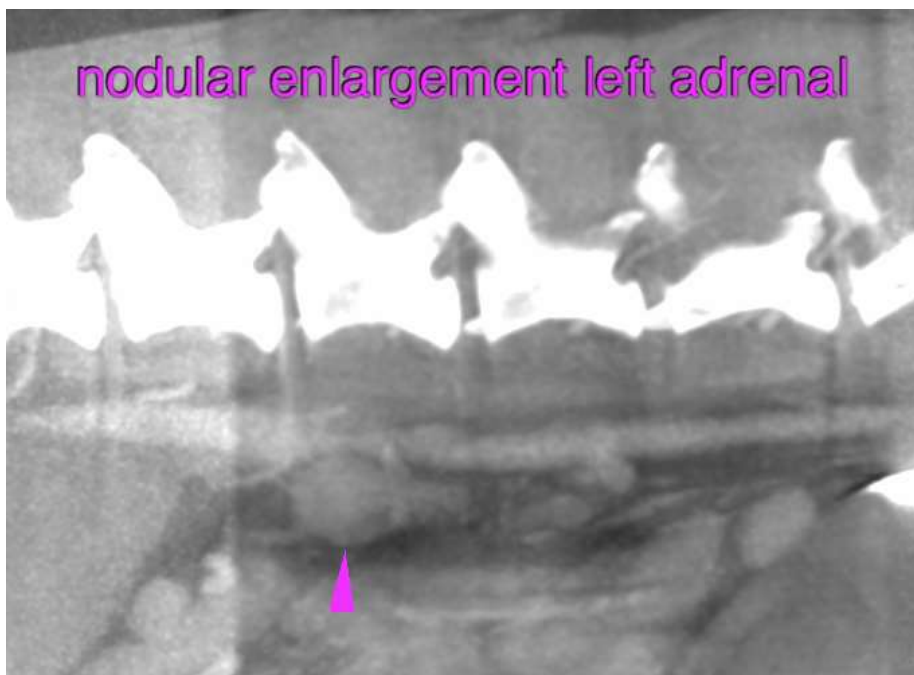
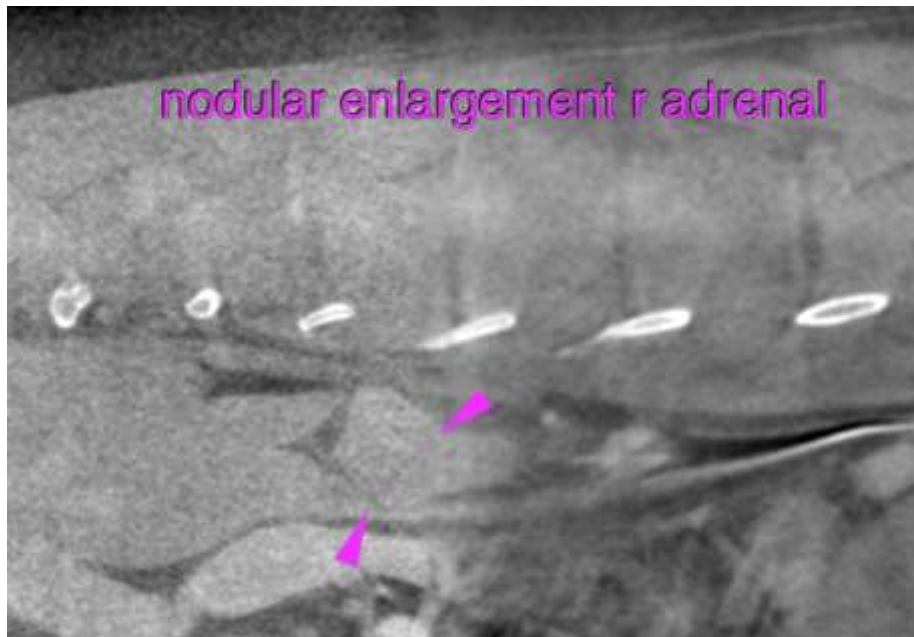
Dr. Kurth

**INVOICE**

48062

**DATE**

10-27-21





**PATIENT**

Sadie Kain

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.

**SPECIES**

Canine

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Stephanie Salinas

**REFERRING VET**

Dr. Kurth

**INVOICE**

48062

**DATE**

10-27-21